NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

April 12-13, 2023

HYATT PLACE
1790 E PLUMB LN
RENO, NEVADA

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

Nevada State Board of Pharmacy

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

Date Posted: March 30, 2023

AMENDED AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, April 12, 2023, at 9:00 am. The meeting will continue, Thursday, April 13, 2023, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

Hyatt Place
1790 E Plumb Lane
Reno, NV

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

Please Note:

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

Please note that items on this agenda may be taken out of order, two or more agenda items may be combined for consideration, and/or items may be removed from the agenda or delayed for discussion at any time.

The Board may convene in closed session pursuant to NRS 241.030 to consider the character, alleged misconduct, professional competence or physical or mental health of any person named on this agenda.

The Board will take public comment on any matters within their jurisdiction, control, or advisory power. Public comments may be limited to three minutes per person. Public comment may also be submitted to the Board at pharmacy@pharmacy.nv.gov.

The Board may refuse to consider public comment related to a contested case pursuant to NRS 233B.126 until the Board has rendered a decision in the contested case.

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

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

◈ CONSENT AGENDA ◈

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

3. Approval of the March 8-9, 2023, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

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

   A. Critical Nurse Staffing, LLC – Grand Junction, CO
   B. Mi-Med Supply Co. Inc. – Irvine, CA
   C. Synapse Health, Inc. – Evanston, IL

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

   Background Check Not Required by Law.

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

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

   D. Acacia Pharma Inc. – Solana Beach, CA
   E. Aerogen – Chicago, IL
   F. Baxter Pharmaceutical Solutions, LLC – Bloomington, IN
   G. Boxout – Jacksonville, FL
   H. Endo Pharmaceuticals, Inc. – Malvern, PA
   I. Evergreen Theragnostics, Inc. – Springfield, NJ
   J. F2G Inc. – Princeton, NJ
   K. Hugel Aesthetics, Newport Beach, CA
   L. Marketlab, Inc – Caledonia, MI
   M. Phoenix Assurance, LLC – Memphis, TN
   N. Radius Health, Inc – Boston, MA
   O. STI Pharma, LLC – Newtown, PA
   P. TriMed, Inc. – Valencia, CA

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

Q. Abbot Molecular Inc. – Itasca, IL
R. Ethicon, Inc. – Raritan, NJ
S. Illumina, Inc. – San Diego, CA
T. Madrigal Pharmaceuticals, Inc. – West Conshohocken, PA
U. McKesson Medical-Surgical Inc. – Commerce City, CO

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

V. Kenco Logistic Services, LLC – Chattanooga, TN
W. Medline Industries, LP – Tracy, CA
X. Prodigy Health LLC – Austin, TX

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

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

Y. Aero-Med, LLC – East Hartford, CT
Z. Catalyst Pharmaceuticals, Inc. – Coral Gables, FL
AA. Liquidia Technologies, Inc. – Morrisville, NC
BB. Tarsus Pharmaceuticals, Inc. – Irvine, CA

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

CC. InSource, Inc. – Bastian, VA

4.2.8 Background checks completed in compliance with NRS 639.500.

DD. CJ Logistics America, LLC – Channahon, IL
EE. NDC HomeCare LLC – Jacksonville, FL
FF. NDC HomeCare LLC – Waco, TX

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

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

GG. Airgas USA, LLC – Winnemucca, NV

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

HH. NDC HomeCare LLC – North Las Vegas, NV

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

II. Renown Pharmacy – Reno, NV

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

JJ. ER at Desert Springs an Extension of Valley Hospital – Las Vegas, NV
KK. Rancho Pharmacy – Las Vegas, NV
LL. Willow Springs Center Pharmacy – Reno, NV

4.5 Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-appearance **(FOR POSSIBLE ACTION)**

MM. Cure 4 The Kids Foundation – Las Vegas, NV

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

NN. Epiq Scripts – Richardson, TX
OO. Expert Compounding Pharmacy – Lake Balboa, CA

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

PP. BioPlus Specialty Pharmacy Services, LLC – Altamonte Springs, FL
QQ. Eventus Rx LLC – Fort Myers, FL
RR. FlexCare Specialty Services, LLC – Houston, TX
SS. Medscripts Medical Pharmacy – Greenville, SC
TT. Optum Pharmacy 701, LLC – Mesa, AZ
UU. River Medical Pharmacy, LLC – San Antonio. TX
VV. Roman Health Pharmacy LLC – Torrance, CA
WW. Route 300 Pharmacy – Newburgh, NY
XX. Santa Barbara Specialty Pharmacy, LLC – Carpinteria, CA
YY. Santa Rosa Pharmacy – Santa Rosa Beach, FL

4.9 Application for Nevada Warehouse License – Non- Appearance **(FOR POSSIBLE ACTION)**

ZZ.Renown Health – Reno, NV

◈ REGULAR AGENDA ◈

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

A. Ryan Zeller, DO (23-013-CS-N)
B. Wesley Robertson, MD (21-063-CS-S)
C. Joseph Eberle, MD (22-040-CS-N)
D. Sherellen Brooks Gerhart, MD (22-106-CS-N)
E. Amanda Marie Wagner, MD (21-029-CS-N)
F. Carrie Chaney, APRN (22-167-CS-N)

G. CVS Pharmacy #8792 (22-211-PH-N)
H. Eric Nguyen, RPH (22-211-RPH-A-N)
I. Christopher Smyrniotis, RPH (22-211-RPH-B-N)
J. Robert Fredericks, MD (22-197-CS-N)
K. Gary Wisner, MD (22-423-CS-N)
L. Carrie Lambert, DVM (22-484-DV-N)

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

Malcolm Paul (22-479-S)

7. Stipulation to Rehearing *** Respondents Las Vegas Scripts RX and Nathan Edouard, RPH, Only **(FOR POSSIBLE ACTION)**

A. Las Vegas Scripts Rx (19-243-PH-S)
B. Nathan Edouard, RPH (19-243-RPH-S)

8. Rehearing on Kinex Medical Company, LLC, Case No. 21-039-MP-S, pursuant to Order of the First Judicial District Court in Case No. 22-OC-00047-1B **(FOR POSSIBLE ACTION)**

9. Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6944) – Appearance **(FOR POSSIBLE ACTION)**

A. CenterPoint Medical LLC – Las Vegas, NV
B. Maverick Medical, Inc. – Kingsbury, NV

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

A. 986 Pharmacy #8017 – Las Vegas, NV
B. Swift Pharmaceutical Inc – Las Vegas, NV

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

A. AleraCare Pharmacy – Phoenix, AZ
B. Basic Home Infusion, LLC – Wayne, NJ
C. CVS/Specialty – Linthicum Heights, MD
D. InfuCare Rx – Glendale, CA
E. InfuCare Rx of LA – Kenner, LA
F. Precision Compounding Pharmacy and Wellness – Bellmore, NY

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

A. AllianceRx Walgreens Pharmacy #1403-1 – Orlando, FL

B. Animal Health International, Inc. – Chandler, AZ
C. CSI Pharmacy – Nash, TX
D. NaphCare Pharmacy, LLC – Birmingham, AL

13. Application for Ambulatory Surgery Center License (NAC 639.4992) – Appearance **(FOR POSSIBLE ACTION)**

A. Ozomor Surgical Center – Las Vegas, NV
B. Sierra Surgery Center, LLC – Las Vegas, NV

14. Application for Nevada Veterinary Drug Supplier License – (Appearance) **(FOR POSSIBLE ACTION)**

C-A-L Ranch Stores – Reno, NV

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

Raley's Pharmacy Wholesaler – Sacramento, CA

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

Amazi Harris

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

Chloe Swanson

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

A. Jorge Burgos
B. Carrie Chaney
C. Selwyn Kidney
D. John Tkach

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

Vincent Alexis

20. Approval of Pharmacy Technician and Pharmacy Technician in Training Applications. **(FOR POSSIBLE ACTION)**

21. Approval of Pharmacy Technician and Pharmacy Technician in Training Application Processing Procedures **(FOR POSSIBLE ACTION)**

22. Approval of Mechanical Device License Application. **(FOR POSSIBLE ACTION)**

23. Discussion and possible action to approve settlement agreement in *Lee v. Nevada State Board of Pharmacy et al.*, U.S. District Court Case No: 22-cv-00363-GMN-BNW, including payment of $19,000 by the Board. **(FOR POSSIBLE ACTION)**

24. Request from Smith's Food and Drug (also known as Kroger Health) to authorize their pharmacies as allowed by NAC 639.7145 – **(FOR POSSIBLE ACTION)**

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

26. Executive Secretary Report:

    A. Financial Report
    B. Issuance of Temporary Licenses and Registrations
    C. Change of Address Business List
    D. Meetings with Other Health Care Regulatory Boards
    E. COVID-19 Response
    F. Licensing Software Update
    G. Licensing Activities Report
    H. PMP Integration
    I. Citations & Fines issued pursuant to NRS 632.2895

27. Date and Location of Next Scheduled Board Meeting:

    June 14-15, 2023 – Las Vegas, NV

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

29. Adjournment

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

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

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

This notice has been posted at www.notice.nv.gov and www.bop.nv.gov pursuant to NRS 241.020 (4).

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NEVADA STATE BOARD OF PHARMACY

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

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• Web Page: bop.nv.gov

MINUTES

March 8-9, 2023

BOARD MEETING

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, March 8, 2023, at 9:00 am. The meeting will continue, Thursday, March 9, 2023, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

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

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

Board Members Present:

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

Board Members Not Present:

Jade Jacobo

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Peter Keegan	Gregory Zunino	Darlene Nases
Joe Dodge	Leo Basch	Luis Curras	Dena McClish
Ken Scheuber	Darla Zarley	Sophia Long	

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

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

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

President Park performed the roll call. One Board member was absent, and a quorum was established.

2. Public Comment March 8, 2023, 9:00 AM

Jaime Cordoba-Hernandez commented that he is present for the Board meeting.

◈ CONSENT AGENDA ◈

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

3. Approval of the January 11-12, 2023, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve January 11-12, 2023, Board Meeting Minutes.

Second: Gener Tejero

Action: Passed unanimously.

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

A. Better Living Now, Inc. – Hauppauge, NY
B. Cardinal Health at Home – Grove City, OH
C. Sol-Millennium Medical Inc. – Suwanee, GA
D. The Daavlin Distributing Co. – Bryan, OH

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

Background Check Not Required by Law.

DRAFT

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

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

E. Afaxys Pharma LLC – Charleston, SC
F. Airgas Therapeutics, LLC – Plumsteadville, PA
G. Genixus, Corp – Kannapolis, NC
H. Kesin Pharma Corporation – Oldsmar, FL
I. Kyocera Medical Technologies, Inc. – Redlands, CA
J. Linde Gas & Equipment Inc. – Cudahy, CA
K. Mayne Pharma Commercial LLC – Raleigh, NC
L. Merz North America, Inc. – Raleigh, NC
M. National Distribution & Contracting Inc. – Lavergne, TN
N. NDC Homecare LLC – La Vergne, TN
O. School Health Corporation – Rolling Meadows, IL
P. Strides Pharma, Inc. – East Brunswick, NJ
Q. Telix Pharmaceuticals (US) Inc. – Fishers, IN
R. Tetraphase Pharmaceuticals, Inc. – Waltham, MA
S. Valneva USA, Inc. – Bethesda, MD
T. Vifor Pharma, Inc – Redwood City, CA

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

U. Cardinal Health at Home – Grove City, OH
V. Specialty Pharmaceutical Services – Philadelphia, PA

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

W. Axiscare Health Logistics, Inc. – Springboro, OH
X. NextGen Pharmaceuticals LLC – Brooklyn, NY

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

Y. On Target Laboratories, Inc. – West Lafayette, IN

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

Z. BioDelivery Sciences International, Inc. – Stoughton, MA
AA. CPM Medical Consultants, LLC – Richardson, TX
BB. Embecta Medical II LLC – Parsippany, NJ
CC. Global Blood Therapeutics, Inc. – South San Francisco, CA
DD. IVERIC bio, Inc. – Cranbury, NJ
EE. LifeCell Corporation – Branchburg, NJ
FF. SpringWorks Therapeutics, Inc. – Stamford, CT

DRAFT

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

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

GG. PharMerica, Groveport, OH
HH. Tri-Anim Health Services, Inc. – Greenwood, IN

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

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

II. Airgas USA, LLC – Carson City, NV
JJ. Airgas USA, LLC – Elko, NV
KK. J2 Bio-Pharma LLC – Las Vegas, NV

4.3.2 Manufacturer (NAC 639.593(7)(d))

LL. Airgas USA, LLC – Sparks, NV

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

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

MM. Culinary Pharmacy – Las Vegas, NV
NN. ER at West Craig, an Extension of Centennial Hills Hospital – Las Vegas, NV

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

OO. RxCompoundStore.com – Miami, FL
PP. San Ysidro Pharmacy – Montecito, CA

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

QQ. Accredo Health Group, Inc. – Whitestown, IN
RR. Alumni Pharmacy of Loma Linda – San Bernardino, CA
SS. Better Dose Rx – Easton, PA
TT. Care-Fill LTC, Inc. – Greenville, PA
UU. Credena Health LLC – Portland, OR
VV. Koala Pharmacy Boston LLC – Boston, MA

4.7 Application for Ambulatory Surgery Center License (NAC 639.4992) – Non- Appearance **(FOR POSSIBLE ACTION)**

WW. Las Vegas Institute for Advanced Surgery – Las Vegas, NV
XX. Nevada Surgical Suites – Las Vegas, NV
YY. Queensridge Recovery Suites – Las Vegas, NV

4.8 Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6944) – Appearance (**FOR POSSIBLE ACTION)**

ZZ. iSLEEP, LLC – Las Vegas, NV

Krystal Freitas recused herself from Agenda Items 4NN and 4WW due to her employment.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve Consent Agenda excluding Agenda Items 4NN and 4WW.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Gener Tejer moved to approve Agenda Items 4NN and 4WW.

Second: Wayne Mitchell

Action: Passed unanimously (Freitas recused).

◈ REGULAR AGENDA ◈

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

A. Walgreens Pharmacy #4854 (19-100-PH-S)
B. Minhquang Nguyen, RPH (19-100-RPH-S)

These matters were continued to a future Board meeting.

C. Walgreens Pharmacy #4854 (18-021-PH-S)
D. MinhQuang Nguyen, RPH (18-021-RPH-A-S)
E. Dimitris Efstathiou, R (18-021-RPH-C-S)

F. Maria Cruz, RPH (18-021-RPH-D-S)

These matters were continued to a future Board meeting.

G. Walgreens Pharmacy #3842 (17-105-PH-S)
H. Kristi Nguyen, RPH (17-105-RPH-A-S)
I. Cheryl Mettus, RPH (17-105-RPH-B-S)
J. Thuy Trandac, RPH (17-105-RPH-C-S)

These matters were continued to a future Board meeting.

K. Wesley Robertson, MD (21-063-CS-S)

This matter was continued to a future Board meeting.

L. Chad Hall, DO (21-108-CS-S)

Michael Sanft appeared as counsel on behalf of Chad Hall.

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

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding Dr. Hall's failure to disclose on his 2020 controlled substance renewal application that he was under criminal indictment in Nevada. Kandt notated that Dr. Hall was subsequently acquitted on all charges.

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

The proposed stipulated penalties for Chad Hall's Certificate of Registration No. CS20510 are the following: 1) a public reprimand; 2) pay a fine of $5,000 pursuant to a payment plan; and 3) pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

The Board questioned Dr. Hall on why he did not answer the renewal application truthfully.

Dr. Hall testified that he believed since he was not convicted yet that he did not have to mark "yes" on the renewal application.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order for Dr. Chad Hall as presented by Mr. Kandt.

Second: Krystal Freitas

Action: Passed unanimously.

M. Hernan Mok, RPH (22-095-RPH-S)

Hernan Mok was not present for the hearing.

President Park disclosed that she knows Mr. Mok through her previous employment but can participate in this matter fairly and without bias.

Steven Altig appeared as counsel on behalf of Mr. Mok.

Peter Keegan, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding Mr. Mok diverting controlled substances from the pharmacy.

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

The stipulated penalties for Mr. Mok's Certificate of Registration No. 19930 are the following: 1) revocation for a period of one year; 2) pay a fine of $5,000; 3) pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 4) In the event Respondent Mok petitions for reinstatement, or applies for any other certificate, license or permit with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, as well as the facts and circumstances underlying with this matter.

Mr. Keegan did want to make an amendment to paragraph 6 of the Stipulation and Order correcting "Robertson" to "Mok".

Mr. Altig requested that Mr. Mok be allowed to pay the fine in a 12-month payment plan.

Mr. Keegan wanted to comment that Mr. Mok has not been practicing pharmacy since the allegations.

Mr. Altig confirmed that Mr. Mok has ceased practicing pharmacy and is seeking treatment in an outpatient program.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order for Hernan Mok as presented by Mr. Keegan with an agreed upon 12-month payment plan.

Second: Krystal Freitas

Action: Passed unanimously.

N. Jamie Leigh Sage, PTT (22-130-PT-N)

No representative was present on behalf of Jamie Leigh Sage.

Peter Keegan prosecuted the case.

Mr. Keegan called Darlene Nases as a witness.

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

Mr. Keegan questioned Ms. Nases on her position with the Nevada Board of Pharmacy, her duties, and on the service of the Notice of Intended Action and Accusation to Ms. Sage.

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

Mr. Keegan called Kristopher Mangosing as a witness.

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

Mr. Keegan questioned Mr. Mangosing on his position with the Nevada Board of Pharmacy, his duties, and on service of the 21-day Notice of the hearing to Ms. Sage.

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

Mr. Keegan requested the Board find that Ms. Sage was properly served.

Board Action:

Motion: Wayne Mitchell moved to find that Jamie Leige Sage was properly served.

Second: President Park

Action: Passed unanimously.

Mr. Keegan requested Exhibits 1-4 be entered in the record.

President Park admitted Exhibits 1-4.

DRAFT

Mr. Keegan requested the Board find Ms. Sage was properly served and failed to appear and pursuant to NRS 622A.350(2) the Board finds the allegations against the Respondent are true.

Board Action:

Motion: Richard Tomasso moved to find the factual allegations and alleged violations against Jamie Leigh Sage as true and find that she was properly noticed for the hearing.

Second: Wayne Mitchell

Action: Passed unanimously.

Mr. Keegan requested the Board find violations of the law in Counts One and Two as proven.

Board Action:

Motion: Richard Tomasso moved to find violations of law in Counts One and Two as proven.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Keegan requested the Board to revoke Ms. Sage's non-renewed pharmaceutical technician-in-training registration.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to revoke Jamie Leigh Sage's Certificate of Registration No. PT24343 for a period of two years and pay a fine of $5,000.

Second: President Park

Action: Passed unanimously.

Mr. Keegan called Darlene Nases and Kristopher Mangosing as witnesses.

President Park confirmed Ms. Nases and Mr. Mangosing are still sworn in.

Mr. Keegan wanted verification from Ms. Nases and Mr. Mangosing on their time sheets submitted regarding the time spent on this case.

Ms. Nases and Mr. Mangosing confirmed their time.

Mr. Keegan requested that Exhibit 5 be entered into the record.

President Park admitted as Exhibit 5.

Mr. Keegan requested the Board find that the attorney's fees and costs of $446.23 were reasonable, necessary, and actually incurred.

Board Action:

Motion: Krystal Freitas moved to award the attorney's fees and costs of $446.23 on the basis that they were reasonable, necessary, and actually incurred.

Second: Wayne Mitchell

Action: Passed unanimously.

O. Ziphealth, Inc. (22-248-PH-O)

Bridget Kelly appeared as counsel on behalf of Ziphealth, Inc.

Peter Keegan prosecuted the case regarding Ziphealth's failure to disclose an administrative action taken by Maine on their 2020 pharmacy renewal application.

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

The stipulated penalties for Ziphealth's Pharmacy License No. PH04092 are the following: 1) pay a fine of $5,000; and 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order for Ziphealth, Inc as presented by Mr. Keegan.

Second: Rolf Zakariassen

Action: Passed unanimously.

P. Gemma McKenzie Thomson, DVM (22-542-CS-N)

Gemma Thomson was not present for the hearing.

Alan Westbrook appeared as counsel on behalf of Ms. Thomson.

Peter Keegan prosecuted the case regarding Ms. Thomson unlawfully diverting and self-administering controlled substances during work hours.

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

The stipulated penalties for Gemma Thomson's Certificate of Registration No. CS33508 are the following: 1) a one year revocation effective from the date of the Order; 2) must obtain and submit an evaluation for substance use disorder and comply with any and all recommendations set forth by the evaluator/practitioner 3) pay the fine of $5,000 in the agreed upon payment plan; and 4) pay $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Mr. Westbrook requested a payment plan of 12 months to pay the fine.

Board discussion ensued.

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously.

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

A. Joshua Schaffner (22-189-S)

This matter was withdrawn, and Mr. Schaffner has agreed to pay the citation and fine with an agreed upon payment plan.

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

Q. Robert Chancellor, MD (19-003-CS-B-S)
R. Lindsay Hoffman, PA-C (19-003-CS-C-S)

These matters were continued to a future Board meeting.

7. Hearing on: (1) First Amended Stipulated Facts; Order *** Respondents Las Vegas Scripts Rx, and Nathan Edouard, RPh Only; and *(2) Stipulated* First Amended

Findings of Facts, Conclusions of Law; Order *** Respondents Las Vegas Scripts Rx, and Nathan Edouard, RPh Only (**FOR POSSIBLE ACTION)**

A. Las Vegas Scripts Rx (19-243-PH-S)
B. Nathan Edouard, RPH (19-243-RPH-S)

These matters were continued to a future Board meeting.

27. Approval of Dispensing Technician and Dispensing Technician in Training Applications. **(FOR POSSIBLE ACTION)**

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, provided background on the agenda item and presented the proposed Dispensing Technician and Dispensing Technician in Training application for the Board's consideration.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Dispensing Technician and Dispensing Technician in Training application.

Second: Krystal Freitas

Action: Passed unanimously.

28. Approval of Application to Engage in the Practice of a Pharmacy outside a Licensed Pharmacy. **(FOR POSSIBLE ACTION)**

Yenh Long provided background on the agenda item and the proposed process for how the Board staff would handle this type of request.

Ms. Long presented the proposed application to Engage in the Practice of a Pharmacy Outside a Licensed Pharmacy for the Board's consideration.

Board discussion ensued.

Gener Tejero suggested modifications to section 1 to move check box 2 to 3.

Board Action:

Motion: Gener Tejero moved to approve the application to Engage in the Practice of a Pharmacy outside a License Pharmacy with amendments to section 1 to move check box 2 to 3.

Second: Richard Tomasso

Action: Passed unanimously.

29. Approval of Prescription Drug Donation Program Application. **(FOR POSSIBLE ACTION)**

Yenh Long provided background on the agenda item and presented the proposed application for Prescription Drug Donation Program for the Board's consideration.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the application for Prescription Drug Donation Program.

Second: President Park

Action: Passed unanimously.

30. Approval of Automated Drug Dispensing System Application – For Pharmacies. (**FOR POSSIBLE ACTION)**

Yenh Long provided background on the agenda item and presented the proposed application for Automated Drug Dispensing System Application – For Pharmacies for the Board's consideration.

Rolf Zakariassen commented that the application has two Section 3's.

Ms. Long commented that she will correct the application to notate Section 4.

Board Action:

Motion: Krystal Freitas moved to approve the application for Automated Drug Dispensing System Application – For Pharmacies.

Second: Rolf Zakariassen

Action: Passed unanimously.

31. Approval of Automated Drug Dispensing System Application – For Reproductive Healthcare Centers. **(FOR POSSIBLE ACTION)**

DRAFT

Yenh Long provided background on the agenda item and presented the proposed application for Automated Drug Dispensing System Application – For Reproductive Healthcare Centers for the Board's consideration.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the application for Automated Drug Dispensing System Application – For Reproductive Healthcare Centers.

Second: Wayne Mitchell

Action: Passed unanimously.

32. Approval of Reproductive Healthcare Center Group Practice – Shared Inventory Application. **(FOR POSSIBLE ACTION)**

Yenh Long provided background on the agenda item and presented the proposed application for Reproductive Healthcare Center Group Practice – Shared Inventory for the Board's consideration.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the application for Reproductive Healthcare Center Group Practice – Shared Inventory.

Second: Gener Tejero

Action: Passed unanimously.

26. Approval of Pharmacy Technician and Pharmacy Technician in Training Applications. **(FOR POSSIBLE ACTION)**

Dave Wuest, Executive Secretary for the Nevada Board of Pharmacy, and Yenh Long provided background on the agenda item.

Ms. Long presented the proposed Pharmacy Technician and Pharmacy Technician in Training Application for the Board's consideration.

Mr. Wuest discussed paths to the Board for applicants who failed to properly disclose or provide a complete application.

DRAFT

Peter Keegan read the law into the record NRS 639.138 – denial of an application.

Board discussion ensued.

Mr. Wuest stated that this matter will be agendized and brought back to a future Board meeting.

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

Brett Kandt presented the General Counsel Report to the Board's satisfaction.

34. Executive Secretary Report:

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. COVID-19 Response
F. Licensing Software Update
G. Licensing Activities Report
H. PMP Integration
I. Citations & Fines issued pursuant to NRS 632.2895

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

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

A. Albertsons Central Processing Pharmacy – Itasca, IL
B. Albertsons Specialty Care Pharmacy – Boise, ID

Rob Geddes, Director of Regulatory of Affairs, and Iveliss Rivas, Manager at the Itasca, IL location, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest requested a Letter of Authorization for Mr. Geddes to speak on behalf of the company.

Yenh Long provided background on the applications regarding central processing and questioned Mr. Geddes on the business model.

Mr. Geddes provided background on the business model, staffing model, and the process of how entry verification and workload balancing at these central processing locations work.

Ms. Long wanted confirmation if all the pharmacists at each location are licensed in Nevada.

Mr. Geddes confirmed that only the managing pharmacist is licensed in Nevada at each location, but they are monitoring the statute to clarify this issue. However, they are looking to have other pharmacists licensed in Nevada to have additional back up.

Mr. Wuest commented that if the applications are approved the locations must follow Nevada law.

The Board wanted a step-by-step walk-through of how the central processing locations would verify a prescription and questioned if their staff is working remotely from home or an Albertson's facility.

Mr. Geddes provided the step-by-step process to the Board and commented that the staff is on-site at each location.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve out-of-state pharmacy licenses for Albertsons Central Processing Pharmacy in Itasca, IL and Albertsons Specialty Care Pharmacy in Boise, ID.

Second: Krystal Freitas

Action: Passed unanimously.

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

KayLynn Bowman

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

David Wuest provided background on the appearance to the Board.

Ms. Bowman explained that she is requesting approval to engage in the practice of pharmacy at a site other than a licensed pharmacy and provided the services that she would be providing to the Board.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve KayLynn Bowman's request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

    Nephron Pharmaceuticals Corporation – Murray, KY – Background Check Not Required - VAWD-Accredited (NAC 639.593(7)(c))

Srinivasa Rao, Vice President of Regulatory Affairs, and Tosin Adelakun, Regulatory Affairs Manager, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Nikole Mergo appeared as counsel on behalf of Nephron Pharmaceuticals Corporation.

David Wuest requested a Letter of Authorization for Mr. Rao and Mr. Adelakun to speak on behalf of the company.

Mr. Wuest provided background on the application and asked questions regarding the company's disclosures.

Ms. Mergo provided clarification and background on disclosures.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve Out-of-State Wholesaler license for Nephron Pharmaceutical Corporation.

Second: Wayne Mitchell

Action: Passed unanimously.

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

    A. Josephine Pharmacy – Las Vegas, NV

Dr. Obiageli Momodu, Owner and Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that she knows Dr. Momodu but can participate in this matter fairly and without bias.

Joe Dodge, Nevada Board of Pharmacy Inspector, provided background on the application and commented that Dr. Momodu will be amending the application to remove non-sterile compounding services.

Mr. Dodge questioned Dr. Momodu on why they want to open a pharmacy, the business model, and Dr. Momodu's experience as a pharmacist.

Dr. Momodu answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve Nevada pharmacy license for Josephine Pharmacy pending favorable inspection.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

    ManaMed, Inc. – Las Vegas, NV – Background Check Not Required - Manufacturer (NAC 639.593(7)(d))

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

Brett Kandt provided background on the application and disclosures regarding unlicensed wholesaling activity in Nevada.

Mr. Theriot commented that he did not realize that they needed to be licensed, but they worked to resolve the issue immediately. They paid the fine and applied for a wholesaling license.

The Board questioned their business model and if they hold any licenses in other states.

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

Dave Wuest commented that an inspection would be required if the licensed is approved.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve Nevada wholesaler license for ManaMed, Inc pending positive inspection.

Second: Wayne Mitchell

Action: Passed unanimously.

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

Vincent Alexis

No representative was present on behalf of Vincent Alexis.

Public Comment March 8, 2023, 3:36 PM

There was no public comment.

President Park recessed the meeting for the night and reconvened the meeting the next morning.

Board Members Present:

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

Board Staff Present:

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

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

DRAFT

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

Call to Order and Roll Call – Establishment of Quorum

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

Public Comment March 9, 2023, 9:00 AM

There was no public comment.

◈ REGULAR AGENDA ◈

24. Review of Regulations as required by Executive Order 2023-003 - Actionable Item **(FOR POSSIBLE ACTION)**

SECTION 3:
Prior to submitting their respective reports, every executive branch department, agency, board and commission shall hold a public hearing, after having provided reasonable notice consistent with Chapter 233B of the Nevada Revised Statutes, to key industry stakeholders, to: (i) vet their recommended changes; (ii) solicit input as to the merits of those changes and (iii) identify other regulatory changes stakeholders feel are worthy of consideration. Stakeholder input shall be reflected in the summary of findings and recommendations included in each submitted report.

David Wuest provided background on the Executive Order 2023-003 and presented an overview of Sections 1-5 of the Order.

Mr. Wuest presented ten regulations recommended for removal or modification in accordance with Section 2 of Executive Order 2023-003.
Mr. Wuest presented a list of regulations in the Board Book currently being worked on prior to the Executive Order and shared written requests from the public on what regulations that they would like the Board to consider.

President Park opened the floor to public comment in accordance with Section 3 of Executive Order 2023-003.

Liz McMenamin from the Retail Association of Nevada suggested doing what's best for Nevada without inhibiting the patient. The industry recommends working on the pharmaceutical technician ratios due to staffing issues, removing the five-foot barriers in pharmacies, and removing the requirement that mandate pharmacists to obtain a pharmacist registration with the Board who are employed at licensed out-of-state pharmacies. She requested the Board consider the recommendations that the industry submitted and work to address these issues in Nevada.

Ken Kunke from the Nevada Pharmacy Alliance submitted four requests for the Board's consideration. These four requests were approved at the Board of Directors meeting. Mr. Kunke stated he would send an updated document stating that the request was approved by the Board of Directors after the meeting.

Jade Jacobo and Rolf Zakariassen were excused from the meeting at 9:32 AM.

Board discussion ensued.

Board Action:

Motion: Richard Tommaso moved to allow Board staff to comply with Executive Order 2023-003.

Second: Gener Tejero

Action: Passed unanimously.

25. Executive Order 2023-004 **(INFORMATIONAL ONLY)**

Order Directing All Nevada Occupational and Professional Licensing Boards to Suspend the Issuance of Any New Regulations, Show Cause for Occupational Licensing Requirements and to Provide a Recommended Pathway for Facilitating License Reciprocity.

Dave Wuest presented Executive Order 2023-004 to the Board's satisfaction.

8. Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6944) – Appearance (**FOR POSSIBLE ACTION)**

A. Adesso Therapeutics – Reno, NV

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

Yenh Long provided background on the application and questioned about the business model, getting business, and Mr. Cavalli's experience.

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

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve Nevada Medical, Devices, Equipment and Gases license for Adesso Therapeutics.

Second: Krystal Freitas

Action: Passed unanimously.

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

B. Ida Washington

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

Peter Keegan provided background on the application and discipline regarding Ms. Washington prescribing controlled substances on an expired registration.

Ms. Washington provided background on her past discipline and the reason for her application.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve Controlled Substance Registration for Ida Washington.

Second: Wayne Mitchell

Action: Passed unanimously.

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

Tamera Graham

Tamera Graham appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan provided background on the application and questioned Ms. Graham about her disclosure regarding her battery charges.

DRAFT

Ms. Graham provided background on her disclosure regarding a domestic violence dispute with an ex-spouse which she is currently on probation for.

The Board questioned Ms. Graham on if she has any drug issues and how she's changed from her disclosure.

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

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve the Pharmaceutical Technician in Training registration for Tamera Graham with the condition that she notify the Board of her successful completion of probation.

Second: President Park

Action: Passed unanimously.

8. Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6944) – Appearance (**FOR POSSIBLE ACTION)**

   B. Mobility Prosthetic and Orthotic Services – Las Vegas, NV

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

Yenh Long provided background on the application and questioned the business model and Mr. Mohanty's experience with prosthetics and orthotics.

Mr. Mohanty answered Ms. Long's questions and shared his work experience. In addition, he shared that he continues to get clients which he serves in his Las Vegas location since 2021.

Ms. Long and Mr. Wuest questioned Mr. Mohanty on if he serves Nevada patients from his Las Vegas location.

Mr. Mohanty confirmed.

Ms. Long clarified that it seems the Arizona location is appropriately licensed, but the Nevada location may have been servicing patients without the appropriate licensure.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve Nevada Medical Devices, Equipment and Gases license for Mobility Prosthetic and Orthotic Services pending favorable inspection.

Second: Wayne Mitchell

Action: Passed unanimously.

22. Request for a waiver from the managing pharmacist pursuant to NRS 639.220 (3) – Appearance **(FOR POSSIBLE ACTION)**

Nicolle Gunn

Krystal Freitas recused herself due to her employment.

Nicolle Gunn, Managing Pharmacist, and Andrew Jackson, Director of Pharmacy Centennial Hills, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided background on the request for Ms. Gunn to be the managing pharmacist at two locations.

Ms. Gunn described the business model and what she intends to do with the waiver submitted.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve Nicole Gunn's request for a waiver to be the managing pharmacist at two locations.

Second: Wayne Mitchell

Action: Passed unanimously.

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

B. The Medicine Shoppe LTC Pharmacy

Krystal Freitas and President Park disclosed that they know Angela Caracci but can participate in this matter fairly and without bias.

Angela Caracci appeared and was sworn in by President Park prior to answering questions and offering testimony.

Luis Lanz appeared as counsel on behalf of The Medicine Shoppe LTC Pharmacy.

Joe Dodge provided background on the application and questioned on the business model, Ms. Caracci's experience as a pharmacist, her experience with sterile and non-sterile compounding, and the company's training processes and resources.

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

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve Nevada compounding pharmacy license for The Medicine Shoppe LTC Pharmacy pending favorable inspection.

Second: Wayne Mitchell

Action: Passed unanimously.

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

Heriberto Martinez Jr.

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

Yenh Long provided background on the application and questioned Mr. Martinez on his disclosures regarding alcohol which included a DUI, driving on a suspended license, battery charges, and stealing alcohol.

Mr. Martinez provided background on his disclosures.

Ms. Long questioned Mr. Martinez if he has issues with other substances and on the status of his recovery.

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

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve application for Pharmacist Registration by Reciprocation for Heriberto Martinez Jr.

Second: President Park

Action: Passed unanimously.

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

Laughlin Pharmacy & Wellness Center – Laughlin, NV

Youjin Seo, Co-Owner, and Michelle Thu Vo, Managing Pharmacist and Co-Owner, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Krystal Freitas disclosed that Michelle Thu Vo was a classmate but can participate in this matter fairly and without bias.

Dave Wuest provided background on the application and Ms. Seo's disclosure regarding a traffic violation which was dismissed.

Mr. Wuest questioned Ms. Seo and Ms. Vo on the company's business model and the reason for opening a pharmacy.

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

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Nevada Pharmacy application for Laughlin Pharmacy & Wellness Center pending favorable inspection.

Second: Krystal Freitas

Action: Passed unanimously.

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

A. Optum Infusion Services, 550, LLC – Cincinnati, OH

Brendon Kestler, Clinical Pharmacist, and Nicholas Devile, Clinical Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on the application and their request to add sterile compounding to the pharmacy's services.

Mr. Dodge questioned what products they plan to ship into Nevada.

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

Mr. Dodge reviewed their Ohio pharmacy inspection results, their sterile compounding questionnaire, and their policies and procedures and feels comfortable going forward with the application.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve Optum Infusion Services, 550, LLC to provide sterile compounding services.

Second: Krystal Freitas

Action: Passed unanimously.

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

A. Shouping Li

Shouping Li appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt provided background on the application disclosures regarding a guilty plea in federal court for one count distribution of a controlled substance, the revocation of his medical license, his voluntary surrender of his controlled substance registration, and his voluntary surrender of his DEA license.

Mr. Kandt read the conditions of Dr. Li's medical license into the record.

Dr. Li summarized his work history, past discipline, and conditions of his license with the Nevada Medical Board.

Board discussion ensued regarding putting restrictions on Dr. Li's controlled substance registration.

Board Action:

Motion: Gener Tejero moved to approve the Controlled Substance Registration for Shouping Li for Schedules II through V with a max four-day supply.

Second: Richard Tomasso

Action: Passed unanimously.

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

B. Roadrunner Pharmacy, LLC – Phoenix, AZ

Clay Pehrson (Pharmacist), Kenneth Nelson (Managing Pharmacist), and Michael Martinez (Sterile Supervisor) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on the change of ownership application and questioned if there is a Lee Martin as he is the managing pharmacist listed on the application.

Mr. Nelson confirmed that he is now the managing pharmacist and is licensed in Nevada.

Mr. Dodge questioned the change of ownership and if there have been any process changes in the business.

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

Mr. Dodge commented that a sterile compounding affidavit was signed in their application stating that they would not ship sterile compounds into Nevada. He asked if they would like the affidavit removed.

Mr. Nelson confirmed.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve change of ownership for Roadrunner Pharmacy, LLC pending recent NABP Blueprint Inspection from Arizona.

Second: Gener Tejero

Action: Passed unanimously.

C. Village Lane Apothecary, LLC – Colleyville, TX

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

Joe Dodge provided background on the change of ownership application.

Mr. Dodge questioned the change of ownership, any process changes, the products being shipped into Nevada, and the results of their 2023 Texas Board of Pharmacy inspection.

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

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve the change of ownership for Village Lane Apothecary, LLC pending receipt of their 2023 Texas Board of Pharmacy inspection.

Second: Wayne Mitchell

Action: Passed unanimously.

D. Westchester Compounding Pharmacy – East Chester, NY

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

Joe Dodge provided background on the application and asked if Mr. Trikounakis would like the sterile compounding affidavit removed from their application.

Mr. Trikounakis confirmed.

Mr. Dodge questioned their business model, how they ship their products into Nevada, and who does the compounding of the products.

Mr. Trikounakis answered Mr. Dodge's questions.

The Board expressed concern on the shipping of the products especially since Nevada is hot during the summer. They requested a shipping study during the summer months.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve the Out-of-State Compounding Pharmacy License for Westchester Compounding Pharmacy with conditions to submit a temperature study report for the shipping of their products into Nevada to Board staff during July or August.

Second: Krystal Freitas

Action: Passed unanimously.

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

D. Option Care Home Care, Inc. – Sun Valley, CA

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

Joe Dodge provided background on the application and their 2021 California Board of Pharmacy inspections results.

Ms. Chun advised that they had a 2022 California Board of Pharmacy inspection which they had recommendations that they implemented, and she wanted to add that they won't be dispensing chemotherapy products in Nevada as their current location does not have a negative pressure room. This location would only serve as emergency backup if the Nevada location needed it.

Mr. Dodge questioned if they follow the same policies and procedures as the Nevada locations.

Ms. Chun confirmed.

Mr. Dodge stated that he is comfortable going forward with the application.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve the Out-of-State Pharmacy License for Option care Home, Inc.

Second: Wayne Mitchell

Action: Passed unanimously.

DRAFT

Richard Tomasso was excused from the meeting at 1:30 PM.

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

A. Amazi Harris

This matter was continued to a future Board meeting.

B. Erica Wells

Erica Wells appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt provided background on the application as Ms. Wells provided several disclosures regarding criminal history on her pharmaceutical technician application. Her disclosures are regarding playing slots underage, soliciting, and trespassing.

The Board questioned what occurred with her disclosures and why she initially did not disclose her criminal history on her initial pharmaceutical technician application.

Ms. Wells provided background on her disclosures and commented that an attorney said her criminal history from background checks will disappear after ten years, so she thought that she did not have to disclose it.

The Board questioned why she wants to be a pharmaceutical technician and if she has any other issues with Law Enforcement since 2007.

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

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Pharmaceutical Technician application for Erica Wells.

Second: Wayne Mitchell

Action: Passed unanimously.

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

Phuong Mai

Phuong Mai appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided background on the appearance.

President Park questioned Ms. Mai on what occurred with her past Nevada MPJE attempts and how she prepared for the exams.

Ms. Mai answered that she was going through personal issues while she took the exam, but she feels ready as she is currently working in a pharmacy in Arizona.

President Park expressed that experience is good, but Nevada has a lot of laws which may be different from her experience in an Arizona Pharmacy. She suggested studying the Nevada laws.

Ms. Mai requested a chance to retake the Nevada MPJE one more time.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve Phuong Mai to retake the Nevada MPJE one time.

Second: Krystal Freitas

Action: Passed unanimously.

19. Application for Pharmacist Registration by Score Transfer (NRS 639.134) – Appearance (**FOR POSSIBLE ACTION**)

Cesar Cabrera

Cesar Cabrera appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided background on the application and disclosures regarding possession of a controlled substance.

Mr. Cabrera provided background on his disclosures. He commented that he had a career change but is looking to go back into pharmacy.

The Board questioned if he were surrounded by controlled substances if he would be tempted.

Mr. Cabrera commented that he is the program director of a treatment center, so he is surrounded by controlled substances frequently. He is not tempted at all and has been sober for years.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the application for Pharmacist Registration by Score Transfer for Cesar Cabrera pending favorable PRN-PRN evaluation or equivalent.

Second: Gener Tejero

Action: Passed unanimously.

36. Public Comment March 9, 2023, 2:02 PM

There was no public comment.

35. Date and Location of Next Scheduled Board Meeting:

April 12-13, 2023 – Reno, NV

DRAFT

4

4A

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

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

Section 1: General Information

Facility Name: Critical Nurse Staffing, LLC

MDEG Physical Address: 1114 N First Street, Suite 200

City: Grand Junction State: CO Zip: 81501

Mailing Address (if different from physical address): same

City: _____ State: _____ Zip: _____

Telephone: 877-259-9001 Website: www.cnscares.com

Email: arthur.boatman@cnscares.com

Name of MDEG Administrator (NAC 639.694): Kristina Antonette

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	■ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	■ Parenteral and Enteral Equipment**
☐ Clinics[a]	■ Assistive Equipment
☐ Wholesalers[a]	■ Diabetic Supplies
☐ Other business entities (specify)[a]:	■ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Caleb Ganoe
	Telephone: 209-639-1538

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8 am to 5 pm	■ Tue: 8 am to 5 pm	■ Wed: 8 am to 5 pm	■ Thurs: 8 am to 5 pm	■ Fri: 8 am to 5 pm
☐ Sat:	☐ Sun:	☐ Holidays:		

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

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

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

Name: n/a Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: CO

Parent Company (if any): _____

Corporation/Organization Name: Critical Nurse Staffing, LLC

Mailing Address: 1114 North First Street, Suite 200

City: Grand Junction State: CO Zip: 81501

Telephone: 877-259-9001 Email: arthur.boatman@cnscares.com

Contact Person Name: Arthur Boatman

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

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

Kristina Antonette

Print Name of Authorized Person Submitting Application

Kristina Antonette

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

2/24/2023

Date

Board Use Only	Date Received: 2-28-23	Amount: 500.00 CC

CNSCares
We Put Care First.

List of Officers for Critical Nurse Staffing, LLC

1. Greg Abolofia
   Chief Executive Officer
   1114 N. First Street, Suite 200
   Grand Junction, CO 81501
   877-259-9001

2. Scott Oetting
   Chief Operating Officer
   1114 N. First Street, Suite 200
   Grand Junction, CO 81501
   877-259-9001

3. Jesse Verni
   Chief Financial Officer
   1114 N. First Street, Suite 200
   Grand Junction, CO 81501
   877-259-9001

4. Dave Baker
   Chief Information Officer
   1114 N. First Street, Suite 200
   Grand Junction, CO 81501
   877-259-9001

5. Michael Hilt
   Vice President of Sales
   1114 N. First Street, Suite 200
   Grand Junction, CO 81501
   877-259-9001

6. Lee Ann Arbogast
   Vice President of Human Resources
   1114 N. First Street, Suite 200
   Grand Junction, CO 81501
   877-259-9001

CNSCares
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A medical products provider license is not required in Colorado, the home state of Critical Nurse Staffing, LLC.

1114 N. 1st Street, Ste. 200 • Grand Junction, CO 81501• Phone: 970-254-9001 • Fax: 888-352-8212
www.cnscares.com

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/16/2022

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

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

PRODUCER
CCIG
155 Inverness Drive West
Englewood CO 80112

License#: 45339

CONTACT NAME: Bridget Longcrier
PHONE (A/C, No, Ext): 720-330-7921 **FAX (A/C, No):** 720-330-7921
E-MAIL ADDRESS: bridget.longcrier@thinkccig.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Insuran	18058
INSURER B : Technology Ins. Company	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Critical Nurse Staffing, LLC
1114 N. 1st Street, Suite 200
Grand Junction CO 81501

CRITNUR-01

COVERAGES **CERTIFICATE NUMBER:** 1654668477 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [ ] OCCUR [X] GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:	Y	Y	PHPK2471532	10/1/2022	10/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Stop GAP OH WA	$ 1,000,000 $ 1,000,000 $ 20,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			PHPK2471532	10/1/2022	10/1/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
A	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED X RETENTION $ 10,000			PHUB834861	10/1/2022	10/1/2023	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		TWC4201601	12/16/2022	12/16/2023	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Professional Liability			PHPK2471532	10/1/2022	10/1/2023	Limit	$1,000,000

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

CERTIFICATE HOLDER

Critical Nurse Staffing, LLC.
1114 N 1st St, Ste 200
Grand Junction CO 81501

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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Critical Nurse Staffing, LLC is 100% owned by Tiger Peak Healthcare Holding, LLC and as such has not completed a Personal History Record Application.

1114 N. 1st Street, Ste. 200 • Grand Junction, CO 81501• Phone: 970-254-9001 • Fax: 888-352-8212
www.cnscares.com

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

CRITICAL NURSE STAFFING, LLC

is a

Limited Liability Company

formed or registered on 08/06/2002 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20021213626 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/12/2023 that have been posted, and by documents delivered to this office electronically through 01/13/2023 @ 10:34:39 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/13/2023 @ 10:34:39 in accordance with applicable law. This certificate is assigned Confirmation Number 14608030 .

Jena Griswold

Secretary of State of the State of Colorado

**********End of Certificate**********

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Critical Nurse Staffing, LLC MDEG License # (if applicable) _____

Physical Address 1114 N First Street, Suite 200

City Grand Junction State CO Zip 81501

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 877-259-9001 Website www.cnscares.com

Licensing Company Email arthur.boatman@cnscares.com

Section 2: Personal Information

First Kristina Middle _____ Last Antonette

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

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

Mailing Address 1114 N First Street, Suite 200

City Grand Junction State CO Zip 81501

Telephone 877-259-9001 Email kristina.antonette@cnscares.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Mesa State College (now Colorado Mesa University)		08/05 - 05/07	
Address	**City**	**State**	**Zip**
1100 North Avenue	Grand Junction	CO	81501
Diploma/Degree obtained, if any			
BSN			

School Name		From - To (MM/YY – MM/YY)	
Yavapai Community College		08/00-05/02	
Address	**City**	**State**	**Zip**
1100 E. Sheldon Street	Prescott	AZ	86301
Diploma/Degree obtained, if any			
ADN			

School Name		From - To (MM/YY – MM/YY)	
Northern Arizona University		08/97 -12/01	
Address	**City**	**State**	**Zip**
1900 S Knoles Dr.	Flagstaff	AZ	86011
Diploma/Degree obtained, if any			
Bachelor of Arts in Liberal Studies			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/14 -current	[redacted] Allegheny Dr.	Grand Junction	CO	81504
08/07 - 06/14	[redacted] Sunray Ct.	Clifton	CO	81520
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name: Critical Nurse Staffing, LLC			From - To (MM/YY – MM/YY): 04/12 - current	
Business Address: 1114 North First Street, Suite 200		City: Grand Junction	State: CO	Zip: 81501
Phone: 877-259-9001	Title: Director of Operations		Number of Employed Hours: 40	
Description of Duties: Coordinate DME and PPE for home health patients				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Kristina Antonette, **certify that as the MDEG Administrator for**

Critical Nurse Staffing, LLC,

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

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

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

Kristina Antonette
Print Name (First, Last)

Kristina Antonette
Original Signature (electronic, copies or stamps not accepted)

2/24/2023
Date

Board Use Only	Date Received: 2-28-23

4B

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

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

Section 1: General Information

Facility Name: Mi-Med Supply Co. Inc.

MDEG Physical Address: 30 Fairbanks, Ste 115

City: Irvine State: CA Zip: 92618

Mailing Address (if different from physical address): 1660 SW Saint Lucie West Blvd, Ste 302

City: Port Saint Lucie State: FL Zip: 34986

Telephone: 949-716-3071 Website: https://www.abc-med.com

Email: credentialing@abc-med.com

Name of MDEG Administrator (NAC 639.694): Tricia Nelson

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	■ Others: DME; Wound, Urological, Ostomy Supplies
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: N/A
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
▣ Mon: 9AM - 3:30PM	▣ Tue: 9AM - 3:30PM	▣ Wed: 9AM - 3:30PM	▣ Thurs: 9AM - 3:30P	▣ Fri: 9AM - 3:30PM
☐ Sat:	☐ Sun:	☐ Holidays:		

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

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare - 5989000003
California Medicaid - 1225076870
Hawaii Medicaid - 752148

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693:6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

   a) A practicing health professional; or

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

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): N/A

Corporation/Organization Name: Mi-Med Supply Co. Inc.

Mailing Address: 30 Fairbanks, Ste 115

City: Irvine State: CA Zip: 92618

Telephone: 866-897-8588 Email: credentialing@abc-med.com

Contact Person Name: Monica Merrill

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

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

Gary R. Bang, Jr.

Print Name of Authorized Person Submitting Application

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

1/15/23

Date

Board Use Only	Date Received: 2-16-23	Amount: 500.00 cc

ABCmedical
Adapt. Believe. Compete.

OFFICERS AND DIRECTORS OF MI-MED SUPPLY CO, INC.

Name	Title	Date of Birth
Gary R. Bang, Jr.	President and Director	[redacted]
David Young Won	VP and Chief Financial Officer	
Adam Robert Smith	Director	
Kenneth Alan Straup	Director	

Secretary of State
Certificate of Status

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

Entity Name:	MI-MED SUPPLY CO. INC.
Entity No.:	2964981
Registration Date:	02/01/2007
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

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

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

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 12, 2023.

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

Certificate No.: 073013116

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/25/2022

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

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

PRODUCER Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com
INSURED Mi-Med Supply Co. Inc. 30 Fairbanks Irvine, CA 92618	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Federal Insurance Company — 20281 INSURER B: Ironshore Specialty Insurance Company — 25445 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** W26392071 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:			3588-49-18	10/01/2022	10/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			7819-48-29	10/01/2022	10/01/2023	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
B	Excess Liability (Ironshore) Claims Made			HC7CACDCDE002	10/01/2022	10/01/2023	Each Occurrence Aggregate	$1,000,000 $1,000,000

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

This Voids and Replaces Previously Issued Certificate Dated 09/29/2022 WITH ID: W26154296.

SEE ATTACHED

CERTIFICATE HOLDER

Mi-Med Supply Co. Inc.
30 Fairbanks, Suite 115
Irvine, CA 92618

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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SR ID: 23237631 BATCH: 2717063

AGENCY CUSTOMER ID: _____

LOC #: _____

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Willis Towers Watson Midwest, Inc.		Mi-Med Supply Co. Inc. 30 Fairbanks Irvine, CA 92618
POLICY NUMBER See Page 1		
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Re: 222 West Mission Street Ste 125, Spokane, WA 99201; 30 Fairbanks, Suite 115, Irvine, CA 92618; 1390 Decision St. Suite B, Vista, CA 92081.

INSURER AFFORDING COVERAGE: Federal Insurance Company NAIC#: 20281

POLICY NUMBER: 3588-49-17 EFF DATE: 10/01/2022 EXP DATE: 10/01/2023

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Product Liability (Claims Made)	Occurrence	$10,000,000
Retroactive Date 1/1/86	Aggregate	$10,000,000

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SR ID: 23237631 BATCH: 2717063 CERT: W26392071

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Mi-Med Supply Co. Inc.
30 Fairbanks,
Suite#115
Irvine, CA 92618

LICENSE NUMBER: 96331
EXPIRATION DATE: 3/24/2024

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

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

Printed: 1/4/2023

DISPLAY CONSPICUOUSLY AT PLACE OF BUSINESS FOR WHICH ISSUED

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

SELLER'S PERMIT

March 07, 2017

ACCOUNT NUMBER

100891516 - 00005

MI-MED SUPPLY CO INC
30 FAIRBANKS STE 115
IRVINE CA 92618-1688

Office of Control:
Out-of-State / Chicago

NOTICE TO PERMITTEE: You are required to obey all Federal and State laws that regulate or control your business. This permit does not allow you to do otherwise.

IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION. THIS PERMIT IS VALID ONLY AT THE ABOVE ADDRESS.

THIS PERMIT IS VALID UNTIL REVOKED OR CANCELED AND IS NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS OR DROP OUT OF A PARTNERSHIP, NOTIFY US OR YOU COULD BE RESPONSIBLE FOR SALES AND USE TAXES OWED BY THE NEW OPERATOR OF THE BUSINESS.

Not valid at any other address

For general tax questions, please call our Customer Service Center at 1-800-400-7115 (TTY:711).
For information on your rights, contact the Taxpayers' Rights Advocate Office at 1-888-324-2798 or 1-916-324-2798.

CDTFA-442-R REV. 18 (5-18)

A MESSAGE TO OUR NEW PERMIT HOLDER

As a seller, you have rights and responsibilities under the Sales and Use Tax Law. In order to assist you in your endeavor and to better understand the law, we offer the following sources of help:

- Visiting our website at *www.cdtfa.ca.gov*
- Visiting an office
- Attending a Basic Sales and Use Tax Law class offered at one of our offices
- Sending your questions in writing to any one of our offices
- Calling our toll-free Customer Service Center at 1-800-400-7115 (TTY:711)

As a seller, you have the right to issue resale certificates for merchandise that you intend to resell. You also have the responsibility of not misusing resale certificates. While the sales tax is imposed upon the retailer,

- You have the right to seek reimbursement of the tax from your customer
- You are responsible for filing and paying your sales and use tax returns timely
- You have the right to be treated in a fair and equitable manner by the employees of the California Department of Tax and Fee Administration (CDTFA)
- You are responsible for following the regulations set forth by the CDTFA

As a seller, you are expected to maintain the normal books and records of a prudent businessperson. You are required to maintain these books and records for no less than four years, and make them available for inspection by a CDTFA representative when requested. You are also required to know and charge the correct sales or use tax rate, including any local and district taxes. The tax rate applicable to your sales or use may not necessarily correspond to the tax rate of your business address displayed on this permit. You are also expected to notify us if you are buying, selling, adding a location, or discontinuing your business, adding or dropping a partner, officer, or member, or when you are moving any or all of your business locations. If it becomes necessary to surrender this permit, you should only do so by mailing it to a CDTFA office, or giving it to a CDTFA representative.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with CDTFA, please contact the Taxpayers' Rights Advocate Office for help by calling toll-free, 1-888-324-2798 or 1-916-324-2798. Their fax number is 1-916-323-3319.

Please post this permit at the address for which it was issued and at a location visible to your customers.

California Department of Tax and Fee Administration

Business Tax and Fee Division

Jessette Phaynarikone

From: Credential Work <credentialwork@abc-med.com>
Sent: Thursday, February 16, 2023 3:01 PM
To: Jessette Phaynarikone; Tricia Nelson
Cc: Credentialing
Subject: RE: MDEG Application - Mi-Med Supply Co Inc - Irvine, CA
Attachments: RE: Personal History Record Application Requirements

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello Jessette,

Per your previous communication, since we have no individual owners and are 100% owned by a corporation, the personal history record applications will not be required.

To answer your other inquiry, we are adding a location in addition to 1390 Decision St Suite B, Vista CA 92081 and would like to keep license MP00940.

Thank you,

Monica Merrill
Credentialing Specialist
Monica.Merrill@abc-med.com
ABC Home Medical Supply, Inc
900 E Prima Vista Blvd. Suite 300
Port Saint Lucie, FL 34952
(772) 212-4938

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The ABC Medical Family includes ABC Home Medical Supply, ABC Medical, Southeast Medical, Experea Healthcare, Mi-Med Supply, Phoenix Medical Supply, P&H Ostomy, MLK Associates, and Freestate Medical. Regardless of the name, we are all ONE COMPANY with one mission: To Do Well by Doing Good!
CONFIDENTIALITY NOTICE: In accordance with the Federal HIPAA (Health Insurance Portability & Accountability Act), this email/attachment may contain protected health or legal information and is for the sole appropriate professional use of the intended recipient(s). Any unauthorized use, disclosure, dissemination or copying of this information is prohibited. If you receive this in error, please notify the sender immediately and delete the information from your computer.

From: Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov>
Sent: Thursday, February 16, 2023 5:53 PM
To: Tricia Nelson <tricia.nelson@abc-med.com>

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Mi-Med Supply Co. Inc. MDEG License # (if applicable): _____

Physical Address: 30 Fairbanks, Ste 115

City: Irvine State: CA Zip: 92618

Mailing Address (if different from physical address): 1660 SW Saint Lucie West Blvd, Ste 302

City: Port Saint Lucie State: FL Zip: 34986

Telephone: 949-716-3071 Website: https://www.abc-med.com

Licensing Company Email: credentialing@abc-med.com

Section 2: Personal Information

First: Tricia Middle: _____ Last: Nelson

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

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

Mailing Address: [redacted] Nautilus Way

City: San Juan Capistrano State: CA Zip: 92675

Telephone: [redacted] Email: tricia.nelson@abc-med.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Penn Foster College		08/01/21 - 04/30/14	
Address	City	State	Zip
14300 N. Northsight Blvd, Ste 125	Scottsdale	AZ	58260
Diploma/Degree obtained, if any			
Certificate in Billing & Coding			

School Name		From - To (MM/YY – MM/YY)	
Seattle Pacific University		09/01/95 - 06/30/96	
Address	City	State	Zip
3307 3rd Ave W	Seattle	WA	98119
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
San Clemente High School		09/01/91 - 06/30/95	
Address	City	State	Zip
700 Avenida Pico	San Clemente	CA	92673
Diploma/Degree obtained, if any			
HS diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/30/12 - present	[redacted] Nautilus Way	San Juan Capistrao	CA	92675
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name		From - To (MM/YY – MM/YY)
Mi-Med Supply Co. Inc.		10/15 – Present
Business Address	**City**	**State / Zip**
30 Fairbanks, Ste 115	Irvine	CA 92618
Phone	**Title**	**Number of Employed Hours**
949-716-3071	HPS Documents/Facility Coordinator	40 hrs/wk.
Description of Duties		

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Tricia Nelson, **certify that as the MDEG Administrator for**

Mi-Med Supply Co. Inc.,

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

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

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

Tricia Nelson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/20/23
Date

Board Use Only	Date Received: 2-16-23

TRICIA NELSON

[redacted] Nautilus Way, San Juan Capistrano, CA 92675 | C: [redacted] | [redacted]@gmail.com

Education and Training

Medical Billing & Coding **2015**
Penn Foster
Online Continuing education in business & medical billing/coding

Business Administration Assistant **2012**
Saddleback Community College
Online Coursework in Business Administration Assistance and Organizational Development

Theater Arts **1996**
Seattle Pacific University

High School Diploma **1995**
San Clemente High School

Work Experience

Documentation/Insurance Verification Specialist
ABC Home Medical Supply, Inc. **10/2015 - Present**

Receptionist/Doc Filer
Filing & distribution of inbound faxes & emails

- Process & enter New Referral Intake – All Therapies
- Doc filing for West & East Coast faxes
- Locate & resolve misfiled customer medical documents
- Scan & upload medical documents into customer accounts

HPS Document Verification

- Responsible for maintaining record integrity through assembling, compiling, filing, retrieving and tracking all confidential patient records
- Faxing and mailing medical documents to outside clinics and/or referrals
- Calling clinics and/or referrals for documentation
- Obtain pre-authorization for recommended supplies

Insurance Verification

- Verify insurance information for new patients and referrals
- Update insurance information for existing patients
- Document customer account about plan specific contracting & payor benefits

Site Facilities Coordinator

- Maintain location is in compliance with HIPAA, licensing & accreditation requirements
- Process office location mail
- Coordinate office location vendors
- Maintain product inventory
- Review monthly & quarterly safety procedures

Administrative Assistant – Member Services **01/2007 to 08/2015**
C&E Vision Service, Inc. **San Clemente, CA**

Administrative Assistant

- Scheduling, taking dictation, and providing follow up summary for meetings
- Coordinating with industry vendors on various projects
- Assist in creating system fail safes and website programs
- Manage department calendar
- Process new customer applications, including running credit reports through Equifax and Experian
- Create, maintain and close customer accounts for multiple companies within WDS Anzio system
- Maintain vendor information
- Maintain Industry Links page on website
- Cash application

Member Services

- Answer customer inquiries regarding monthly statements, payments & account analysis
- Research and resolve customer complaints
- Order entry for contact lens division

Sales

- Outbound phone calls regarding current promotions or sales inquiry
- Attend multiple tradeshows a year as sale representative, vendor relations coordinator and administrative

Marketing

- Design multi-media marketing material
- Editor of bi-monthly newsletter & author of Dr. Cool's Corner offering business advice and Service Spotlight highlighting companies services
- Co-creator of multiple tradeshow sweepstakes campaigns

- Coordinate tradeshow marketing, sweepstakes materials, and meetings with partner companies
- Manage tradeshow exhibitor booth
- Maintain online blog, www.blog.cevision.com
- Maintain social media: Facebook, Twitter and Pinterest

New employee trainer

- Train new employees on job duties, company policies and procedures

Cashier **09/2006 to 1/2007**
Z Pizza **San Clemente, CA**

Job Duties

- Open store every morning
- Reconcile cash drawers
- Assist customers
- Process phone orders
- Organize orders for delivery

Full Time Parent **09/2004 to 09/2006**
Full time stay at home mom Anaheim, CA

Blue Bayou Restaurant **12/2000 to 09/2004**
Disneyland Resort **Anaheim, CA**

Hostess

- Greet and seat guests
- Set tables
- Manage reservations

Busser

- Clear tables
- Assist servers
- Runner
- One of two first female bussers in Blue Bayou history

Chef

- Prepare and cook food
- Restock food from main kitchen

Server

- Customer service
- Cash handling
- Vending cart

Awards

- Silver Spoon Award-Disneyland Resort-Employee of the Year (New Orleans)

4C

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

[a]Is the business also a wholesaler? (NRS 639.016) ☐ Yes ☒ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

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

Section 1: General Information

Facility Name: Synapse Health, Inc

MDEG Physical Address: 1603 Orrington Ave Suite LL004, Corp Office 1625

City: Evanston State: IL Zip: 60201

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (847)737-4455 Website: https://www.synapsehealth.com

Email: licensing@synapsehealth.com

Name of MDEG Administrator (NAC 639.694): Andrew Perl

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
☒ Patients by prescriptions	☒ Medical Gases**
☐ Pharmacies[a]	☒ Respiratory Equipment**
☐ Practitioners[a]	☒ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☒ Parenteral and Enteral Equipment**
☐ Clinics[a]	☒ Assistive Equipment
☐ Wholesalers[a]	☒ Diabetic Supplies
☐ Other business entities (specify)[a]:	☒ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Synapse Health Customer Connect
	Telephone: 1-888-336-9363

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 10AM-4PM	■ Tue: 10AM-4PM	■ Wed: 10AM-4PM	■ Thurs: 10AM-4PM	■ Fri: 10AM-4PM
☐ Sat:	☐ Sun:	☐ Holidays:		

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

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
PTAN 8133960001

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

   a) A practicing health professional; or

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

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): TAP DME LLC

Corporation/Organization Name: TAP DME LLC

Mailing Address: 500 Adams Avenue

City: Glencoe State: IL Zip: 60022

Telephone: 847-504-9106 Email: andrew@tripleaim.com

Contact Person Name: Andrew Hayek

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**		✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**				
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.		✓		
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**		✓		
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).		✓		
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓		
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/		✓		
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/		✓		

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

Shakyra Simpson-Thomas

Print Name of Authorized Person Submitting Application

Shakyra Simpson-Thomas

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

1/24/23

Date

Board Use Only	Date Received: 2-13-23	Amount: 500.00 CK-1012 ✓ Processed 2.13.23 SB

synapse HEALTH

Synapse Health Ownership Structure

TAP DME LLC

500 Adams Avenue, Glencoe, IL 60022
847-504-9106
andrew@tripleaim.com
87-3437722

SynapsePDI Holding, LLC

7366 N. Lincoln Avenue, Suite 206, Lincolnwood, Illinois, 60712
847-732-4917
Andy.perl@synapsepdi.com
87-3809493

GV 2021, L.P.

1600 Amphithreate Pwky, Mountain View, CA 94043
FEIN: 85-4007225
Email: legal@gv.com
Phone: Chris Urenda (+1 (650) 335-5278)

Tony Kilgore, CEO

[redacted] Amaretto Ct, Plano, TX 75024
SSN [redacted]
Email: Tony.kilgore@synapsehealth.com
Phone: [redacted]

Synapse Health Board of Directors

Andrew Hayek, Chairman of the Board

[redacted]@tripleaim.com

Tony Kilgore, CEO

Email: [redacted]@synapsehealth.com

Eitan Schechter

Email: [redacted]@integraequipment.com

Todd Stern

Email: [redacted]@enfieldcap.com

Cory Roberts
Email: [redacted]@aol.com

Synapse Health Officers

Andrew Perl

Email: [redacted]@synapsepdi.com

Aaron Cho

Email : [redacted]@synapsehealth.com

Synapse Health Board Members

Andrew Hayek, Chairman of the Board

500 Adams Avenue, Glencoe, IL 60022
[redacted]
[redacted]@tripleaim.com

Tony Kilgore, CEO

[redacted]Amaretto Ct. Plano, TX 75024
Email: [redacted]@synapsehealth.com
Phone: [redacted]

Eitan Schechter

[redacted]W Jarvis Ave Chicago, IL 60645
Email: [redacted]@integraequipment.com
Phone: [redacted]

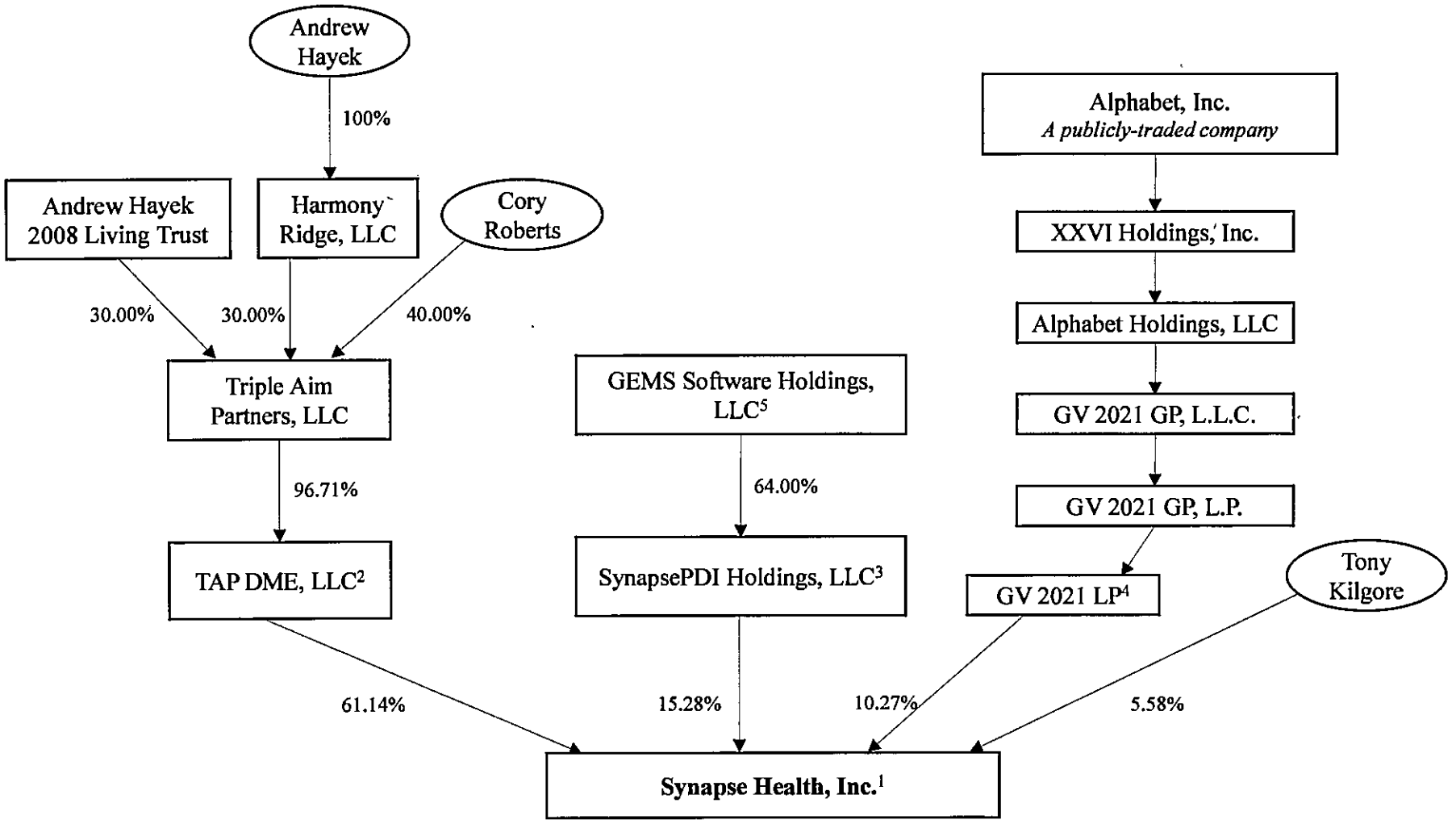
Todd Stern

[redacted]Keystone Ave. Skokie, IL 60076
Email: [redacted]@enfieldcap.com
Phone : [redacted]

Cory Roberts

[redacted]Rilman Road Northwest, Atlanta, GA 30327
Email: [redacted]@aol.com
Phone: [redacted]

Synapse Health, Inc.
Ownership Diagram



Organization

Individual

[1] The remaining 7.73% ownership interest in Synapse Health, Inc. is held by individuals or entities that each hold less than 5.00% interest.
[2] The remaining 3.29% ownership interest in TAP DME, LLC is held by individuals or entities that each hold less than 5.00% interest in Synapse Health, Inc.
[3] The remaining 36.00% ownership interest in SynapsePDI Holdings, LLC is held by individuals or entities that each hold less than 5.00% interest in Synapse Health, Inc.
[4] Each of the identified owners in GV 2021 LP own more than 5.00% in Synapse Health, Inc.
[5] The entire ownership of GEMS Software Holdings, LLC is held by individuals or entities that each hold less than 5.00% interest in Synapse Health, Inc.

SYNAPDI-01 CASH

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/6/2023

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

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

PRODUCER	CONTACT NAME:	
Associated 1701 Golf Road #3-700 Rolling Meadows, IL 60008	PHONE (A/C, No, Ext): (847) 427-8400	FAX (A/C, No): (847) 427-3430
	E-MAIL ADDRESS: assocagencies@associated.cc	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Twin City Fire Insurance Company	29459
INSURER B : Property and Casualty Insurance Company of Hartford	34690
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Synapse Health, Inc.
1603 Orrington Ave, Suite LL004 & 1625
Evanston, IL 60201

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X		83SBAAF0447	12/15/2022	12/15/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 4,000,000
	EXCESS LIAB CLAIMS-MADE			83SBAAF0447	12/15/2022	12/15/2023	AGGREGATE	$ 4,000,000
	DED X RETENTION $ 10,000							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N	N/A		83WECAV1GSD	4/10/2022	4/10/2023	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Novitas Solutions, Inc. is additionally insured with regards to general liability as required by written contract.

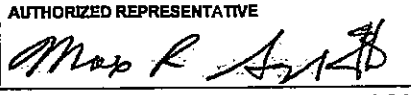
CERTIFICATE HOLDER

Novitas Solutions, Inc.
PO Box 3704
Mechanicsburg, PA 17055

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



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File Number 1099771-2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

SYNAPSE HEALTH, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON DECEMBER 06, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 16TH *day of* JANUARY *A.D.* 2023 .

Authentication #: 2301601024 verifiable until 01/16/2024

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
203.002788

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
03/31/2024

HOME MEDICAL EQUIPMENT AND SERVICES PROVIDER

SYNAPSE HEALTH LLC
1603 ORRINGTON AVE LL004
BUISNESS OFFICE 1625
EVANSTON, IL 60201-3841

MARIO TRETO, JR.
SECRETARY

CECILIA ABUNDIS
DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

17254915

Board of Certification/Accreditation

Owings Mills, Maryland

Accredited Facility

Practice limited to DMEPOS supplier categories:

DM05,DM06,M01,DM02,DM03,R01,PE03,PE04,DM07,DM09,DM10,R07,R08,R08A,PE05,PE06,M02,R09,R10,DM20
DM26,PD08,DM21,M05,M06,M06A,M10

The Board of Certification/Accreditation attests that the Facility named below complies with all requirements for facility accreditation.

Synapse Health Inc.

1603 Orrington Ave Ste LL004
Business Office 1625
Evanston, IL 60201-3841

This accreditation is awarded for meeting the professional standards of BOC, together with all the honors, rights, privileges and responsibilities in pursuit of our mission to assure patients, physicians, professional organizations, the public-at-large, and government agencies and representatives of the competence and professionalism of BOC-Accredited Facilities.
In witness whereof, we have affixed the seal of the Board and subscribed our names in acknowledgment.

Matthew Gruskin, MBA, BOCO, BOCPD, CDME, Chief Operating Officer

Judi L. Knott, MA, MBA, President & CEO

S62850

Facility Number

June 2025

Accredited Through

Accredited Since: 2022

BOC is a CMS deemed accrediting organization.

This accreditation is the property of BOC — the certificate holder agrees to abide by the BOC and CMS standards.

10461 Mill Run Circle, Suite 1250 • Owings Mills, MD 21117
phone 877.776.2200 • *local* 410.581.6222 • *fax* 410.581.6228 • *online* www.bocusa.org

June 22, 2022

Synapse Health LLC
1603 Orrington Ave Ste LL0004
Corp Office 1625
Evanston, IL 60201-3841

Go online to **my.bocusa.org** to:
- view your facility record
- pay your annual fees
- update select information
- print out a certificate

If you are a first time user and currently accredited with BOC, your ***login*** *is your facility number, which begins with an "S" and is located on your current certificate. Your* ***password*** *is the last six digits of your tax ID number.*

Dear Synapse Health LLC,

We are pleased to inform you that Synapse Health LLC meets the accreditation requirements of the Board of Certification/Accreditation (BOC). BOC standards meet the DMEPOS accreditation requirements under section 1834 (a)(20) of the Social Security Act (SSA) and the federal regulations at 42 CFR 424.58. BOC based its decisions on a review of your application and site survey conducted on **June 21, 2022**.

BOC has approved Synapse Health LLC, whose NPI number is **1902540511** for an effective date of **June 22, 2022**, through **June 30, 2025**, for the following DMEPOS product categories:

DM05,DM06,M01,DM02,DM03,R01,PE03,PE04,DM07,DM09,DM10,R07,R08,PE05,PE06,M02,R09,R10,DM20,DM26,PD08,DM21,M05,M06,M06A,M10 *(Please see the attached for an explanation of the codes.)*

The enclosed certificate demonstrates to the public that Synapse Health LLC is a BOC-accredited facility. Your accreditation is valid through the date listed on your certificate.

Please provide feedback on your recent site survey, as well as any additional feedback on the accreditation process at www.bocusa.org/surveyor. The information you provide will be used for BOC to continue to improve.

Thank you for your continued commitment to patient care. We look forward to continuing our partnership with you. If you have any questions, please contact the BOC Facility Accreditation Team at 410.581.6222 or fa@bocusa.org.

Sincerely,
BOC Facility Accreditation Team

P.S. Have you heard about the Certified DME Specialist, an individual certification acknowledging the professionalism of your employees? Find out more at http://cdme.org.

Facility Accreditation Application Progress:

Application Received	Application Reviewed; ready for survey	On-site facility survey	Site survey report under review	Accreditation Awarded!

BOC is committed to keeping you informed about your facility's progress. If there is any cause for delay in the accreditation process, BOC will inform you of what we need to get your application back on track.

10461 Mill Run Circle, Suite 1250 • Owings Mills, MD 21117
phone 877.776.2200 • *local* 410.581.6222 • *fax* 410.581.6228 • *online* www.bocusa.org

Product Category Codes

A

Automatic External Defibrillators (AEDs) **DM01**

B

Blood Glucose Monitors and Supplies (mail order) **DM06**
Blood Glucose Monitors and Supplies (non-mail order) **DM05**
Breast Prostheses and Accessories **PD01**

C

Canes and Crutches **M01**
Cochlear Implants **PD02**
Commodes/Urinals/Bedpans **DM02**
Continuous Passive Motion (CPM) Devices **DM03**
Continuous Positive Airway Pressure (CPAP) Devices **R01**
Contracture Treatment Devices: Dynamic Splint **DM04**

D

Diabetic Shoes/Inserts-Non-Custom **S02**
Diabetic Shoes/Inserts-Custom **S03**

E

Enteral Nutrients **PE03**
Enteral Equipment and/or Supplies **PE04**
External Infusion Pumps **DM12**
External Infusion Supplies **DM24**

F

Facial Prostheses **PD03**

G

Gastric Suction Pumps **DM07**

H

Heat & Cold Applications **DM08**
High Frequency Chest Wall Oscillation (HFCWO) Devices **R02**
Hospital Beds-Electric **DM09**
Hospital Beds-Manual **DM10**

I

Implanted Infusion Pumps and Supplies **DM14**
Infrared Heating Pad Systems **DM11**
Insulin Infusion Pumps **DM13**
Insulin Infusion Supplies **DM25**
Intermittent Positive Pressure Breathing (IPPB) Devices **R04**
Intrapulmonary Percussive Ventilation Devices **R05**

L

Limb Prostheses **PR01**

M

Mechanical In-Exsufflation Devices **R06**

N

Nebulizer Equipment and Supplies **R07**
Negative Pressure Wound Therapy Pumps and Supplies **DM15**
Neuromuscular Electrical Stimulators (NMES) **DM16**
Neurostimulators **PD04**

O

Ocular Prostheses **PD05**
Orthoses: Custom Fabricated **OR01**
Orthoses: Prefabricated (non-custom fabricated) **OR02**
Orthoses: Off-The-Shelf **OR03**
Orthoses: Penile Pumps **OR04**
Osteogenesis Stimulators **DM17**
Ostomy Supplies **PD06**
Oxygen Equipment and Supplies **R08**

P

Parenteral Nutrients **PE05**
Parenteral Equipment and/or Supplies **PE06**
Patient Lifts **M02**
Pneumatic Compression Devices **DM18**
Power Operated Vehicles (Scooters) **M03**
Prosthetic Lenses: Conventional Contact Lenses **PD12**
Prosthetic Lenses: Conventional Eyeglasses **PD11**

R

Respiratory Assist Devices **R09**
Respiratory Suction Pumps **R10**

S

Seat Lift Mechanisms **M04**
Somatic Prostheses **PD07**
Speech Generating Devices **DM19**
Support Surfaces: Pressure Reducing Beds/Mattresses/Overlays/Pads **DM20**
Support Surfaces: Used Pressure Reducing Beds/Mattresses/Overlays/Pads **DM26**
Surgical Dressings **S01**

T

Tracheostomy Supplies **PD08**
Traction Equipment **DM21**
Transcutaneous Electrical Nerve Stimulators (TENS) **DM22**

U

Ultraviolet Light Devices **DM23**
Urological Supplies **PD09**

V

Ventilators Accessories Supplies **R12**
Voice Prosthetics **PD10**

W

Walkers **M05**
Wheelchair Seating/Cushions **M10**
Wheelchairs-Complex Rehabilitative Manual Wheelchairs **M08**
Wheelchairs-Complex Rehabilitative Manual Wheelchairs Related Accessories **M08A**
Wheelchairs-Complex Rehabilitative Power Wheelchairs **M09**
Wheelchairs-Complex Rehabilitative Power Wheelchairs Related Accessories **M09A**
Wheelchairs-Standard Manual **M06**
Wheelchairs-Standard Manual Related Accessories **M06A**
Wheelchairs-Standard Power **M07**
Wheelchairs-Standard Power Related Accessories **M07A**

From: Shakyra Simpson-Thomas <Shakyra.Simpson-Thomas@synapsehealth.com> **On Behalf Of** Licensing
Sent: Monday, February 20, 2023 12:34 PM
To: Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov>; Licensing <licensing@synapsehealth.com>
Subject: RE: NV MDEG Application - Synapse Health, Inc - Evanston, IL

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello Jessette,

As it relates to the Personal History form, our owners are businesses, not individuals. Is there a different form that should be completed for business?

Thank you,
Shakyra

synapse HEALTH

Shakyra Simpson-Thomas, DHS, MBA, MHCM
Director, Compliance and Risk Management
C: 732-575-3725
E: shakyra.simpson-thomas@synapsehealth.com

From: Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov>
Sent: Monday, February 13, 2023 1:44 PM
To: Licensing <licensing@synapsehealth.com>
Subject: FW: NV MDEG Application - Synapse Health, Inc - Evanston, IL

You don't often get email from jphaynarikone@pharmacy.nv.gov. Learn why this is important

Kind Regards,
Jessette Phaynarikone

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not provide the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is privileged, confidential or exempt from disclosure under applicable federal or state law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Jessette Phaynarikone
Sent: Monday, February 13, 2023 11:43 AM
To: licensing@synapsehleath.com
Cc: andy.perl@synapsepdi.com
Subject: NV MDEG Application - Synapse Health, Inc - Evanston, IL

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

NAC 639.694

1. **Each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:**
   a. Be a natural person;
   b. Have a high school diploma or its equivalent;
   c. Have:
      i. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
      ii. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
   d. Be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
   e. Be approved by the Board.
2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.
3. A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment.
4. A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

NAC 639.6946

1. Except as otherwise provided in NAC 639.6945, a medical products provider shall:
   a. Provide services for all medical products sold, leased or otherwise provided by the medical products provider, including, without limitation, set up, repair and maintenance.
   b. Employ an administrator and other employees sufficient to provide the services described in paragraph (a).

NAC 639.6957

1. A medical products wholesaler shall:
   a. Employ a facility administrator and other employees sufficient to operate, set up, repair, maintain and service all medical products sold, leased or otherwise provided by the medical products wholesaler.

Please mail this completed application and all other required documents with your MDEG and/or Wholesaler Application to the address indicated above.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG _____ MDEG License # (if applicable) _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Andrew Middle _____ Last Perl

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

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

Mailing Address [redacted] Keystone Ave.

City Skokie State IL Zip 60076

Telephone [redacted] Email Andy.Perl@SynapsePDI.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Illinois Chicago		9/2007 - 5/2011	
Address	**City**	**State**	**Zip**
1200 West Harrison ST.	Chicago	IL	60607
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
Northeastern University		6/2007 - 6-2009	
Address	**City**	**State**	**Zip**
360 Huntington Ave	Boston	MA	02115
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Highland Park High School		2003 - 2007	
Address	**City**	**State**	**Zip**
433 Vine Ave	Highland Park	IL	60035
Diploma/Degree obtained, if any			
Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2/2017 - 7/2021	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/2021 - current	[redacted] Keystone Ave	Skokie	IL	60076
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2/2017 - 6/2021	[redacted] Keystone Ave	Skokie	IL	60076
From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/2013 - 1/2017	[redacted] N. Lakeshore Dr	Chicago	IL	60613
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Synapse PDI			4/2016 - 12/2021	
Business Address		**City**	**State**	**Zip**
1603 Orrington Ave. Ste 1625		Evanston	IL	60201
Phone	**Title**		**Number of Employed Hours**	
847-302-9909	CEO		1500 +	
Description of Duties				
DME Operations, Sales and Network Management				

Business Name			From - To (MM/YY – MM/YY)	
Integra Healthcare Equipment			6/2013 - 3/2016	
Business Address		**City**	**State**	**Zip**
321 W. Lake St		Elmhurst	IL	60126
Phone	**Title**		**Number of Employed Hours**	
888-828-7729	Regional Account Manager (IL/MI/WI)		1500 +	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
XCel Med			5/2012 - 6/2013	
Business Address		**City**	**State**	**Zip**
7444 W. Wilson Ave		Harwood Heights	IL	60706
Phone	**Title**		**Number of Employed Hours**	
888-656-7558	Sales Manager		1500 / 1500 +	
Description of Duties				

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1/18/2023
Date

I, Andrew Perl, **certify that as the MDEG Administrator for** Synapse Health, Inc., **that I (initial that you have read and meet the following requirements):**

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

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

Andrew Perl

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/18/2023

Date

Board Use Only	Date Received:

4D

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH ~~PH04003~~ WH0326	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Acacia Pharma Inc.

Physical Address: 440 Stevens Avenue, Suite 200

City: Solana Beach State: CA Zip: 92075

Mailing Address (if different from physical address): 440 Stevens Avenue, Suite 200

City: Solana Beach State: CA Zip: 92075

Telephone: (614) 975-0006 Website: www.acaciapharma.com

Name of Designated Representative (DR): Ryerson Dalton, Jr.

Licensing Company Email: licensing@acaciapharma.com DR Email: RyeDalton@acaciapharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☒ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: specialty distributor's, specialty pharmacies		☐ Others:

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

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

Name: no suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Acacia Pharma, Limited

Corporation/Organization Name: Acacia Pharma Inc.

Mailing Address: 440 Stevens Avenue, Suite 200

City: Solana Beach State: CA Zip: 92075

Telephone: (614) 975-0006 Email: licensing@acaciapharma.com

Contact Person Name: Ryan Debski

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

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

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Acacia Pharma Inc.
Facility Name

Ryan Debski
Print Name of Authorized Person Submitting Application

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

7-19-22
Date

Board Use Only	Date Received: 11-24-22	Amount: 1000.00 CK - 17321

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0205333	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	07-07-2022

EVERSANA LIFE SCIENCE SERVICES, LLC
4580 S MENDENHALL RD
MEMPHIS, TN 381416700

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0205333	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	07-07-2022

EVERSANA LIFE SCIENCE SERVICES, LLC
4580 S MENDENHALL RD
MEMPHIS, TN 381416700

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0205333	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	07-07-2022

EVERSANA LIFE SCIENCE SERVICES, LLC
4580 S MENDENHALL RD
MEMPHIS, TN 381416700

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

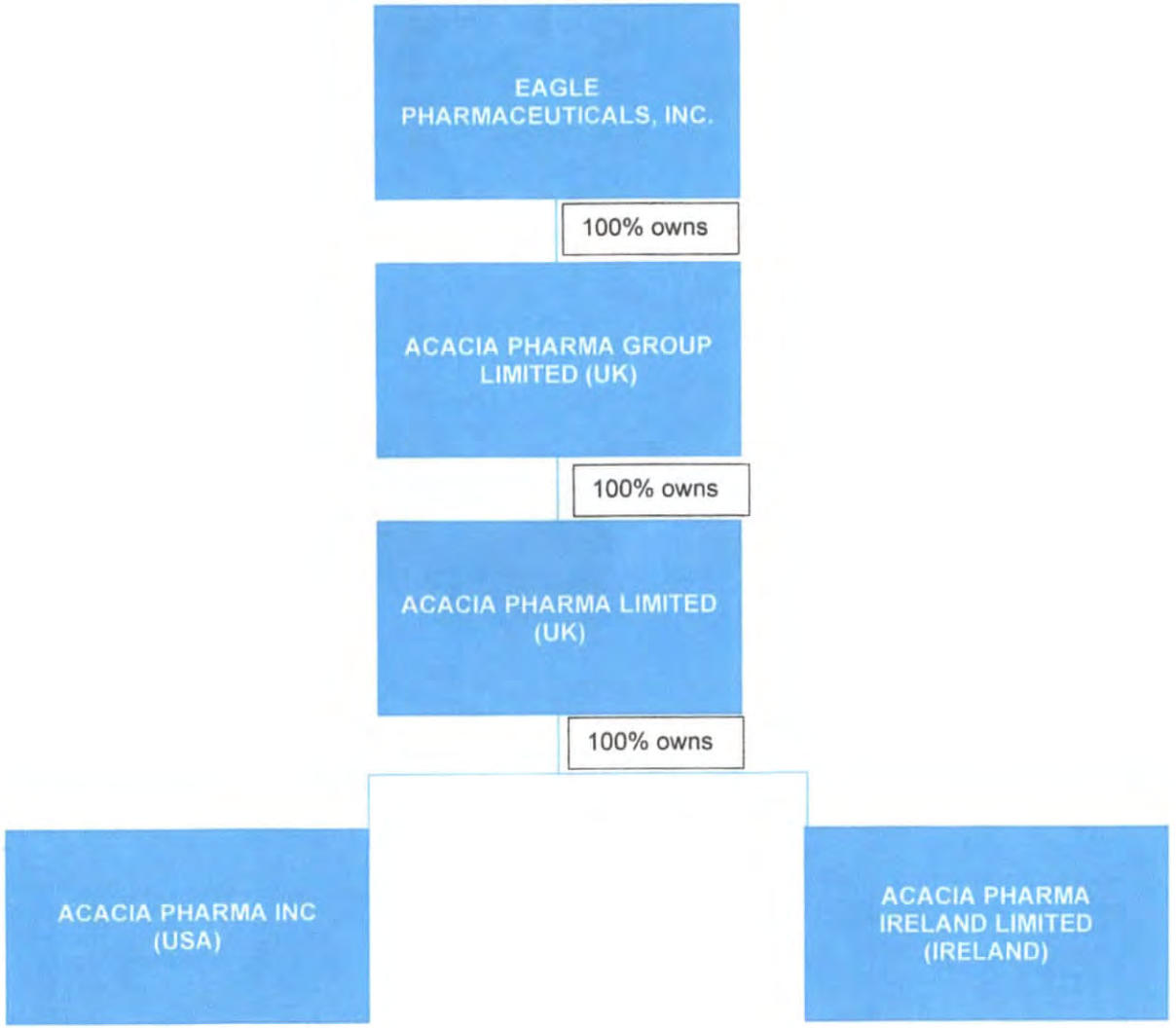
1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

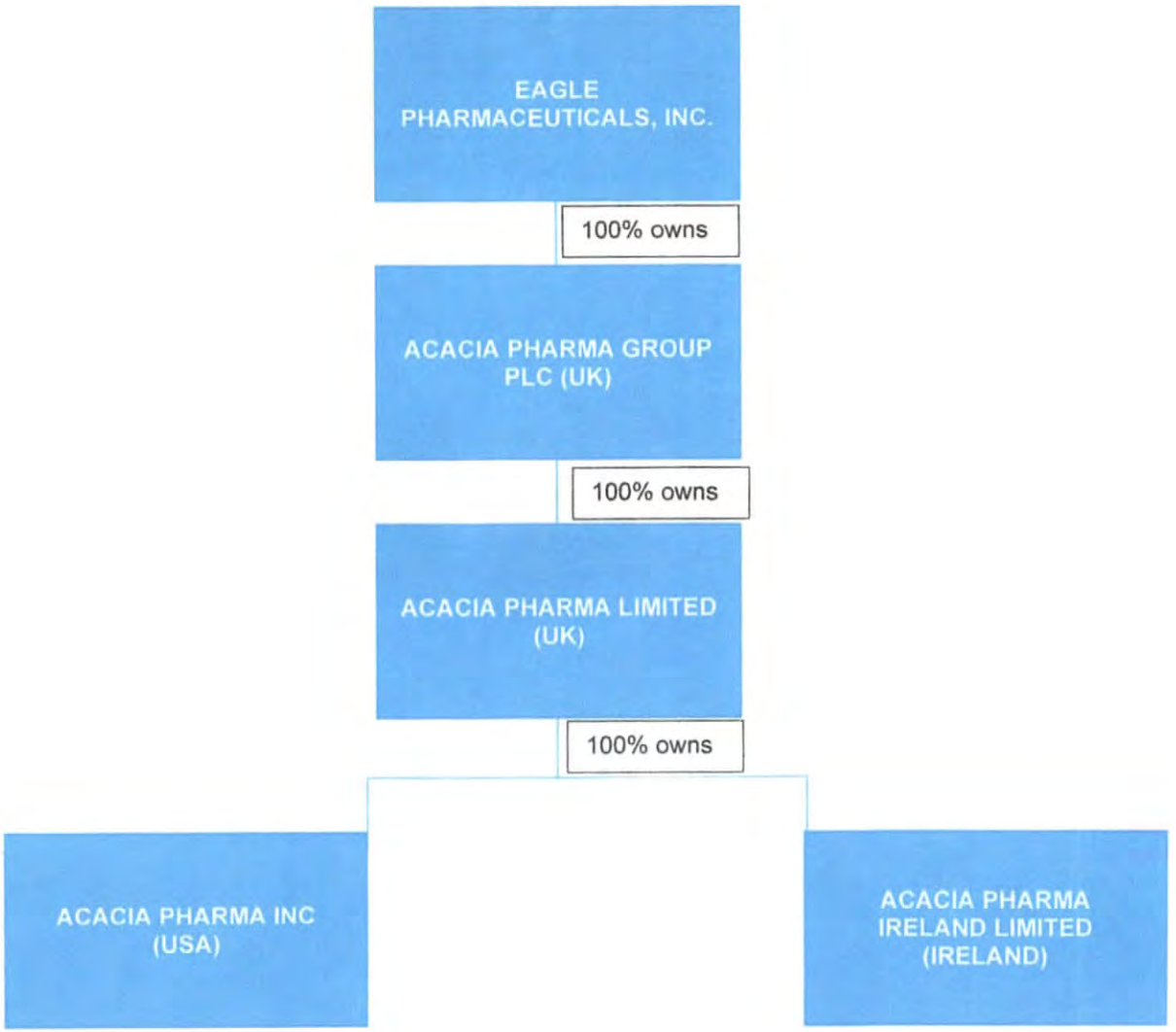
See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

STRUCTURE CHART



STRUCTURE CHART



CR-2022-001067

AMENDED PURSUANT TO CPR 40.12 7 JUNE 2022

IN THE HIGH COURT OF JUSTICE **CR-2022-001067**

BUSINESS AND PROPERTY COURTS OF ENGLAND AND WALES

COMPANIES COURT (ChD)

The Honourable Mr Justice Miles

Tuesday 7 June 2022

IN THE MATTER OF ACACIA PHARMA GROUP PLC

- and -

IN THE MATTER OF THE COMPANIES ACT 2006

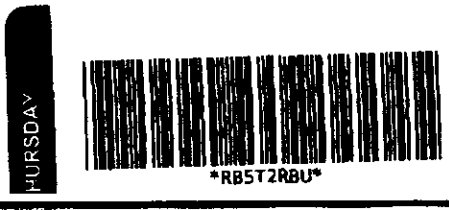
ORDER

UPON THE APPLICATION by Part 8 Claim Form dated 19 April 2022 by the above-named Acacia Pharma Group plc (the "**Company**") whose registered office is at The Officers' Mess, Royston Road, Duxford, Cambridge, CB22 4QH, England.

AND UPON HEARING Andrew Thornton QC, Counsel for the Company, via Microsoft Teams.

AND UPON READING the Claim Form and the evidence.

AND UPON Eagle Pharmaceuticals, Inc. ("**Eagle**"), a Delaware corporation whose address is at 50 Tice Boulevard, Suite 315, Woodcliffe Lake, NJ 07677, USA, by Counsel for the Company being Eagle's Counsel for this purpose, consenting to the scheme of arrangement hereinafter sanctioned (the "**Scheme**") and undertaking to be bound thereby and to execute and do, or procure to be executed and done, all such documents, acts and things as may be necessary or desirable to be executed or done by Eagle or on Eagle's behalf for the purpose of giving effect to the Scheme.



AND UPON IT APPEARING that this hearing is a hearing on the fairness of the terms and conditions of the Scheme (as defined in the Scheme) of which notification has been given to Scheme Shareholders and at which hearing all such Scheme Shareholders are entitled to attend, in person or through counsel, to support or oppose the making of the undermentioned order.

AND UPON Counsel for the Company advising the Court that, based upon this order, Eagle will rely upon an exemption pursuant to section 3(a)(10) of the United States Securities Act of 1933, as amended, from the registration requirements otherwise imposed by that Act, regarding the distribution of New Eagle Shares (as defined in the Scheme) pursuant to the Scheme.

THE COURT HEREBY SANCTIONS the Scheme as set forth in the Schedule hereto.

AND IT IS ORDERED that a copy of this Order be produced to the Registrar of Companies.

Service of this order

A copy of this order has been provided to the serving party: Sullivan & Cromwell LLP, 1 New Fetter Lane, London EC4A 1AN.

SCHEDULE

SCHEME OF ARRANGEMENT

IN THE HIGH COURT OF JUSTICE
BUSINESS AND PROPERTY COURTS OF ENGLAND AND WALES
COMPANIES COURT (ChD)

CR-2022-001067

IN THE MATTER OF ACACIA PHARMA GROUP PLC

and

IN THE MATTER OF THE COMPANIES ACT 2006

SCHEME OF ARRANGEMENT

(under Part 26 of the Companies Act 2006)

between

ACACIA PHARMA GROUP PLC

and

THE HOLDERS OF THE SCHEME SHARES

(as hereinafter defined)

PRELIMINARY

(A) In this Scheme, unless inconsistent with the subject or context, the following expressions bear the following meanings:

"Acacia" or "Company"	Acacia Pharma Group PLC, a company incorporated in England and Wales with registered number 09759376;
"Acacia Directors"	the directors of Acacia from time to time;
"Acacia Share Plans"	the Acacia Pharma Group Deferred Annual Bonus Plan, the Acacia Pharma Group Performance Share Plan, the Acacia Pharma Group PLC 2015 Enterprise Management Incentive Plan, the Acacia Pharma Group PLC Company Share Option Plan and the Acacia Pharma Group PLC Unapproved Share Option Plan;
"Acacia Shareholders"	the registered holders of Acacia Shares;
"Acacia Shares"	the ordinary shares of £0.02 each in the capital of Acacia from time to time, but excluding any such ordinary shares held or which become held in treasury;

"AST"	American Stock Transfer & Trust Company LLC, Eagle's transfer agent;
"Business Day"	any day (excluding any Saturday, Sunday or any public or bank holiday in England) on which banks in London and Brussels are generally open for normal business;
"CDIs"	CREST Depository Interests;
"certificated form" or "in certificated form"	a share or other security which is not in uncertificated form (that is, not in CREST);
"Companies Act"	the Companies Act 2006, as amended from time to time;
"Conditions"	the conditions to the Scheme and to the implementation of this Scheme set out in Part III (*Conditions to the Implementation of the Scheme*) of the Document;
"Court"	the High Court of Justice in England and Wales;
"Court Meeting"	the meeting of Scheme Shareholders convened pursuant to an order of the Court pursuant to section 896 of the Companies Act for the purpose of considering and, if thought fit, approving (with or without modification) this Scheme (including any adjournment, postponement or reconvening of such meeting);
"CREST"	the relevant system (as defined in the CREST Regulations) in respect of which Euroclear is the Operator (as defined in the CREST Regulations) in accordance with which securities may be held and transferred in uncertificated form;
"CREST Regulations"	the Uncertificated Securities Regulations 2001 (SI 2001/3755), as amended from time to time;
"Document"	the document dated 26 April 2022 addressed to Acacia Shareholders containing this Scheme and the Explanatory Statement;
"DRS"	DTC's Direct Registration System;
"DTC"	the Depository Trust Company;
"Eagle"	Eagle Pharmaceuticals, Inc.;
"Eagle Group"	Eagle and any subsidiary and/or parent undertaking of Eagle from time to time;
"Effective"	the Scheme having become effective pursuant to its terms;
"Effective Date"	the date on which this Scheme becomes Effective;
"Euroclear"	Euroclear UK & International Limited (company number: 02878738);
"Excluded Shares"	any Acacia Shares:

	(i) which are registered in the name of, or beneficially owned by, Eagle or any member of the Eagle Group; or (ii) which are held in treasury by Acacia, in each case, immediately prior to the Scheme Record Time;
"holder"	a registered holder and includes any person(s) entitled by transmission;
"Latest Practicable Date"	close of business on 25 April 2022, being the latest practicable date before publication of this Document;
"Nasdaq"	the Nasdaq Global Market;
"New Eagle Shares"	the shares of common stock of Eagle proposed to be issued to Acacia Shareholders pursuant to this Scheme;
"Registrar" or "Acacia's Registrar"	Equiniti Limited;
"Scheme"	this proposed scheme of arrangement to be implemented under Part 26 of the Companies Act of the entire issued and to be issued share capital between Acacia and the Scheme Shareholders, in its present form or with or subject to any modification, addition or condition approved or imposed by the Court and agreed by Acacia and Eagle;
"Scheme Court Order"	the order of the Court sanctioning this Scheme under section 899 of the Companies Act;
"Scheme Record Time"	6:00 p.m. (London time) on the Business Day immediately after the date on which the Court makes the Scheme Court Order;
"Scheme Shareholders"	the registered holders of Scheme Shares;
"Scheme Shares"	all Acacia Shares: (i) in issue as at the date of this Document; (ii) (if any) issued after the date of this Document and prior to the Voting Record Time; and (iii) (if any) issued on or after the Voting Record Time but before the Scheme Record Time, either on terms that the original or any subsequent holders thereof shall be bound by the Scheme or in respect of which the holders thereof shall have agreed in writing to be bound by the Scheme, in each case (where the context requires), which remain in issue at the Scheme Record Time but excluding the Excluded Shares;

"Transfer Agent"	the transfer agent appointed by Eagle, being AST;
"UK" or "United Kingdom"	the United Kingdom of Great Britain and Northern Ireland;
"uncertificated form" or "in uncertificated form"	in relation to a Scheme Share, one which is recorded on the relevant register as being held in uncertificated form in CREST, and title to which, by virtue of the CREST Regulations, may be transferred by means of CREST; and
"Voting Record Time"	6:30 p.m. (London time) on 17 May 2022, being the day which is two Business Days prior to the date of the Court Meeting or, if the Court Meeting is adjourned, 6:30 p.m. (London time) on the day which is two Business Days before the date of such adjourned meeting.

(B) As at the Latest Practicable Date, the issued share capital of Acacia was £2,018,462.66 divided into 100,923,133 ordinary shares of £0.02 each, all of which are credited as fully paid up. As at the Latest Practicable Date, Acacia does not hold any ordinary shares in treasury.

(C) As at the Latest Practicable Date, 5,939,424 Acacia Shares may be issued on or after the date of this Document to satisfy the exercise of options pursuant to the Acacia Share Plans and the Acacia Employee Benefit Trust holds 1,002,584 Acacia Shares which can be used to satisfy the exercise of options and vesting of awards granted under the Acacia Share Plans.

(D) As at the Latest Practicable Date, no member of the Eagle Group is, and no person acting in concert with Eagle is, in each case, the registered holder and/or beneficial owner of any Acacia Shares.

(E) Eagle has agreed, subject to the satisfaction or (where applicable) waiver by Eagle of the Conditions set out in this Document (other than Condition 2), to appear by Counsel at the hearing to sanction this Scheme and to undertake to the Court to be bound by the provisions of this Scheme in so far as it relates to Eagle and to execute and do or procure to be executed and done all such documents, acts and things as may be necessary or desirable to be executed or done by it to give effect to this Scheme.

(F) References to £ are to the lawful currency of the United Kingdom and references to € or Euros are to the lawful currency of the member states of the European Union which adopt or have adopted it as their lawful currency.

(G) References to clauses and sub-clauses are to clauses and sub-clauses of this Scheme.

THE SCHEME

1. Transfer of Scheme Shares

(A) Upon and with effect from the Effective Date, Eagle (and/or its nominee(s)) shall acquire all the Scheme Shares fully paid up with full title guarantee, free from all liens, equitable interests, charges, encumbrances, rights of pre-emption and any other third party rights of any nature whatsoever, and together with all rights attaching or accruing to such Scheme Shares at the Effective Date or thereafter attached thereto, including voting rights and the right to receive and retain, in full, all dividends and other distributions (if any) declared, made, paid or payable in respect of the Scheme Shares, or any other return of capital or value made after, in each case, the Effective Date in accordance with its terms.

(B) For the purposes of the Scheme, the Scheme Shares shall be transferred to Eagle (and/or its nominee(s)) and such transfer shall be effected by means of a form of transfer or other instrument or instruction of transfer, and to give effect to such transfer(s) any Acacia Director may be appointed as attorney and/or agent and shall be authorised as such attorney and/or agent on behalf of the relevant holder of Scheme Shares to execute and deliver as transferor a form of transfer or other instrument or instruction of transfer (whether as a deed or otherwise) of such Scheme Shares and every form, instrument or instruction of transfer so executed shall be as effective as if it had been executed by the holder or holders of the Scheme Shares thereby transferred. Each such form of transfer or other instrument or instruction of transfer shall be deemed to be the principal instrument of transfer and the equitable or beneficial interest in the Scheme Shares shall only be transferred to Eagle (and/or its nominee(s)), together with the legal interest in such Scheme Shares, pursuant only to such form of transfer or other instrument or instruction of transfer.

(C) With effect from the Effective Date and pending the registration of the transfer of the Scheme Shares pursuant to sub-clauses 1(A) and 1(B) of this Scheme and the updating of the register of members of Acacia to reflect such transfer, each Scheme Shareholder irrevocably:

(i) appoints Eagle (and/or its nominee(s)) as his, her or its attorney and/or agent to exercise on its behalf (in place of and to the exclusion of the relevant Scheme Shareholder) any voting rights attached to its Scheme Shares and any or all rights and privileges (including the right to requisition the convening of a general meeting of Acacia or of any class of its shareholders) attaching to its Scheme Shares;

(ii) appoints Eagle (and/or its nominee(s)) and any one or more of its directors or agents to sign on behalf of such Scheme Shareholder any documents, and do such things, as may in the opinion of Eagle and/or any one or more of its directors or agents be necessary or desirable in connection with the exercise of any votes or any other rights or privileges attaching to such Scheme Shareholder's Scheme Shares (including, without limitation, an authority to

sign any consent to short notice of any general or separate class meeting of Acacia as attorney or agent for, and on behalf of, such Scheme Shareholder and/or to attend and/or to execute a form of proxy in respect of its Scheme Shares appointing any person nominated by Eagle and/or any one or more of its directors or agents to attend any general and separate class meetings of Acacia (or any adjournment thereof) and to exercise or refrain from exercising the votes attaching to the Scheme Shares on such Scheme Shareholder's behalf); and

(iii) authorises Acacia and/or its agents to send to Eagle (and/or its nominee(s)) any notice, circular, warrant or other document or communication which may be required to be sent to them as a member of Acacia in respect of such Scheme Shares (including any share certificate(s) or other document(s) of title issued as a result of conversion of their Scheme Shares into certificated form), such that from the Effective Date, no Scheme Shareholder shall be entitled to exercise any voting rights attached to the Scheme Shares or any other rights or privileges attaching to the Scheme Shares.

2. Consideration for the transfer of Scheme Shares

(A) In consideration for the transfer of the Scheme Shares to Eagle (and/or its nominee(s)) referred to in sub-clauses 1(A) and 1(B) of this Scheme, Eagle shall, subject as hereinafter provided, pay or procure that there shall be paid to or for the account of each Scheme Shareholder (as appearing on the register of members of Acacia at the Scheme Record Time):

for each Acacia Share €0.68 in cash

and shall procure to be issued to, or for the account of each Scheme Shareholder (in accordance with clause 3 of this Scheme):

for each Acacia Share 0.0049 New Eagle Shares.

(B) If, prior to the Effective Date, any dividend and/or other distribution and/or other return of capital or value is announced, declared, made or paid by Acacia or becomes payable in respect of Acacia Shares. Eagle shall be entitled to reduce the consideration payable under the terms of this Scheme for each Scheme Share by an amount up to the amount of such dividend and/or distribution and/or other return of capital or value so announced, declared, made or paid per Scheme Share. In such circumstances, Acacia Shareholders would be entitled to retain any such dividend and/or other distribution and/or other return of capital or value.

(C) Subject always to sub-clause 2(D) of this Scheme, if Eagle exercises the right referred to in sub-clause 2(B) of this Scheme to reduce the consideration payable for each Scheme Share by all or part of the amount of dividend and/or other distribution and/or other return of capital or value that has not been paid but is payable by reference to a record date prior to the Effective Date:

(i) Scheme Shareholders shall be entitled to receive and retain that dividend and/or other distribution and/or other return of capital or value in respect of the Acacia Shares they hold;

(ii) any reference in this Scheme and this Document to the consideration payable under the Scheme shall be deemed to be a reference to the consideration as so reduced; and

(iii) the exercise of such rights shall not be regarded as constituting any revision or modification of the terms of this Scheme.

(D) To the extent that any such dividend and/or distribution and/or other return of capital or value is declared, made or paid or payable and: (i) the Scheme Shares are transferred pursuant to the Scheme on a basis which entitles Eagle to receive the dividend and/or distribution and/or return of capital or value and to retain it; or (ii) such dividend and/or distribution and/or other return of capital or value is cancelled, the consideration payable shall not be subject to change and shall not be reduced in accordance with this clause 2 of this Scheme.

3. Settlement of the Consideration

(A) Where, immediately prior to the Scheme Record Time, a Scheme Shareholder holds Scheme Shares in uncertificated form, settlement of the cash consideration to which such Scheme Shareholder is entitled will be paid by Acacia's Registrar, Equiniti, through CREST in Euros, as soon as practicable after the Effective Date (and in any event within 14 calendar days) after the Effective Date, in accordance with the CREST payment arrangements. As from the Scheme Record Time, each holding of Scheme Shares credited to any stock account in CREST will be disabled and all Scheme Shares will be rematerialised prior to the Scheme becoming Effective.

(B) Where, immediately prior to the Scheme Record Time, a Scheme Shareholder holds Scheme Shares in certificated form, settlement of cash consideration to which the Scheme Shareholder is entitled will be made by Acacia's Registrar, Equiniti, in Euros by cheque, provided that Acacia and Eagle reserve the right, where a person is entitled to a cash consideration of at least €150,000, to agree with such person to facilitate electronic payment of such consideration in lieu of a cheque. Cheques in respect of cash consideration will be despatched by first class post, or by international standard post if overseas, at the risk of the person entitled thereto as soon as practicable (and in any event within 14 calendar days) after the Effective Date. Cheques will be sent to Scheme Shareholders at the address appearing in Acacia's register of members at the Scheme Record Time or, in the case of joint holders, to the holder whose name appears first in such register of the joint holding concerned.

(C) Where, immediately prior to the Scheme Record Time, a Scheme Shareholder holds Acacia Shares in uncertificated form, Eagle shall procure that (i) the New Eagle Shares to which the holder of such Acacia Shares is entitled shall be issued to CREST International Nominees Limited in DTC; (ii) CREST International Nominees Limited will hold such interests as nominee for the CREST depository;

and (iii) the CREST depository will then issue the Eagle CDIs in CREST to such shareholder as soon as practicable (and in any event within 14 calendar days) after the Effective Date.

(D) Where, immediately prior to the Scheme Record Time, a Scheme Shareholder holds Scheme Shares in certificated form, Eagle shall procure that the New Eagle Shares to which the holder of such Acacia Shares is entitled shall be issued by the Transfer Agent through DTC's DRS and the name and address of each such Scheme Shareholder will be entered as the registered owner of the relevant number of New Eagle Shares as soon as practicable (and in any event within 14 calendar days) after the Effective Date.

(E) Eagle reserves the right to pay any cash consideration to all or any Scheme Shareholder(s) who hold Scheme Shares in uncertificated form immediately prior to the Scheme Record Time in the manner referred to in sub-clause 3(A) and Eagle reserves the right to issue any New Eagle Shares to all or any Scheme Shareholder(s) who hold Scheme Shares in uncertificated form immediately prior to the Scheme Record Time in the manner referred to in sub-clause 3(C).

(F) All deliveries of notices, statements of entitlement and/or cheques required to be made under this Scheme shall be made by sending the same by first class post, or by international standard post if overseas, addressed to the person entitled thereto to the address appearing in the register of members of Acacia, and in the case of joint holders, to the address of the holder whose name stands first in such register in respect of the joint holding concerned at such time.

(G) All cheques shall be in Euros and drawn on a UK clearing bank and shall be made payable by Acacia's Registrar, Equiniti, to the Scheme Shareholder concerned or, in the case of joint holders, to all joint holders whose names appear in the register of members of Acacia in respect of the joint holding concerned at the Scheme Record Time and the encashment of any such cheque or the creation of any such assured payment obligation as is referred to in sub-clause 3(A) shall be a complete discharge to Eagle for the monies represented thereby.

(H) None of Acacia, Eagle, Equiniti, the Transfer Agent, or the person effecting or remitting any proceeds shall be responsible for any loss or delay in the transmission of the statements of entitlement, electronic payments or cheques sent to Scheme Shareholders in accordance with this clause 3, which shall be entirely at the risk of the Scheme Shareholders.

4. General

(A) All documents and remittances sent to Acacia Shareholders will be sent at the risk of the person(s) entitled thereto.

(B) In accordance with the Scheme, as from the Scheme Record Time, Acacia shall procure that each holding of Scheme Shares credited to any stock account in CREST shall be disabled. With effect from the Effective Date, Acacia shall procure that Euroclear is instructed to cancel or transfer the entitlements to Scheme Shares

of holders of Scheme Shares in uncertificated form. Following cancellation of the entitlements to Scheme Shares of holders of Scheme Shares in uncertificated form, Acacia shall procure (if necessary) that such entitlements to Scheme Shares are rematerialised.

(C) Subject to the completion of the relevant forms of transfer or other instruments or instructions of transfer as may be required in accordance with the Scheme and if applicable, the payment of any UK stamp duty thereon, Acacia shall make, or procure to be made, the appropriate entries in its register of members to reflect the transfer of the Scheme Shares to Eagle and/or its nominee(s).

(D) Settlement of the consideration to which any Acacia Shareholder is entitled under the Scheme will be implemented in full in accordance with the terms of the Scheme free of any lien, right of set-off, counterclaim or other analogous right to which Eagle might otherwise be, or claim to be, entitled against such Acacia Shareholder.

(E) Clauses 2 and 3 shall take effect subject to any prohibition or condition imposed by law.

5. Fractional Entitlements

(A) Fractions of New Eagle Shares will not be allotted to Scheme Shareholders. Instead, all fractional shares which a holder of Acacia Shares would otherwise be entitled to receive will be rounded down, and such holder shall receive, in lieu of such fractional entitlements, cash in an amount in Euros (rounded down to the nearest cent) equal to such fractional amount multiplied by the last reported sale price of the shares of the common stock of Eagle on Nasdaq (as reported in The Wall Street Journal or, if not reported therein, in another authoritative source selected by Eagle) on the last Business Day prior to the Effective Date applying an exchange rate for the conversion of US dollars into Euros delivered from The Wall Street Journal based on the exchange rate as at close of business on the Business Day prior to the Effective Date. Payment of any amounts to which a Scheme Shareholder is entitled under this clause will be made in accordance with clause 3, as appropriate.

(B) The aggregate number of New Eagle Shares to which a Scheme Shareholder is entitled under clause 2 shall, in each case, be rounded down to the nearest whole number.

6. Overseas Shareholders Entitlements

The provisions of clauses 2 and 3 shall be subject to any prohibition or condition imposed by law. Without prejudice to the generality of the foregoing, if in the case of any Scheme Shareholder, Eagle is advised that the law of a country or territory outside the United Kingdom or Belgium precludes the allotment, issue or delivery to that Scheme Shareholder of New Eagle Shares under clause 2, Eagle may determine in its sole discretion that any such New Eagle Shares:

(A) shall not be allotted and issued to such Scheme Shareholder but instead the New Eagle Shares shall be allotted and issued to a nominee, appointed by Eagle, for such

Scheme Shareholder, on terms that the nominee shall be authorised on behalf of such Scheme Shareholder to procure that such New Eagle Shares shall, as soon as practicable following the Effective Date, be sold on behalf of such Scheme Shareholder; or

(B) shall be sold, in which event the New Eagle Shares shall be issued to such holder and Eagle shall appoint a person to act pursuant to this clause 6 and such person shall be authorised on behalf of such Scheme Shareholder to procure that any New Eagle Shares in respect of which Eagle has made such determination shall, as soon as practicable following the Effective Date, be sold.

Any sale under this clause 6 shall be carried out at the best price which can reasonably be obtained at the time of sale and the net proceeds of such sale (after the deduction of all expenses and commissions incurred in connection with such sale, including any value added tax or foreign exchange conversion fees payable on the processes of sale) shall be paid to such Scheme Shareholder by making a payment to such Scheme Shareholder in accordance with clause 3. In the absence of bad faith or wilful default, none of Acacia, Eagle or any broker or agent of either of them shall have any liability for any loss arising as a result of the timing or terms of any such sale.

7. Certificates in respect of Scheme Shares and cancellation of CREST entitlements

(A) With effect from the Effective Date:

(i) all certificates representing Scheme Shares shall cease to be valid as documents of title to the shares represented thereby and every holder of Scheme Shares shall be bound at the request of Acacia to deliver up the same to Acacia (or any person appointed by Acacia to receive such certificates), or, as it may direct, to destroy the same;

(ii) Acacia shall procure that Euroclear is instructed to cancel or transfer the entitlements to Scheme Shares of holders of Scheme Shares in uncertificated form; and

(iii) following cancellation of the entitlements to Scheme Shares of holders of Scheme Shares in uncertificated form, Acacia shall procure that such entitlements to Scheme Shares are rematerialised.

(B) As soon as practicable after the Effective Date, and subject to the completion of such forms of transfer or other instruments or instructions of transfer as may be required in accordance with clause 1 of this Scheme and if applicable, the payment of any UK stamp duty thereon, Acacia shall make, or procure to be made, the appropriate entries in its register of members to reflect the transfer of the Scheme Shares to Eagle and/or its nominee(s).

8. Mandates

All mandates and other instructions given to Acacia by Scheme Shareholders in force at the Scheme Record Time relating to Scheme Shares shall, as from the Effective Date, cease to be valid.

9. Operation of this Scheme

(A) This Scheme shall become effective as soon as a copy of the Scheme Court Order shall have been delivered to the Registrar of Companies.

(B) Unless this Scheme has become effective on or before 30 June 2022, it will lapse and this Scheme will never become effective (unless Eagle and Acacia otherwise agree).

10. Modification

Acacia and Eagle may jointly consent on behalf of all persons concerned to any modification of or addition to this Scheme or to any condition which the Court may approve or impose.

11. Governing law

This Scheme and all rights and obligations arising out of or in connection with it are governed by English law and are subject to the exclusive jurisdiction of English courts.

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7477

NAME: ACACIA PHARMA INC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

440 STEVENS AVE STE 200
SOLANA BEACH CA 92075
SAN DIEGO COUNTY

ISSUANCE DATE

MARCH 13, 2019

EXPIRATION DATE

MARCH 1, 2024

CURRENT DATE / TIME

MARCH 9, 2023
5:0:41 PM

LICENSE RELATIONSHIPS

NAME: DALTON JR, RYERSON W

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 25065 **PRIMARY STATUS:** CLEAR

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACACIA PHARMA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF SEPTEMBER, A.D. 2022.

Jeffrey W. Bullock, Secretary of State

5799660 8300

SR# 20223570609

Authentication: 204437172

Date: 09-20-22

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

acacia pharma

Ownership Information

Acacia Pharma, Limited
Tax Ref, 85278 29231, Registered in UK 05934843
The Officers' Mess, Royston Road
Duxford, Cambridge CB22 4QH

Company Information

Company Name: Acacia Pharma Inc.
Address: 440 Stevens Avenue, Suite 200
City, State, Zip: Solana Beach, CA 92075
Phone: 614.975.0006
Website: www.acaciapharma.com
E-mail: licensing@acaciapharma.com

FEIN: 47-4852728
State of Formation: DE
Date Incorporated: 08/06/2015
DUNS#: 077410084

Officers

Ryan Debski, President
Business Address: 50 Tice Blvd, Suite 315, Woodcliff Lake, NJ 07677
Business Phone: (201) 326-5300

John Kimmet, Chairman & Secretary
Business Address: 50 Tice Blvd, Suite 315, Woodcliff Lake, NJ 07677
Business Phone: (201) 326-5300

Description of Operations

Acacia Pharma Inc. is a privately owned, Virtual Manufacturer, located in Solana Beach, CA. Acacia's products are manufactured by a Contract Manufacturer and will be distributed to other wholesalers, hospital pharmacies, and specialty distributors by a Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state.

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

Patheon Italia S.p.A – Monza site
Viale G.B. Stucchi, 110
Monza (MB), Italy 20900
+39 039 2047 733
Contact: Dr. Fabio Merazzi
FDA Establishment No: 3003065803
DUNS NO: ID 338336589

Product Description
Patheon Italia S.p.A manufactures Acacia's products and packages finished products. At no time does Patheon own the products, contract with Acacia's customers, invoice, nor sell Acacia's products. Acacia's second product is a Controlled Substance Schedule IV.

Labeler Code:
71390

NDC#:
BARHEMSYS - 71390-125-20
BYFAVO (Schedule IV CS) - 71390-011-11

Third Party Logistic information:
Eversana Life Sciences, LLC
4580 Mendenhall Road
Memphis, TN 38141

Acacia's hours of operation are 8:30 am – 5:00pm PST Monday through Friday.

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through August 15, 2022

You have searched Finished drug products

Search Results: *'71390'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

	Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
+	Barhemsys	71390-125-20	2.5 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	NDA209510	Acacia Pharma Ltd	71390-125	Amisulpride	AMISULPRIDE	HUMAN PRESCRIPTION DRUG	02/27/202
+	Barhemsys	71390-125-50	2.5 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	NDA209510	Acacia Pharma Ltd	71390-125	Amisulpride	AMISULPRIDE	HUMAN PRESCRIPTION DRUG	02/27/202
+	BYFAVO	71390-011-11	2.5 mg/mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	NDA212295	Acacia Pharma, Ltd.	71390-011	remimazolam besylate	REMIMAZOLAM BESYLATE	HUMAN PRESCRIPTION DRUG	10/06/202

Showing 1 to 3 of 3 entries Previous 1 Next

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

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

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

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

Ryerson W. Dalton Jr.
[redacted] Camino Montego, Carlsbad, CA 92009
([redacted]
[redacted]

Summary

Results-oriented senior leader with 20+ years of progressive leadership in the biotech/pharmaceutical industry. Expertise in commercial operations, sales management, hospital sales, managing commercial partnerships, training and commercial product launches.

Outstanding leader with strong analytical and strategic skills paired with the talent to engage and motivate large teams to drive business results. Ability to lead diverse teams with a proven track record of successful project delivery and sales results.

Competencies

- ✓ Commercial Strategy & Execution
- ✓ Commercial Analytics
- ✓ Demand & Revenue Forecasting
- ✓ Sales Management
- ✓ Master Data Management (MDM)
- ✓ CRM & Data Warehousing
- ✓ Distribution & 3PL Management
- ✓ Supply Chain Management
- ✓ Product/Company Launches
- ✓ Data Integration & Analysis
- ✓ Incentive Compensation
- ✓ Sales Force Effectiveness
- ✓ Sales & Marketing Operations
- ✓ Physician Segmentation & Targeting
- ✓ Commercial & Product Training Programs
- ✓ Team Building & Management

Experience

2018 - Present

Acacia Pharma, Inc.

A hospital-focused biopharmaceutical company targeting medicines for patients with nausea and vomiting. Focused on the HOPD and ASC settings.

Vice President, Commercial Operations and Analytics, March 2018 to Present

Responsible for building and managing all Commercial Operations, Manufacturing, Supply Chain and Analytics infrastructure for Acacia Pharma. This included the development and implementation of all operational needs in preparation for the launch of their first branded product, Barhemsys®.

- Successfully built and hired all Commercial Operations functions.
- Oversaw and managed all Commercial Insights functions which included development and maintenance of the demand and revenue forecast models to inform planning, corporate targets and manufacturing.
- Designed and built all wholesaler account related efforts to ensure proper availability for product throughout the supply chain. Responsible for the development of all supply agreements at launch
- Responsible for commercial product manufacturing and oversight of the entire supply chain process.

2015 – 2018

Otonomy, San Diego CA

A leading ENT-focused biopharmaceutical company targeting medicines for the ear. Focused on the HOPD and ASC settings.

Vice President, Commercial Operations and Analytics, April 2015 – February 2018

Responsible for building and managing all Commercial Operations infrastructure for Otonomy. This included the development and implementation of all operational needs in preparation for the launch of their first branded product, OTIPRIO®.

- Successfully built and hired all Commercial Operations functions at Otonomy.
- Oversaw and managed all Commercial Insights functions which included development and maintenance of the demand and revenue forecast models to inform planning, corporate targets and manufacturing

- Developed and managed Sales Operations department that was responsible for initial sales force size determination, territory alignment, product metrics, sales force effectiveness, sales force automation and field level dashboards.
- Responsible for building and hiring training department and initial training development program. Implemented a learning managements system (LMS) that is still used across the corporation.
- Designed the sales force IC program and oversaw the administration which included goal setting and payout calculations.
- Partnered with VP of Market Access to design and build all wholesaler account related efforts to ensure proper availability for product throughout the supply chain. Assisted in development of all supply agreements at launch.
- Responsible for understanding, managing and selecting all 3rd party data assets for Otonomy. Built out an internal master data management (MDM) system and data warehouse to provide key commercial insights for Otonomy.
- Implemented and managed entire Sales Administrative functions including Sunshine compliance reporting, auto reimbursement, customer-master data management, initial on-boarding processes and employee database management.
- Consistent interaction with CCO, CFO, VP of Sales, VP of Marketing, and General Counsel to ensure complete understanding of Operations issues and strategies.

2009 – 2015 **Cadence Pharmaceuticals (Mallinckrodt Pharmaceuticals), San Diego CA**

A leading hospital-focused biopharmaceutical company concentrated on improving the lives of hospital patients. Strategically focused on managing pain with non-opioid products.

Senior Director, Commercial Operations and Analytics, March 2013 – April 2015
Director, Commercial Operations, October 2009 – February 2013

Department responsible for building and managing all Commercial Operations aspects of the company. This included the implementation of all operational needs in preparation of the launch of their first branded product, OFIRMEV®. Additional responsibilities included participation in all high-level decisions involving Sales, Marketing and Manufacturing.

- Implemented all Sales Operations functions including territory alignment, product metrics, incentive compensation, sales force automation, sales training and help desk functions
- Oversaw all 3rd party logistics functions for the Commercial team's contract management, recall management, and chargeback systems
- Directed all wholesaler account related efforts to ensure proper availability for product throughout the supply chain. Assisted in development of all supply agreements at launch
- Managed all third-party data assets for Cadence. Maximized all data sets to provide efficiencies for Sales, Marketing and Business Development
- Developed and managed Contract Operations. Responsible for all price reporting to the government and implemented all contract related SOPs. Responsible for overseeing chargeback system management and payment of administrative service fees to GPOs.
- Implemented entire Sales Administrative functions including Sunshine compliance reporting, auto reimbursement, customer-master data management, initial on-boarding processes and employee database management.
- Responsible for weekly Performance Dashboard for Senior Management that provided key business insights on launch and product effectiveness
- Consistent interaction with CCO, CFO, VP of Sales, VP of Marketing, and General Counsel to ensure complete understanding of Operations issues and strategies.

Awards – President's Club, 2014

Ryerson Dalton

2001 – 2009 **Amylin Pharmaceuticals, San Diego CA**

An integrated biopharmaceutical company focused on the research, development, manufacturing, and commercialization of innovative medicines for metabolic diseases

Sr. Regional Sales Manager, Ohio and WV, March 2008 – September 2009

Coached, led and developed specialty care pharmaceutical sales representatives to exceed sales objectives and achieve optimal performance. Managed sales team responsible for improving the patients with Diabetes by selling Byetta, Symlin and Cialis.

- Increased sales team's national ranking of branded products
  - District Rank improved from 51st to 12th (Byetta)
  - District Rank improved from 7th to 1st (Symlin)
  - Coached and Mentored 3 sales representatives to qualify for Amylin's highest sales award Chairman's Circle
- Successfully hired and trained 4 new sales representatives in 2008-2009
- Responsible for developing new District Sales Manager training system and mentorship of 3 new DSMs
- Analyzed sales, marketing, territory reports to improve customer targeting and call frequency
- Responsible for coordinating and leading efforts to improving WV Medicaid PDL status

Awards – 1st Half Symlin Growth Award, 2009 – Top District (National Award)

Director, Commercial Operations & Communications, "Chief of Staff", 2007 – 2008

Leadership role providing business information and operational support across multiple areas including Commercial, Information Management, and Investor Relations. Responsibilities ranged from driving sales force execution to the development and communication of strategies to the field.

- Responsible for managing, organizing and maintaining all external commercial communications deliverables for Marketing and Sales
- Developed integrated communications between commercial teams to assist in identifying areas of improvement, promotional tactics and competitive threats to Amylin's commercial organization
- Represented the Sales/Marketing department for all Commercial Compliance related activities
- Supported CoLT (Commercial Leadership Team) on specific projects/programs that require dedicated representation from the commercial team
- Member of Compliance Committee for Amylin's Commercial organization

Director, Sales Operations and Analytics, 2004 - 2007

Leadership role providing business information and operational support across the sales organization along with Alliance management (partnering with Eli Lilly)

- Lead for Sales force strategy and metrics which included targeting, alignment optimization, and alliance execution.
  - Responsible for successfully managing 3 sales force expansions
- Successfully built and led a cross functional team in providing support to all commercial field employees (500+)
- Oversaw a department of 11 individuals with responsibilities for Sales Analytics, Sales Administration, CRM, Data Management, Compliance and Product Sampling
- Developed commercial capabilities that drove utilization and key performance indicators for measurement and execution for the sales force, managed markets, and field medical teams.
- Effectively executed and led operational management for Commercial partnerships

Associate Director, Sales Operations, 2001 - 2004

- Created and provided analytic reports and strategic guidance to executive and senior management

- Successfully managed commercial vendors and their interactions across the sales organization
- Responsible for overseeing all secondary data needs for commercial operations
- Pre-launch activities included sales force analysis, market research assessments, clinical operations, sales materials, incentives, and all other pre-sales activities

1997 - 2001 **Élan/Dura Pharmaceuticals, San Diego, CA**

A leading pharmaceutical company engaged in the development, marketing, and sale of prescription pharmaceutical products focused on the treatment of allergies, dermatology, neurology

Acute Care Sales Operations Manager / Acute Care Sales Analyst

Assisted in building Dura's Acute Care Sales Operations Department after acquiring hospital products; MAXIPIME, AZACTAM and ABLECET.

- Primary contact for Acute Care Business Unit General Manager
- Created and administered the Acute Care Incentive Compensation plans
- Managed the realignment and integration of 193 field-based positions
- Responsible for maintaining the Hospital Division sales dashboard that was the basis for Senior Management reviews

District Sales Manager (Southern Ohio)

- Led a team of 10 sales representatives in selling 4 different product lines
- Trained and developed sales representatives through coaching and leading District meetings

Area Regional Trainer, Senior Sales Representative

- Trained and mentored new hire sales representatives on product knowledge, territory management and pharmaceutical product sales while successfully maintaining a sales territory
- Assisted in the interview process for candidates interested in becoming a sales representative
- Provided product training for new hires during initial training in home office

Sales Representative

- Top regional and district sales performer. Earned numerous sales achievements and awards. Consistently over-achieved all sales goals.

Awards – 2000 – Outstanding Performer, Dura Pharmaceuticals (Regional Award)
1999 – Outstanding Performer, Dura Pharmaceuticals (Regional Award)
1998 – Outstanding Performer, Dura Pharmaceuticals (Regional Award)
1998 – Rookie of the Year, Dura Pharmaceuticals (Regional Award)

Education

The Ohio State University – Columbus, OH
Post Graduate classes, 1999-2000
University of Cincinnati – Cincinnati, OH
Bachelor of Arts, Political Science, 1993

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Acacia Pharma Inc.

Physical Address 440 Stevens Avenue, Suite 200

City Solana Beach State CA Zip 92075

Mailing Address (if different from physical address) 440 Stevens Avenue, Suite 200

City Solana Beach State CA Zip 92075

Telephone (614) 975-0006 Website www.acaciapharma.com

Licensing Company Email licensing@acaciapharma.com

Section 2: Personal Information

First Ryerson Middle W Last Dalton, Jr.

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

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

Mailing Address [redacted]Stevens Avenue, Suite[redacted]

City Solana Beach State CA Zip 92075

Telephone (614)975-0006 Email RyeDalton@acaciapharma.com

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

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

Date of Service: From: N/A to: N/A

Military Occupation/Specialty N/A

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

Section 4: Child Support Obligations	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	Not Applicable	

Applicant's initials RD

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

School Name		From - To (MM/YY – MM/YY)	
University of Cincinnati		08/1989-06/1993	
Address	**City**	**State**	**Zip**
2600 Clifton Ave	Cincinnati	Ohio	45221
Diploma/Degree obtained, if any			
Bachelor of Arts, Political Science			

School Name		From - To (MM/YY – MM/YY)	
Mercersburg academy		08/1984-06/1988	
Address	**City**	**State**	**Zip**
100 Academy Drive	Mercersburg	PA	17236
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2010-Present	[redacted] Camino Montego	Carlsbad	CA	92009
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials RD

Section 7: A designated representative must provide proof that he/she has been employed for at least 6,000 hours in pharmacy (BAC 727/8000) or pharmacies (BAC 728/8001) or hospitals (BAC 729/8002) directly related to the operation of a pharmacy. At least [illegible] hours must be practice in a community pharmacy. Applicants who have graduated from a school of pharmacy outside the United States.

Business Name		From - To (MM/YY – MM/YY)
Acacia Pharma, Inc.		03/2018-Present
Business Address	**City**	**State / Zip**
440 Stevens Avenue, Suite 200	Solana Beach	CA 92075
Phone	**Title**	**Number of Employed Hours**
(614) 975-0006	Vice President, Commercial Operations and Analytics,	8,320

Description of Duties

Responsible for building and managing all Commercial Operations, Manufacturing, Supply Chain and Analytics infrastructure for Acacia Pharma.

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

Description of Duties

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials _____

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials PD

I, Ryerson Dalton, Jr., **certify that as the designated representative for**

Acacia Pharma Inc.,

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

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

Ryerson Dalton, Jr.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5 AUG 2022

Date

Applicant's initials RD

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

Ryerson Dalton, Jr.
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5 Aug 2022
Date

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

State of California, ss. County of San Diego

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

Original Signature

5 Aug 2022
Date

Subscribed and Sworn to before me this 5th day of Aug 2022.

Khan Talley
Notary Public Signature

KHAN TALLEY
COMMISSION NO.2260839
NOTARY PUBLIC-CALIFORNIA
SAN DIEGO COUNTY
COMMISSION EXPIRES OCT 01, 2022

(Seal)

Applicant's initials RD

Acacia Pharma, Inc.

List of Employees, Agents, Independent Contractors, Consultants, Guardians, Personal Representatives, Lenders or Holders of Indebtedness

Current as of July 19, 2022

First Name	Last Name	Job Title
Anthony	Antonopoulos	Employee
Lynn H	Bichajian	Employee
Jonathan William	Boncela	Employee
Courtney Lynn	Bryant	Employee
Ryerson Wilcox	Dalton	Employee
Chris Andrew	Hadjandreas	Employee
Jimmie Dean	Hall	Employee
Daniel John	Harris	Employee
Heather Emge	Hudson	Employee
Ravindra	Joshi	Employee
Peter Wyatt	Moe	Employee
Florence Christian	Oates	Employee
Paul A	Orth	Employee
Linda L	Parrish	Employee
Scott J	Puszkiewicz	Employee
William Bannard	Ranken	Employee
Andrew James	Wahlert	Employee
James Alan	Webb	Employee
Lindsey Diedra	Williamson	Employee
Janis	Picurro	Employee
David	Bricker	Employee
Chris	Butler	Employee
Ryan	Debski	Agent
John	Kimmet	Agent
Cosmo Technologies, Ltd.		Lender/Holder of Indebtedness

NEVADA STATE BOARD OF PHARMACY

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

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 1000803043

Application/License No. _____

Acacia Pharma Inc, doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
440 Stevens Avenue, Suite 200 Solana Beach, CA 92075, as
(Address of Applicant/Principal)
PRINCIPAL, and American Contractors Indemnity Company, a
(Surety Company)
corporation organized under the laws of the state of California
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
801 S. Figueroa Street, Suite 700, Los Angeles, CA 90017 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 13th, 2022.
(Effective Date)

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 13th day of October, 20 22.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

Sharif Ismail, Attorney-in-fact
print name

SIGNED and SEALED in the presence of

Witness

Witness

SIGNED and SEALED in the presence of.

Witness

Witness

Countersigned by

Nevada Resident Agent

TOKIO MARINE HCC

POWER OF ATTORNEY

AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY
UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY

KNOW ALL MEN BY THESE PRESENTS: That American Contractors Indemnity Company, a California corporation, Texas Bonding Company, an assumed name of American Contractors Indemnity Company, United States Surety Company, a Maryland corporation and U.S. Specialty Insurance Company, a Texas corporation (collectively, the "Companies"), do by these presents make, constitute and appoint:

Sharif Ismail

its true and lawful Attorney(s)-in-fact, each in their separate capacity if more than one is named above, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver **any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include riders, amendments, and consents of surety, providing the bond penalty does not exceed** ******Three Million****** Dollars (***3,000,000.00***). This Power of Attorney shall expire without further action on April 23rd, 2022. This Power of Attorney is granted under and by authority of the following resolutions adopted by the Boards of Directors of the Companies:

Be It Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, The Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 1st day of June, 2018.

AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY
UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY

State of California

County of Los Angeles

By: _____
Daniel P. Aguilar, Vice President

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

On this 1st day of June, 2018, before me, Sonia O. Carrejo, a notary public, personally appeared Daniel P. Aguilar, Vice President of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (seal)

SONIA O. CARREJO
Notary Public - California
Los Angeles County
Commission # 2219479
My Comm. Expires Apr 13, 2022

I, Kio Lo, Assistant Secretary of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Los Angeles, California this 13th day of October, 2022.

Corporate Seals
Bond No. 100080304 3
Agency No. 700408

_____
Kio Lo, Assistant Secretary

HCCSMANPOA05/2019

4E

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

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

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

Section 1: General Information

Facility Name: Aero US Inc. d/b/a Aerogen

Physical Address: 500 W. Madison Street, Suite 1150

City: Chicago State: IL Zip: 60661

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: aerogen.com

Name of Designated Representative (DR): Paul Wood

Licensing Company Email: AERO@slsny.com DR Email: cgornick@aerogen.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☒ Manufacturer (Virtual)
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others: Clinics, Institutions		☐ Others:

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

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

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

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

N/A

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

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

N/A

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Aerogen Ltd.

Corporation/Organization Name: Aero US Inc. d/b/a Aerogen

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Email: AERO@slsny.com

Contact Person Name: Christine Cannon

N/A

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Aerogen Ltd. 100% sole ownership		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A - No CS	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Aero US Inc. d/b/a Aerogen

Facility Name

Christopher Patrick Gornick

Print Name of Authorized Person Submitting Application

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

08/08/22

Date

Board Use Only	Date Received: 8.16.22	Amount: 1000.00 CK - 48025

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Ticket ID : 136247

Good afternoon Maria,

I hope this email finds you well,

I sent you this response back in 5/20/2022, can you please respond the following:

Aero US Inc. is a fully owned subsidiary of Aerogen Ltd. and will be exclusively selling their Rx devices that are registered with the FDA with the UDI 0539151793. We were under the impression that a company selling the product of only a single manufacturer who is registered with the FDA is exempt from the Fingerprinting requirements and can submit a 25K bond in lieu of the 100K bond.

Is this information incorrect, or is an FDA-issued UDI not recognized as being "FDA registered?"

Your response to this email would be greatly appreciated.

NAC 639.593(7)(e)

Sincerely,

Tania Andujar
Customer Service
Pharmaregs, Inc.
State License Servicing, Inc
CIM 90, Carr. 165, Suite C-102
Guaynabo, PR 00968
Phone: (814) 350-2452

> On Fri, 20 May at 2:07 PM , Compliance Department <compliance@slsnysupport.com> wrote:
> **From: State License Servicing, Inc.**
>
> Subject: FW: Nevada Out of State Pharmacy Application-Aero US Inc. dba Aerogen
>
> Ticket Number 136247
>
> Good afternoon Maria,
>
> I hope this email finds you well,
>
> Thank you for your reply and your assistance as always. I have one other question.

STATE LICENSE SERVICING
1751 State Route 17A, Suite 3
Florida, NY 10921
(845) 544-2482 Office
(845) 544-2481 Fax

Celebrating 15 YEARS of State License Servicing

THIS ELECTRONIC MAIL MESSAGE AND ANY ATTACHMENT ARE CONFIDENTIAL AND MAY CONTAIN LEGALLY PRIVILEGED INFORMATION INTENDED ONLY FOR THE USE OF INDIVIDUAL OR INDIVIDUALS NAMED ABOVE. If the reader is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please reply to the sender to notify us of the error and delete the original message. The contents of this message are intended to convey general information and should not be construed as legal advice. State License Servicing disclaims all liability in respect to actions taken or not taken based on any or all of the contents of this message to the fullest extent permitted by law. Please consult with an attorney if you seek legal advice.

Comments

on **Fri, 29 Apr at 7:43 AM** as **Outbound email**

From: State License Servicing, Inc.

Subject: Device Only Facilities

Ticket Number 133155

Good morning,

I would like to confirm that Illinois Department of Financial & Professional Regulations does not regulate or license facilities that sell, manufacture, or distribute devices only.

Thanks so much for your assistance!

Kind regards,

State License Servicing, Inc.
1751 State Route 17A, Ste. 3
Florida, NY 10921
Direct Line: (814) 350-2116
Email: (mailto:help@slsnysupport.com)compliance@slsnysupport.com

THIS ELECTRONIC MAIL MESSAGE AND ANY ATTACHMENT ARE CONFIDENTIAL AND MAY CONTAIN LEGALLY PRIVILEGED INFORMATION INTENDED ONLY FOR THE USE OF INDIVIDUAL OR INDIVIDUALS NAMED ABOVE. If the reader is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please reply to the sender to notify us of the error and delete the original message. The contents of this message are intended to convey general information and should not be construed as legal advice. State License Servicing disclaims all liability in respect to actions taken or not taken based on any or all of the contents of this message to the fullest extent permitted by law. Please consult with an attorney if you seek legal advice.

by **Aman, Munaza** on **Fri, 29 Apr at 9:40 AM** as **Incoming email**

The Department does not regulate the sale or distribution of medical devices without prescription drugs, other than those considered home medical equipment.

Sincerely,

Munaza Aman
Associate General Counsel
Division of Professional Regulation
Illinois Department of Financial & Professional Regulation
555 W. Monroe St, Suite 500
Chicago, IL 60661

This e-mail is to be construed as an informal statement reflecting the interpretation of the Department on the particular matter you described and is not intended as an official opinion of the State of Illinois. Only the Attorney General of the State of Illinois is empowered to render formal opinions concerning the laws of this State.

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS
PART 1510 WHOLESALE DRUG DISTRIBUTION LICENSING ACT
SECTION 1510.10 DEFINITIONS

Section 1510.10 Definitions

"Act" means the Wholesale Drug Distribution Licensing Act (Ill. Rev. Stat. 1991, ch. 111, par. 8301-1 et seq.).

"Blood" means whole blood collected from a single donor and processed either for transfusion or further manufacturing.

"Blood component" means that part of blood separated by physical or mechanical means.

"Board" means the State Board of Pharmacy.

"Department" means the Department of Professional Regulation.

"Director" means the Director of the Department of Professional Regulation.

"Drug sample" means a unit of a prescription drug that is not intended to be sold and is intended to promote the sale of the drug.

"Manufacturer" means anyone who is engaged in manufacturing, preparing, propagating, compounding, processing, packaging, repackaging or labeling a prescription drug.

"Prescription drug" means any human drug required by Federal law or regulation to be dispensed only by a prescription, including finished dosage forms and active ingredients subject to Section 503(b) of the Federal Food, Drug and Cosmetic Act. (21 U.S.C. 301 et seq. (1976))

"Wholesale distribution" or "wholesale distributions" means distribution of prescription drugs to a person other than a consumer or patient, but does not include:

Intracompany sales, defined as any transaction or transfer between any division, subsidiary, parent and/or affiliated or related company under the common ownership and control of a corporate entity;

The purchase or other acquisition by a hospital or other health care entity that is a member of a group purchasing organization of a drug for its own

use from the group purchasing organization or from other hospitals or health care entities that are members of such organizations;

The sale, purchase or trade of a drug or an offer to sell, purchase or trade a drug by a charitable organization described in Section 501(c)(3) of the Internal Revenue Code of 1954 to a nonprofit affiliate of the organization to the extent otherwise permitted by law;

The sale, purchase or trade of a drug or an offer to sell, purchase or trade a drug among hospitals or other health care entities that are under common control (For purposes of this Section, "common control" means the power to direct or cause the direction of the management and policies of a person or an organization, whether by ownership of stock, voting rights, by contract, or otherwise);

The sale, purchase or trade of a drug or an offer to sell, purchase or trade a drug for emergency medical reasons (For purposes of this section "emergency medical reasons" includes transfers of prescription drugs by a retail pharmacy to another retail pharmacy to alleviate a temporary shortage);

The sale, purchase or trade of a drug; an offer to sell, purchase or trade a drug; or the dispensing of a drug pursuant to a prescription;

The lawful distribution of drug samples by manufacturers' representatives or distributors' representatives;

The sale, purchase or trade of blood and blood components intended for transfusion; or

The sale of prescription drugs by a pharmacy to practitioners (i.e., licensed physicians, dentists, veterinarians or podiatrists), providing the sales do not exceed 5% of the annual dollar purchases of prescription drugs by the pharmacy and providing the pharmacy maintains a log of sales to practitioners that includes:

Date of sale;
Practitioner's name and address;
Drug and strength;
Size of package; and
Quantity sold.

"Wholesale distributor" means anyone engaged in wholesale distribution of prescription drugs, including but not limited to, manufacturers; repackers; own-label distributors; private-label distributors; jobbers; brokers; warehouses, including manufacturers' and distributors' warehouses, chain drug warehouses, and wholesale drug warehouses; independent wholesale drug traders; and retail pharmacies that conduct wholesale distributions.

Aero US Inc.
d/b/a Aerogen

Corporate Address: 500 West Madison Street, Suite 1150, Chicago, IL 60661 USA
FEIN: 83-0491680
aerogen.com

Drug Labeler Code: N/A
Incorporation State: DE
Incorporation Date: 8/21/2007

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
500	500 West Madison Street Suite 1150 Chicago, IL 60661 County:	N/A	N/A - No CS		No	(866) 423-7643	N/A

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Paul Nicholas Wood	500 West Madison Street Suite 1150 Chicago, IL 60661	Head of Operations, North America & Assistant Company Secretary	

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Aerogen Ltd.	Galway Business Park, Dangan, Galway, Connacht, Ireland, H91 HE94 Ireland		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Bernard Collins	[redacted]Westbrook, Barnn Road Galway, Connacht, Ireland, Ireland	CEO & President	
John Sylvester Power	[redacted]Woodlands Park Moycullen Galway, Connacht, Ireland, Ireland	CFO, Secretary & Treasurer	
Paul Nicholas Wood	500 West Madison Street Suite 1150 Chicago, IL 60661	Head of Operations, North America & Assistant Company Secretary	

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
CT Corporation

3PLS

Name	Address	Title	Prescribing Authority
LifeScience Logistics, LLC	1105 E. Northfield Drive Brownsburg, IN 46112		

Company Particulars

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AERO US INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AERO US INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF AUGUST, A.D. 2007.

Jeffrey W. Bullock, Secretary of State

4410418 8300

SR# 20230545720

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

Authentication: 202732197

Date: 02-16-23

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/08/2023

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

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

PRODUCER	CONTACT NAME: Monica Wojnilo	
Amplified Insurance Partners 30 Southwest Park Westwood MA 02090	PHONE (A/C, No, Ext): (617) 964-5340	FAX (A/C, No): (617) 965-1843
	E-MAIL ADDRESS: mwojnilo@telamonins.com	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Sentinel Insurance Co, ltd	11000
INSURER B:	Rated By Multiple Companies	00914
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED: Aero Us Inc. dba Aerogen, 500 West Madison St., Suite 1150, Chicago IL 60611

COVERAGES **CERTIFICATE NUMBER:** CL2241131973 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			08SBAAD5109	06/21/2022	06/21/2023	EACH OCCURRENCE	$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
							GENERAL AGGREGATE	$ 4,000,000
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			08SBAAD5109	06/21/2022	06/21/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			08SBAAD5109			EACH OCCURRENCE	$ 1,000,0000
							AGGREGATE	$
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		08WBCAH6U1M	09/15/2022	09/15/2023	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	EMPLOYEE BENEFITS LIABILITY			08 SBA AD5109	06/21/2022	06/21/2022	Each Claim Limit	$2,000,000
							Aggregate Limit	$4,000,000

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

CERTIFICATE HOLDER

Evidence of Insurance

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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Aerogen

Aero US Inc
420 N Michigan Ave
Suite 920
Chicago, IL 60611

List of Officers

Bernard Collins – CEO & President

Christopher Patrick Gornick – Assistant Company Secretary

John Sylvester Power – CFO, Secretary & Treasurer

02/25/22

Christopher Patrick Gornick

Aerogen

Aero US Inc
420 N Michigan Ave
Suite 920
Chicago, IL 60611

Aero US Inc. Ownership Chart

ACCESS GUDID
IDENTIFY YOUR MEDICAL DEVICE

DEVICE: Aerogen® Solo Nebulizer System (05391517931914)

DEVICE IDENTIFIER (DI) INFORMATION

Brand Name: Aerogen® Solo Nebulizer System
Version or Model: AG-AS1055
Commercial Distribution Status: In Commercial Distribution
Catalog Number:
Company Name: AEROGEN LIMITED
Device Description: Solo Vented Elbow

Primary DI Number: 05391517931914
Issuing Agency: GS1
Commercial Distribution End Date:
Device Count: 1
Labeler D-U-N-S® Number*: 989510003 *Terms of Use

DEVICE CHARACTERISTICS

What MRI safety information does the labeling contain?	MR Unsafe
Device required to be labeled as containing natural rubber latex or dry natural rubber (21 CFR 801.437):	No
Device labeled as "Not made with natural rubber latex":	No
For Single-Use:	Yes
Prescription Use (Rx):	Yes
Over the Counter (OTC):	No
Kit:	No
Combination Product:	No
Human Cell, Tissue or Cellular or Tissue-Based Product (HCT/P):	No

GMDN

GMDN Names and Definitions: © Copyright GMDN Agency 2015. Reproduced with Permission from the GMDN Agency.

GMDN Preferred Term Name	GMDN Definition

GMDN Preferred Term Name	GMDN Definition
Benchtop nebulizer, non-heated	An assembly of devices intended to be used in the home and clinical settings to generate non-heated aerosolized medication/fluids for inhalation by a patient, typically to treat/manage a respiratory disorder [e.g., chronic obstructive pulmonary disease (COPD), cystic fibrosis (CF)]. It may be a benchtop or trolley-mounted assembly and includes an electrically-powered generator (ultrasonic and/or compressor jet type), a reservoir, and a nebulizing chamber where the nebulization of the medicine usually occurs. Disposable devices (e.g., tubing, mask, mouthpiece) are attached to the device for inhalation.

FDA PRODUCT CODE

Product Code	Product Code Name
CAF	Nebulizer (Direct Patient Interface)

FDA PREMARKET SUBMISSION

FDA Premarket Submission Number	Supplement Number
K070642	000

Device Exempt from Premarket Submission: No

STERILIZATION

Device Packaged as Sterile: No

Requires Sterilization Prior to Use: No

Sterilization Method
No Sterilization Methods Found

STORAGE AND HANDLING

Storage and Handling
Storage Environment Humidity: between 15 and 95 Percent (%) Relative Humidity
Storage Environment Atmospheric Pressure: between 450 and 1100 millibar
Storage Environment Temperature: between -20 and 60 Degrees Celsius

CLINICALLY RELEVANT SIZE

Size Type Text
No Device Sizes

DEVICE RECORD STATUS

Public Device Record Key: 0e2a90a3-62a3-4f01-9b8e-13b1d86a87f9
Public Version Date: June 10, 2022
Public Version Number: 5
DI Record Publish Date: September 16, 2016

ALTERNATIVE AND ADDITIONAL IDENTIFIERS ADDITIONAL IDENTIFIERS

PACKAGE DI

Package DI Number	Quantity per Package	Contains DI Package	Package Discontinue Date	Package Status	Package Type
No Package DIs found					

SECONDARY DI

Issuing Agency	Secondary DI Number
No Secondary DIs found	

UNIT OF USE DI

Unit of Use DI Number: No Unit of Use DI Numbers Found

DIRECT MARKING (DM)

Device Subject to Direct Marking (DM), but Excepted: No
DM DI Different from Primary DI: No
DM DI Number: None

PRODUCTION IDENTIFIER(S) IN UDI

Lot or Batch Number: Yes
Serial Number: No
Expiration Date: No
Manufacturing Date: No
Donation Identification Number: No

CUSTOMER CONTACT

Phone: +35391540400
Email: info@aerogen.com

Product Listed
UDI #

Item Master

DESCRIPTION	UDI #
Aerogen Solo Vented Elbow	5391517931914
Aerogen Solo Mask Kit (US)	5391517931907
Aerogen Solo Starter Kit	5391517930221
Aerogen Controller Longer Cable (2.5M)	5391517936193
Aerogen Solo Adult T-Piece 22 mm	5391517935585
Aerogen Solo Ped T-Piece 15mm	5391517930269
Aerogen Solo Ped Kit 15mm	5391517930276
Aerogen Solo Ped T-Piece 12mm	5391517930283
Aerogen Solo CNTS (5 Pack)	5391517930412
Aerogen Solo CNTS Syringe (5 Pack)	5391517930405
Aerogen Solo Nebulizer (5 Pack - US)	5391517932508
Aerogen Solo Nebulizer (10 Pack - US)	5391517932515
Aerogen Solo Convenience Kit (10 Pack)	5391517930610
Aerogen Solo OR Convenience Kit (5 Pack)	5391517933000
Aerogen Ultra (10 Pack)	5391517930580
Aerogen Ultra - Adult Mask (10 Pack)	5391517933789
Aerogen Ultra - Pediatric Mask (10 Pack)	5391517933802
Aerogen Ultra Starter Kit (10 Pack)	5391517930702
Aerogen Ultra Kit - Adult Mask (10 Pack)	5391517933826
Aerogen Ultra Kit - Ped. Mask (10 Pack)	5391517933840
Aerogen Ultra Bundle	5391517932355
Aerogen Pro-X Controller Kit	5391517930627
Aerogen Pro-X Controller	5391517931648
Aerogen USB Controller	5391517930566
Aerogen Solo USB Controller Starter Kit	5391517930542
Aerogen USB Controller Bundle	5391517932997

Aerogen

Aero US Inc
420 N Michigan Ave
Suite 920
Chicago, IL 60611

List of Employees for Aero US Inc.

Sue Borowitz - Senior HR Manager North America
Karla Simmons - Regional Controller North America
Christpher Gornick - Assistant Company Secretary & Head of Marketing - North America
Vanessa Gonzalez - Marketing Coordinator
Taylor Sackett - Sales Support Specialist
Sean Kelly - Marketing Associate
Casey Linkenheld - Inside Sales Specialist
Jeremy Greene - Director of Customer Experience
Eileen Sweeney - Global Brand Director Ventilated Patients

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Aero US Inc. d/b/a Aerogen

Pharmacy/Wholesaler License # (if applicable): Pending

Physical Address: 500 West Madison Street, Suite 1150

City: Chicago State: IL Zip: 60661

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: aerogen.com

Licensing Company Email: AERO@slsny.com

Section 2: Personal Information

First: Paul Nicholas Middle: Last: Wood

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

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

Mailing Address: [redacted] Sierra Cir

City: Woodstock State: GA Zip: 30188

Telephone: [redacted] Email: nwood@aerogen.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Auburn University		08/00 - 12/04	
Address	**City**	**State**	**Zip**
1161 W. Samford Ave., Bldg. 8	Auburn	AL	36830
Diploma/Degree obtained, if any			
Bachelor of Science (B.S.) in Business Administration, Finance			

School Name		From - To (MM/YY – MM/YY)	
St. Pius X Catholic High School		08/96 - 12/00	
Address	**City**	**State**	**Zip**
2674 Johnson Road, NE	Atlanta	GA	30345
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2018 - Present	[redacted] Sierra Cir.	Woodstock	GA	30188
06/2016 - 06/2018	[redacted] Georgetown Chase	Roswell	GA	30075
07/2015 - 05/2016	[redacted] Peachtree St NE	Atlanta	GA	30308
12/2011 - 05/2015	[redacted] Pine Tree Road NE	Atlanta	GA	30324
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Aero US Inc. d/b/a Aerogen			10/2022 - Present
Business Address	**City**	**State**	**Zip**
500 West Madison Street, Suite 1150	Chicago	IL	60661
Phone	**Title**	**Number of Employed Hours**	
(866) 423-7643	Head of Operations, North America & Assistant Company Secretary	~ 720 @ 40 hrs a week	

Description of Duties

Supply chain operations manager directing procurement, logistics, inventory, warehouse, customer service, and record keeping. Manage vendor and third-party logistics provider services for Aerogen. Maintain up-to-date processes and procedures to ensure proper and timely operational compliance.

Business Name			From - To (MM/YY – MM/YY)
HTL-Strefa, Inc.			2016 - 2022
Business Address	**City**	**State**	**Zip**
113 Towne Lake Pkwy Suite 120	Woodstock	GA	30188
Phone	**Title**	**Number of Employed Hours**	
(770) 528-0410	Dir of Operations ('18-'22), Operations Manager ('16-'18)	~12,480 @ 40 hrs a wk	

Description of Duties

Management of procurement, logistics, inventory, warehouse, customer service, and local IT for the North American HTLStrefa division. Managing and partnering with international internal and outsourced 3rd party suppliers. Direct operational team and manage two third-party logistics company accounts.

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Paul Nicholas Wood, **certify that as the designated representative for**

Aero US Inc. d/b/a Aerogen,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

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

Paul Nicholas Wood

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/08/2023

Date

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

Paul Nicholas Wood

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/08/2023

Date

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

State of Illinois, ss. County of Cook

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

Original Signature

Paul Nicholas Wood

02/08/2023

Date

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

Notary Public Signature

EBONEY SHAW
Official Seal
Notary Public - State of Illinois
My Commission Expires Aug 6, 2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Aero US Inc. d/b/a Aerogen — MDEG License # (if applicable): Pending

Physical Address: 500 West Madison Street, Suite 1150

City: Chicago — State: IL — Zip: 60661

Mailing Address (if different from physical address): 122 Sierra Cir 1751 State Route 17A, Suite 3

City: Woodstock — State: GA — Zip: 30188

Telephone: (845) 544-2482 — Website: aerogen.com

Licensing Company Email: AERO@slsny.com

Section 2: Personal Information

First: Paul Nicholas — Middle: — Last: Wood

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

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

Mailing Address: [redacted] Sierra Cir

City: Woodstock — State: GA — Zip: 30188

Telephone: [redacted] — Email: nwood@aerogen.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Auburn University		08/00 - 12/04	
Address	**City**	**State**	**Zip**
1161 W. Samford Ave., Bldg. 8	Auburn	AL	36830
Diploma/Degree obtained, if any			
Bachelor of Science (B.S.) in Business Administration, Finance			

School Name		From - To (MM/YY – MM/YY)	
ST. Pius X Catholic High School		08/96 - 05/00	
Address	**City**	**State**	**Zip**
2674 Johnson Road, NE	Atlanta	GA	30345
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2018 - Present	[redacted] Sierra Cir	Woodstock	GA	30188
06/2016 - 06/2018	[redacted] Georgetown Chase	Roswell	GA	30075
07/2015 - 05/2016	[redacted] Peachtree St NE	Atlanta	GA	30308
12/2011 - 05/2015	[redacted] Pine Tree Road NE	Atlanta	GA	30324
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Aero US Inc. d/b/a Aerogen			10/2022 - Present
Business Address	**City**	**State**	**Zip**
500 West Madison Street, Suite 1150	Chicago	IL	60661
Phone	**Title**	**Number of Employed Hours**	
(866) 423-7643	Head of Operations, North America & Assistant Company Secretary	~ 720 @ 40 hrs a week	
Description of Duties			
Supply chain operations manager directing procurement, logistics, inventory, warehouse, customer service, and record keeping. Manage vendor and third-party logistics provider services for Aerogen. Maintain up-to-date processes and procedures to ensure proper and timely operational compliance.			

Business Name			From - To (MM/YY – MM/YY)
HTL-Strefa, Inc.			2016 - 2022
Business Address	**City**	**State**	**Zip**
113 Towne Lake Pkwy Suite 120	Woodstock	GA	30188
Phone	**Title**	**Number of Employed Hours**	
(770) 528-0410	Director of Operations	~12,480 @ 40 hrs a wk	
Description of Duties			
Management of procurement, logistics, inventory, warehouse, customer service, and local IT for the North American HTLStrefa division. Managing and partnering with international internal and outsourced 3rd party suppliers. Direct operational team and manage two third-party logistics company accounts.			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Paul Nicholas Wood, **certify that as the MDEG Administrator for**

Aero US Inc.,

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

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

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

Paul Nicholas Wood

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/08/2023

Date

Board Use Only	Date Received: _____

RIDER

intact INSURANCE surety

To be attached to and form part of:

Bond Number 810011816

dated October 03, 2022

issued by the Atlantic Specialty Insurance Company

on behalf of AEROGEN US Inc
(Principal)
and in favor of Nevada State Board of Pharmacy
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:
Principal Address changed to:

500 West Madison St, Ste 1150, Chicago, Illinois 60611, United States

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 3rd day of October , 2022 .

Signed, Sealed & Dated this 3rd day of October , 2022 .

AEROGEN US Inc
(Principal)

By: _____
(Principal)

Atlantic Specialty Insurance Company
(Surety)

By: _____
Catherine A. Pinney , Attorney-in-Fact

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT CIVIL CODE § 1189

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

State of California)
County of Sonoma)

On October 3, 2022 before me, Stacy M. Clinton, Notary Public,
Date *Here Insert Name and Title of the Officer*

personally appeared Catherine A. Pinney,
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

STACY M. CLINTON
Notary Public - California
Sonoma County
Commission # 2308039
My Comm. Expires Nov 3, 2023

Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer — Title(s): _____	☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Individual ☒ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer Is Representing: _____	Signer Is Representing: _____

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intact INSURANCE

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **K. Dixon Wright, Catherine A. Pinney, Stacy M. Clinton**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

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

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

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

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

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-seventh day of April, 2020.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON DWAN NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

_____
Notary Public

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

Signed and sealed. Dated third day of October, 2022.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2025

_____
Kara Barrow, Secretary

Please direct bond verifications to surety@intactinsurance.com

NEVADA STATE BOARD OF PHARMACY

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

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 810011816

Application/License No. _____

Aero US Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 410 North Michigan Ave Ste 920 Chicago, IL 60611 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of NY (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 605 Highway 169 North, Suite 800 , Plymouth, MN 55441 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 3, 2022 (Effective Date).

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

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT CIVIL CODE § 1189

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

State of California)
County of Sonoma)

On March 3 2022 before me, Stacy M. Clinton, Notary Public,
Date *Here Insert Name and Title of the Officer*

personally appeared Catherine A. Pinney,
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

STACY M. CLINTON
Notary Public - California
Sonoma County
Commission # 2308039
My Comm. Expires Nov 3, 2023

Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer — Title(s): _____	☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Individual ☒ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer Is Representing: _____	Signer Is Representing: _____

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THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 3rd day of March, 2022.

APPLICANT/PRINCIPAL

Aero US Inc

By: _____
Authorized Representative

SURETY COMPANY

Atlantic Specialty Insurance Company

By: _____
Surety Company's Representative

Catherine A. Pinney, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

See attached notary acknowledgement
Witness

_____
Witness

Countersigned by:

_____
Nevada Resident Agent

Catherine A. Pinney License # 618983

[intact] INSURANCE

Power of Attorney

Surety Bond No: 810011816

Principal: Aero US, Inc
Obligee: Nevada State Board of Pharmacy

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: Catherine A. Pinney, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: sixty million dollars ($60,000,000) and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

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

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

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

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

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this fifth day of March, 2020.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this fifth day of March, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON DWAN NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

_____
Notary Public

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

Signed and sealed. Dated 3rd day of March, 2022.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
Christopher V. Jerry, Secretary

4F

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

Section 1: General Information

Facility Name: Baxter Pharmaceutical Solutions, LLC

Physical Address: 927 S. Curry Pike

City: Bloomington State: IN Zip: 47403

Mailing Address (if different from physical address): 7000 Cardinal Place QRA Facility Licensing

City: Dublin State: OH Zip: 43017

Telephone: (800) 333-0887 Website: www.baxter.com

Name of Designated Representative (DR): Kathryn Williams

Licensing Company Email: licensure@cardinalhealth.com DR Email: katie_williams@baxter.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Non Prescription Drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

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

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

Name: ICS 302
Address: 1195 TRADEMARK DRIVE, SUITE #102-B City: RENO State: NV Zip: 89521
Name: RENO DISTRIBUTION CENTER-SANOFI PASTEUR
Address: 1025 SANDHILL RD. City: RENO State: NV Zip: 89521
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

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

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Indiana
Parent Company (if any): Baxter Healthcare Corporation
Corporation/Organization Name:
Mailing Address: 927 S. Curry Pike
City: Bloomington State: IN Zip: 47403
Telephone: (812) 333-0887 Email:
Contact Person Name: Katrina Reinhardt

Section 6: Partnership

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

Section 7: Sole Owner

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

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

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

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

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

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

2/24/22

Date

Board Use Only	Date Received: _____	Amount: 500 check# 108 11436

5/23/22

Mark I. Sedar

From: McLellan, Christopher <christopher.mclellan01@cardinalhealth.com>
Sent: Thursday, March 16, 2023 1:04 PM
To: Mark I. Sedar
Subject: RE: Nevada Out-of-State Wholesaler application-Baxter Pharmaceutical Solutions, LLC

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello Mark,

It seems we made a mistake, as the site does not engage in sterile compounding and is no longer on the 503b compounding website.

Can you please remove and review?

Mark I. Sedar

From: McLellan, Christopher <christopher.mclellan01@cardinalhealth.com>
Sent: Tuesday, March 21, 2023 1:00 PM
To: Mark I. Sedar
Subject: RE: Nevada Out-of-State Wholesaler application-Baxter Pharmaceutical Solutions, LLC

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good afternoon,

Correct, Indiana does not license drug manufacturers.

Thanks!

CardinalHealth

Christopher A. McLellan
Sr Spec, Quality Compliance
7000 Cardinal Place, QRA, Dublin, OH
43017

I am *Essential to care*

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Monday, March 20, 2023 12:51 PM
To: McLellan, Christopher <christopher.mclellan01@cardinalhealth.com>
Subject: RE: Nevada Out-of-State Wholesaler application-Baxter Pharmaceutical Solutions, LLC

External Email – Please use caution before opening attachments or clicking links

Hi Chris,

Thank you for sending over the updated page. Does Indiana not license drug manufacturers? I understand that they don't license sterile compounding facilities.

Mark Sedar
COO
Nevada State Board of
Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov

/ **Drug Establishments Current Registration Site (default.cfm)**

Drug Establishments Current Registration Site

New Search (default.cfm)

Search Results for **baxter pharma**

CSVExcel

Filter: sol

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
BAXTER PHARMACEUTICAL SOLUTIONS, LLC	1000115571	604719430	ANALYSIS; LABEL; MANUFACTURE; PACK; RELABEL; REPACK; STERILIZE;	927 S. Curry Pike, Bloomington, Indiana (IN) 47403, United States (USA)	12/31/2023

Showing 1 to 1 of 1 entries (filtered from 2 total entries)
Previous1Next
Data Current through: Sunday, Mar 19, 2023

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified
3/20/23
MES

201

Drug Establishments Current Registration Site

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

New Search

Search Results for **Baxter Pharmaceutical Solutions, LLC**

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
BAXTER PHARMACEUTICAL SOLUTIONS, LLC	1000115571	604719430	ANALYSIS; LABEL; MANUFACTURE; PACK; RELABEL; REPACK; STERILIZE;	927 S. Curry Pike, Bloomington, Indiana (IN) 47403, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries

Previous 1 Next

Data Current through: Monday, Apr 11, 2022

Return to Drug Firm Annual Registration Status Home Page

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

Maria Herrera

From: GMB-HSCS-Facility Licensure <licensure@cardinalhealth.com>
Sent: Thursday, May 12, 2022 1:58 PM
To: Maria Herrera
Cc: GMB-HSCS-Facility Licensure
Subject: RE: Nevada Out-of-State Wholesaler application-Baxter Pharmaceutical Solutions, LLC
Attachments: Nevada_Employee List.docx; Baxter Healthcare Corporation - DE - Certificate of Good Standing.pdf; 2020-01-31 Indiana DOH Ltr re Registration & Inspection.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello,

Per your request, please see the attached requested documentation and the below.

- Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate of Corporate status is obtained from the Secretary of State's office in the State where incorporated. This Certificate of Corporate status must be dated within the last 6 months. **Please see attached.**
- Home state license. **License is not required in Indiana, as IN only regulates the Wholesale Distribution of prescription drugs, please see attached.**
- a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender, or holder of indebtedness of the applicant. **Pursuant to NRS 639.500 (2). Please see attached.**

Thanks!

CardinalHealth

Christopher A. McLellan
Sr Spec, Quality Compliance
7000 Cardinal Place, QRA, Dublin, OH
43017

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204

IP

November 16, 2020

Gregory A. Sacha, RPh, PhD
Baxter Healthcare
927 South Curry Pike
Bloomington, IN 47401
(812) 355-2046
Gregory_Sacha@Baxter.com

To Whom It May Concern:

This letter confirms that the State of Indiana does not issue licenses for 503b Sterile C
Facilities. 503b facilities are regulated by the FDA and must comply with their require

If you have any questions, please contact (317) 234-2011 or visit our website at www

Sincerely,

Laura A. Turner, J.D.

Thanks!

Christopher A. McLellan
Sr Spec, Quality Compliance
7000 Cardinal Place, QRA, Dublin, OH
43017

CardinalHealth

I am *Essential to care*

Baxter

BAXTER HEALTHCARE CORPORATION

DELEGATION OF AUTHORITY

As contemplated by the resolutions adopted by the Board of Directors of Baxter Healthcare Corporation, a Delaware corporation ("the Corporation"), effective September 15, 2017 ("Resolutions"), a copy of such Resolutions is attached hereto, the undersigned Matthew Rice, Assistant Secretary, an Authorized Employee of Baxter Healthcare Corporation, hereby delegates to Keegan Chamberlain, Director of Quality Management and Cynthia Rhodes, Manager of Quality Management, employees of Cardinal Health 200 LLC, the authority to sign for all documents, applications, submissions and other related instruments required for the state pharmacy, wholesale distribution, and manufacturing licenses and legally required permits filed on behalf of Baxter Healthcare Corporation.

This delegation of authority shall be effective until December 31, 2021 and is subject to revocation by any officer of Baxter Healthcare Corporation at any time and shall occur automatically when Keegan Chamberlain or Cynthia Rhodes ceases to be an employee of Cardinal Health 200 LLC.

The undersigned further approves and ratifies any and all actions taken by Keegan Chamberlain and Cynthia Rhodes prior to this date, solely in connection with the execution of the above-referenced matters.

Effective: May 13, 2020

Baxter Healthcare Corporation

Matthew Rice
Assistant Secretary

2194583.1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAXTER HEALTHCARE CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF APRIL, A.D. 2022.

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

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

Jeffrey W. Bullock, Secretary of State

647024 8300

SR# 20221508201

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

Authentication: 203208419

Date: 04-19-22

BAXTER HEALTHCARE CORPORATION

RESOLUTIONS FOR SIGNING AUTHORITY

September 15, 2017

RESOLVED, that the Corporation's elected officers and employees of the Corporation having the job classifications set forth in Exhibit A (each an "Authorized Signatory") are authorized and directed to sign any documents relating to matters within the Authorized Signatory's respective job responsibilities, commonly necessary and incidental to the Corporation's business and the execution of which is in the best interest of the Corporation;

FURTHER RESOLVED, that each Authorized Signatory shall have the authority to execute such documents that are within the financial limitations as set forth on Exhibit A, which may be updated from time to time without further resolution;

FURTHER RESOLVED, that any Authorized Signatory is authorized to delegate signing authority ("Delegation") to another individual with such limitations as the Authorized Signatory may establish from time to time, provided however, that any such Delegation shall be in writing in the form of Delegation provided by the office of the Secretary of the Corporation and shall be subject to any limits set forth therein by the Authorized Signatory;

FURTHER RESOLVED, that when signing authority is delegated, an original of any such Delegation shall be delivered to the Secretary of the Corporation to be retained as a part of the permanent records of the Corporation;

FURTHER RESOLVED, that the Secretary or an Assistant Secretary of the Corporation is authorized to attest to the signatures of the Authorized Signatories and affix the seal of the Corporation to such documents, however such documents shall be the binding obligation of the Corporation without the necessity of attestation or affixing of the corporate seal; and

FURTHER RESOLVED, that these resolutions supercede and replace resolutions adopted on November 7, 2008, and July 21, 2014 but any documents signed pursuant to the superceded resolutions remain valid until their expiration and any actions taken by an Authorized Signatory that would have been authorized by the foregoing resolutions except that such actions were taken prior to the adoption of the foregoing resolutions are hereby authorized, ratified, confirmed and approved.

EXHIBIT A

BAXTER HEALTHCARE CORPORATION

ORDINARY COURSE OF BUSINESS
SIGNATURE AUTHORITY TABLE
(updated September 2017)

JOB CLASSIFICATION	FINANCIAL LIMITATION
Chief Executive Officer, Executive Vice President or any Senior Vice President	**No limitations**
Global Franchise Unit Head	**Up to $10 Million**
Vice President (including General Manager)	**Up to $5 Million**
Director	**Up to $1 Million**

Baxter

May 13, 2022

To Whom it May Concern:

Please see below for a list of Employees who handle Drug Product at Baxter Pharmaceutical Solutions, LLC.

Name	Title
Stacia Jones	Quality Director
Karen Born	Manger II, Quality
Kristy Fraizer	Manger II, Quality
Rurik Wuensch	Manger II, Quality
Brooke Wise	Manger II, Quality
Brandon Fry	Manager II, Quality
Jimmie Hildum	Manager I, Quality
Pat Adams	Plant Manager
Mike Boyd	Director, Logistics & Planning
Bob Stoner	Manager II, Logistics
Wendy Arnold	Manager, Materials
Doug Reinhart	Director, Operations

Baxter Pharmaceutical Solutions LLC
927 S. Curry Pike / Bloomington, Indiana 47403
T 812.333.0887

Chris Bryant	Manager II, Manufacturing
Ryan Harrison	Manager II, Manufacturing
Harrison Maldonado	Manager II, Manufacturing

Baxter Pharmaceutical Solutions LLC
927 S. Curry Pike / Bloomington, Indiana 47403
T 812.333.0887

CardinalHealth

927 S. Curry Pike
Bloomington, Indiana 47403

Officers

Officer Name	Title	Business Address	Business Phone Number	Email Address
Michael A. Cascella, Jr.	Vice President, Tax	One Baxter Parkway, Deerfield, IL 60015	224-948-2000	mike_cascella@baxter.com
Karen L. Leets	Vice President and Treasurer	One Baxter Parkway, Deerfield, IL 60015	224-948-2000	karen_leets@baxter.com
James K. Saccaro	Vice President and Chief Financial Officer	One Baxter Parkway, Deerfield, IL 60015	224-948-2000	jay_saccaro@baxter.com
Giuseppe Accogli	Vice President and President, Americas	One Baxter Parkway, Deerfield, IL 60015	224-948-6100	giuseppe_accogli@baxter.com
Ellen K. Bradford (f/k/a McIntosh)	SVP and Corporate Secretary	One Baxter Parkway, Deerfield, IL 60015	224-948-3086	ellen_bradford@baxter.com

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Baxter Pharmaceutical Solutions LLC Disclosures

There are no relevant disciplinary actions, complaints or investigations taken against the applicant corporation Baxter Pharmaceutical Solutions LLC ("BPS") or the BPS facility in Bloomington, Indiana.

BPS is a subsidiary of Baxter Healthcare Corporation. For purposes of transparency, as part of this application we have provided disclosures pertaining to state disciplinary actions and charges against Baxter Healthcare Corporation, as well as the specific individuals listed on the application. We cannot answer application questions with respect to all owners and shareholders, given that Baxter Healthcare Corporation is a subsidiary of Baxter International Inc., a publicly traded company listed on the New York Stock Exchange. We also cannot answer with respect to all Baxter Healthcare Corporation employees given the scope of Baxter's US operations.

FDA-related information regarding specific BPS and Baxter Healthcare Corporation facilities (e.g., inspection history and enforcement actions) can be found on the FDA website.

State Disciplinary Actions – Baxter Healthcare Corporation

Georgia, Wholesaler Pharmacy License # PHWH001754, 2017

In January 2017, Baxter Healthcare Corporation (Baxter) agreed to resolve claims with the U.S. Department of Justice related to quality and manufacturing practices at Baxter's manufacturing facility in Marion, North Carolina in 2011-2012. Specifically, the government charged that between July 2011 and November 2012, Baxter did not follow cGMP requirements under the Federal Food, Drug, and Cosmetic Act (FDCA) when manufacturing certain large volume intravenous (IV) solutions. Briefly, a Baxter employee reported to plant personnel the presence of mold on HEPA filters installed in the ceiling, and Baxter continued to manufacture IV solutions while those filters remained in place. There was no evidence of any impact on the IV solutions. Copies of the settlement documents, which include a deferred prosecution agreement to resolve a single misdemeanor count of noncompliance with the FDCA, are available on the U.S. Department of Justice's website at https://www.justice.gov/opa/pr/baxter-healthcare-corporation-pay-more-18-million-resolve-criminal-and-civil-liability. The deferred prosecution agreement expired in July 2019, and the misdemeanor charge was dismissed with prejudice.

Baxter disclosed this issue on a renewal application for a Georgia wholesale license for its Marion, NC facility, and in October 2017, the state of Georgia issued a disciplinary order against that license (PHWH001754) based on the disclosure.

The Ohio Board of Pharmacy opened an investigation (case no. A-2018-0037) into this matter, but dismissed the case in November 2019 without taking any action. The Missouri Board of Pharmacy similarly opened and closed an investigation without taking disciplinary action, but issued a non-disciplinary letter of warning in August 2020 to Baxter that will remain a part of Baxter's licensing file.

Please note that this issue is unrelated to Baxter's pharmacy or wholesale activities.

Iowa, Nonresident Pharmacy License # 4127, 2014

The Iowa Board of Pharmacy (the "Iowa Board") issued a Stipulation for Baxter's Omaha, Nebraska pharmacy due to improperly delegating final verification of prescriptions for peritoneal dialysis solutions to a pharmacy technician. The Omaha facility is licensed in Nebraska under a Delegated Dispensing Permit, and utilized multiple quality checks, including retrospective pharmacist review, to ensure proper dispensing of peritoneal dialysis products to patients. Upon request by the Iowa Board, Baxter promptly modified its operations to ensure pharmacist verification of all orders. Baxter has signed the Stipulation and paid the required fine.

Montana, License #2152, 2010

The Montana Board of Pharmacy (the "Montana Board") issued a Stipulation for violations stemming from the failure of Baxter to notify the Montana Board in the requisite time frame of a change in the designated Person-in-Charge for the Waukegan, IL facility. Baxter has signed the Stipulation and paid the required fine.

Alabama, License #191639, 2009

The Alabama Board of Pharmacy found the Buford, GA facility was in violation of Code of Alabama (1975) Section 34-23-32. The facility continued distribution operations during the time between the valid license expired and when the expired license was renewed. Baxter Healthcare renewed the license, signed a Consent Order and paid the applicable fine.

Florida, Non-Resident Drug Manufacturer Permit No.: 26:4672, 2009

The Florida Department of Health (the "Florida Department") alleged that Baxter (Memphis, TN) sold prescription drugs to an unpermitted facility in Florida in violation of Section 499.005(15), F.S. Specifically, the Florida Department alleged that Baxter sold prescription drugs to Invivo at an unpermitted location. Baxter entered into a settlement agreement, whereby it neither admitted nor denied the allegations, and paid a fine.

Louisiana, License #3691, 2008

Louisiana Board of Wholesale Drug Distributors conducted a routine inspection of the facility operated by Baxter's third party logistics provider. Inspectors concluded Baxter (Round Lake, IL) violated Louisiana Administrative Code 46:XCI.311.D, which requires a licensee to maintain copies of current licenses for its customers who are authorized to obtain and possess legend drugs and devices. Baxter obtained customer licenses, signed a Consent Order, and paid the applicable fine.

Missouri, License #2005002668, 2005

The Missouri Board of Pharmacy (the "Missouri Board") issued a restricted drug distributor license to the facility located in Memphis, TN. The Missouri Board determined the facility violated Section 338.333.1 and 338.337.1 RSMo because the facility shipped legend drugs and/or medical devices into the state without being properly licensed. The

proper license was obtained. The probationary period was successfully completed on October 21, 2007 and the restriction on the license was removed.

Ohio, Various Licenses (#010026050, 020830400, 010349000, 010010900), 1995

Baxter historically distributed home dialysis drugs to end-stage renal disease patients in their homes under a wholesale distributor model. The Ohio Board of Pharmacy (the "Ohio Board") maintained that terminal drug distributor licensure was required. The Ohio Board granted terminal drug distributor licenses, imposed a probationary period (which have since long expired), and imposed monetary penalties on Baxter. Only one of the licenses (02083044) remains active.

Other Actions: Dismissed Charge of Drug Law Violation – Baxter Healthcare Corporation

In January 2017, Baxter Healthcare Corporation (Baxter) agreed to resolve claims with the U.S. Department of Justice related to quality and manufacturing practices at Baxter's manufacturing facility in Marion, North Carolina in 2011-2012. Specifically, the government charged that between July 2011 and November 2012, Baxter did not follow cGMP requirements under the Federal Food, Drug, and Cosmetic Act (FDCA) when manufacturing certain large volume intravenous (IV) solutions. Briefly, a Baxter employee reported to plant personnel the presence of mold on HEPA filters installed in the ceiling, and Baxter continued to manufacture IV solutions while those filters remained in place. There was no evidence of any impact on the IV solutions. Copies of the settlement documents, which include a deferred prosecution agreement to resolve a single misdemeanor count of noncompliance with the FDCA, are available on the U.S. Department of Justice's website at https://www.justice.gov/opa/pr/baxter-healthcare-corporation-pay-more-18-million-resolve-criminal-and-civil-liability. The deferred prosecution agreement expired in July 2019, and the misdemeanor charge was dismissed with prejudice.

Please note that this issue is unrelated to Baxter's pharmacy or wholesale activities, or the facility that is the subject of this application.

Officer Disclosure – Baxter Pharmaceutical Solutions LLC

The Vice President and Secretary of Baxter Pharmaceutical Solutions LLC had a misdemeanor DUI conviction in December 1999, in Austin, Texas.

KATHRYN M. WILLIAMS

[redacted] Runyon Deer Lane, Greenwood, IN 46142
[redacted] katie_williams@baxter.com

PROFESSIONAL EXPERIENCE

Baxter Pharmaceutical Solutions, Bloomington, IN **04/2007 to Present**

Regulatory Affairs Senior Manager, 03/2021 to Present

Manage team responsible for preparing global regulatory submission documentation to support parenteral pharmaceutical products (drug, biologic, and combination products) in a contract manufacturing facility. Achieved performance-based promotion in March 2021.

- Oversee direct reports including mentoring, performance management, and staffing decisions.
- Set team objectives, manage departmental projects, and prioritize workload.
- Provide technical and strategic input for regulatory decisions aligned with Baxter business strategies.
- Define and implement process improvements in CMC submissions (CTD Module 3/Quality) for new product development and lifecycle management.
- Evaluate scientific information, identify deficiencies, and execute strategies to remediate risks.

Regulatory Affairs Manager, 09/2017 to 03/2021

- Collaborated in cross-functional project teams representing Global Regulatory Affairs and provided regulatory guidance and submission strategies to support business goals and objectives.
- Coordinated, authored, and reviewed CMC submissions (CTD Module 3/Quality) for drug, biologic, and combination products: NDA, ANDA, BLA, MAA, Drug Master Files, Amendments/ Supplements, and Annual Reports.
- Evaluated post-approval CMC changes for regulatory impact to approved marketing applications and provided notification of changes for maintaining regulatory compliance.
- Reviewed technical documentation to be used in regulatory submissions, evaluating for completeness and compliance with applicable regulations and Baxter requirements.
- Trained department and cross-functional areas on regulatory requirements, providing regulatory guidance and support for product development and production activities.

Technical Services Validation Manager, 03/2016 to 09/2017

Technical Services Validation Supervisor, 08/2014 to 03/2016

Managed a technical staff responsible for process validation activities in a parenteral contract manufacturing facility. Achieved performance-based promotions in August 2014 and March 2016.

- Mentored direct reports on process design, risk management, and validation principles.
- Planned and allocated resources to meet technical transfer and validation timelines.
- Conducted performance reviews and assisted employees with career development.
- Oversaw the accuracy and completion of technical transfer and process validation documentation, including technical transfer/validation master plans, process development studies, filter validations, risk assessments (Process Failure Modes and Effects Analysis), process performance qualification (PPQ) protocols, and PPQ summaries.
- Managed the periodic review of commercial drug products and partnered with clients to develop continued process verification plans.
- Utilized lean manufacturing tools to measure and improve process and business performance.
- Served as the process validation subject matter expert in regulatory inspections and client audits.
- Reviewed CMC documentation and prepared responses for global regulatory submissions.
- Reviewed and approved validation change controls and nonconformance reports.

Process Validation Associate III, 03/2012 to 08/2014
Process Validation Associate II, 03/2010 to 03/2012
Process Validation Associate I, 04/2007 to 03/2010

Supported the process validation lifecycle for drug products across multiple platforms including liquid vials, lyophilized vials, pre-filled syringes, and cartridges. Achieved performance-based promotions in March 2010 and March 2012.

- Collaborated with clients and cross-functional project teams to design, transfer, and validate manufacturing processes and products.
- Utilized risk management principles to define process parameters and control strategies.
- Designed and executed characterization studies for formulation and aseptic processing.
- Prepared technical transfer/validation master plans and process design summary reports.
- Prepared process validation protocols, summary reports, change controls, and annual reviews.
- Performed validation related investigations and executed corrective and preventive actions.
- Wrote standard operating procedures in accordance with FDA and ICH Q8, Q9, and Q10 guidelines.

Dow AgroSciences, Indianapolis, IN **01/2005 to 08/2006**

Discovery Chemistry Industrial Co-op

Synthesized, isolated, and characterized (LC/MS, GC/MS, NMR) enzyme-targeted compounds for use in the development of commercial insecticides.

Indiana University-Purdue University Indianapolis **09/2004 to 05/2007**

Department of Chemistry & Chemical Biology, M.S. Thesis Research

Designed, synthesized, and investigated multi-metal binding metallopeptides that served to model reactions requiring multiple transition metals in proximity and contributed to the understanding of small-molecule-nucleic acid recognition principles.

Thesis title: *(δ)-Orn-Linked Gly-Gly-His-Like "Tandem-Array" Multi-Metal Binding Metallopeptides*

- Synthesized oligopeptides using Fmoc solid phase chemistry.
- Conducted metal binding titrations and kinetic studies utilizing UV-vis spectroscopy.
- Isolated metallopeptide complexes using ion exchange and size exclusion chromatography.
- Examined metallopeptide-DNA interactions via DNA cleavage assay and molecular modeling.

EDUCATION AND PROFESSIONAL DEVELOPMENT

Regulatory Affairs Professional Society **11/2017**
Regulatory Affairs Certificate: Pharmaceuticals

Indiana University-Purdue University Indianapolis, Indianapolis, IN **05/2007**
Master of Science, Chemistry

Hanover College, Hanover, IN **05/2004**
Bachelor of Arts, Chemistry

Baxter Pharmaceutical Solutions Professional Training

- Management Essential Courses
- Project Management: Foundation for Core Teams
- Lean Academy
- DMAIC Training

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Baxter Pharmaceutical Solutions, LLC

Physical Address: 927 S. Curry Pike

City: Bloomington State: IN Zip: 47403

Mailing Address (if different from physical address): 7000 Cardinal Pl, Attn: QRA - Facility Licensing

City: Dublin State: OH Zip: 43017

Telephone: ~~(800) 353-0887~~ 812-333-0887 (1) Website: www.baxter.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Kathryn Middle: May Last: Williams

Alias(es, nicknames, name changes, etc.): Kathryn May Racine

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

Mailing Address: [redacted] Runyon Deer Ln

City: Greenwood State: IN Zip: 46142

Telephone: ~~812-355-4279~~ [redacted] (1) Email: katie_williams@baxter.com

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

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

Date of Service: From: _____ to: _____ N/A

Military Occupation/Specialty _____

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

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

(1) Incorrect Phone number
Kathryn M. Williams
03 Dec 2021

Applicant's initials KMW

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

School Name		From - To (MM/YY – MM/YY)	
Indiana University - Purdue University Indianapolis (IUPUI)		09/2004 - 05/2007	
Address	**City**	**State**	**Zip**
420 University Blvd.	Indianapolis	IN	46202
Diploma/Degree obtained, if any			
Master of Science, Chemistry			
School Name		**From - To (MM/YY – MM/YY)**	
Hanover College		09/2000 - 05/2004	
Address	**City**	**State**	**Zip**
517 Ball Drive	Hanover	IN	47243
Diploma/Degree obtained, if any			
Bachelor of Arts, Chemistry			
School Name		**From - To (MM/YY – MM/YY)**	
Center Grove High School		09/1996 - 06/2000	
Address	**City**	**State**	**Zip**
2717 S. Morgantown Rd.	Greenwood	IN	46143
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
N/A			
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
N/A			
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2015 - Present	[redacted] Runyon Deer Ln.	Greenwood	IN	46142
08/2014 - 06/2015	[redacted] S Cheekwood Ln.	Bloomington	IN	47401
11/2010 - 08/2014	[redacted] Bending Ln.	Greenwood	IN	46143
	N/A			

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

Business Name			From - To (MM/YY – MM/YY)
Baxter Pharmaceutical Solutions, LLC			03/2021 - Present
Business Address	**City**	**State**	**Zip**
972 S. Curry Pike	Bloomington	IN	47403
Phone ①	**Title**	**Number of Employed Hours**	
~~(800) 353-0887~~ 812-333-0887	Senior Manager, Regulatory Affairs	1560 hours	
Description of Duties			
Manage team responsible for writing global submissions to support parenteral pharmaceutical products (drug, biologic, combination products).			

Business Name			From - To (MM/YY – MM/YY)
Baxter Pharmaceutical Solutions LLC			09/2017 - 03/2021
Business Address	**City**	**State**	**Zip**
927 S. Curry Pike	Bloomington	IN	47403
Phone	**Title**	**Number of Employed Hours**	
812-333-0887	Manager, Regulatory Affairs	7120 hours	
Description of Duties			
Coordinated, authored, and reviewed regulatory submission documentation for drug, biologic, and combination products: NDA, ANDA, BLA, MAA, DMF, Supplements			

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

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

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

Continue on next page if additional space is needed.

① Incorrect phone number
Kathryn M. Williams
03 Dec 2021

Applicant's initials KMW

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

Kathryn M. Williams
Original Signature (electronic, copies or stamps not accepted)

03 Dec 2021
Date

Applicant's initials KMW

I, Kathryn Williams, **certify that as the designated representative for**

927 S. Curry Pike, Bloomington, IN 47403

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

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

Kathryn Williams
Print Name (First, Last)

Kathryn M. Williams
Original Signature (electronic, copies or stamps not accepted)

03 Dec 2021
Date

Applicant's initials KMW

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

Kathryn Williams

Print Name (First, Last)

Kathryn M. Williams — 03 Dec 2021

Original Signature (electronic, copies or stamps not accepted) — Date

---

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

State of Indiana, ss. County of Monroe

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

Kathryn M. Williams — 03 Dec 2021

Original Signature — **Date**

Subscribed and Sworn to before me this 3rd day of December 2021

Katie L Conley

Notary Public Signature

KATIE L CONLEY
Notary Public - Seal
Monroe County - State of Indiana
Commission Number NP0721861
My Commission Expires Aug 18, 2027

(Seal)

Applicant's initials KMW

NEVADA STATE BOARD OF PHARMACY

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

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 30123112

Application/License No. _____

BAXTER PHARMACEUTICAL SOLUTIONS, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 927 S. Curry Pike Bloomington, IN 47403 (Address of Applicant/Principal), as PRINCIPAL, and WESTERN SURETY COMPANY (Surety Company), a corporation organized under the laws of the state of SD (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 333 South Wabash Avenue Floor 22 Chicago, IL 60604 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 22, 2021 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 30th day of March, 2021.

APPLICANT/PRINCIPAL
BAXTER PHARMACEUTICAL SOLUTIONS, LLC

Karen Leets
Authorized Representative
Karen Leets
Treasurer

SURETY COMPANY
WESTERN SURETY COMPANY

Samantha Chierici
Surety Company's Representative

Samantha Chierici, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Jennifer K. Garst
Witness Jennifer K. Garst

Andrea Sumlin
Witness Andrea Sumlin

SIGNED and SEALED in the presence of:

Corinne Chapman
Witness Corinne Chapman

Christina Sandoval
Witness Christina Sandoval

Countersigned by:

Susan A. Welsh
Nevada Resident Agent Susan A. Welsh, Non-Resident Nevada Agent

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Marcia K Cesafsky, Jennifer L Jakaitis, Sandra M Winsted, Debra J Doyle, Sandra M Nowak, Derek J Elston, Christopher P Troha, Susan A Welsh, Christina L Sandoval, Judith A Lucky-Eftimov, Bartlomiej Siepierski, Aerie Walton, Nicholas Pantazis, Andrew Marks, Samantha Chierici, Kristin L Hannigan, Individually

of Chicago, IL, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 28th day of March, 2020.

WESTERN SURETY COMPANY

Paul T. Bruflat, Vice President

State of South Dakota
County of Minnehaha } ss

On this 28th day of March, 2020, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

June 23, 2021

J. MOHR
NOTARY PUBLIC
SOUTH DAKOTA

J. Mohr, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 30 day of March, 2021

WESTERN SURETY COMPANY

L. Nelson, Assistant Secretary

Form F4280-7-2012

Go to www.cnasurety.com > Owner / Obligee Services > Validate Bond Coverage, if you want to verify bond authenticity.

Authorizing By-Law

ADOPTED BY THE SHAREHOLDERS OF WESTERN SURETY COMPANY

This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the shareholders of the Company.

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

FDA U.S. FOOD & DRUG ADMINISTRATION
OFFICE OF REGULATORY AFFAIRS

U.S. Food and Drug Administration
12420 Parklawn Drive, ELEM-2142
Rockville, MD 20857
orabioinspectionalcorrepsondence@fda.hhs.gov

September 25, 2018

Susan Easton
Contract Manufacturing Organization Business Operations Strategy
Baxter Pharmaceutical Solutions, LLC.
927 South Curry Pike
Bloomington, IN 47403-2624

Reference: Inspection date: May 16, 2018 to May 23, 2018

Location: Baxter Pharmaceutical Solutions, LLC.
927 South Curry Pike
Bloomington, IN 47403-2624

Dear Ms. Easton:

We are enclosing a copy of the establishment inspection report (EIR) for the inspection that the U.S. Food and Drug Administration (FDA) conducted at your premises on the referenced locale and date(s). When the Agency concludes that an inspection is "closed" under 21 CFR 20.64(d)(3), it will release a copy of the EIR to the inspected establishment. This procedure is applicable to EIRs for inspections completed on or after April 1, 1997.

The Agency continually works to make its regulatory process and activities more transparent to the regulated industry. Releasing this EIR to you is part of this effort. The copy being provided to you comprises the narrative portion of the report; it may reflect redactions made by the Agency in accordance with the Freedom of Information Act (FOIA) and 21 CFR Part 20. This, however, does not preclude you from requesting additional information under FOIA

If there are any questions about the released information, please contact Andrea Norwood, Compliance Officer, at (407) 475-4724.

For more information on the U.S. FDA, please visit our website at www.fda.gov.

Sincerely,

Colleen F. Hoyt -S

Colleen Hoyt
Director, Team Biologics Staff
Office of Biological Products Operations

FEI: 1000115571
Enclosure: Establishment Inspection Report

Establishment Inspection Report	FEI:	**1000115571**
Baxter Pharmaceutical Solutions, LLC	EI Start:	5/16/2018
Bloomington, IN 47403-2624	EI End:	5/23/2018

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SUMMARY

This comprehensive biennial inspection of a biological product and finished vaccine manufacturer was conducted per eNSpect OP ID Assignment 91957 and in accordance with CBER CP 7345.848: *Inspection of Biological Products* (Level II, PAC 45848D: Vaccines and 42848G: Plasma Derivatives). The Quality, Production, Facilities & Equipment, and the Laboratory Control Systems were selected for coverage of the biological drug products: HyQvia (rHuPH20 (Recominant Human Hyaluronidase); Prevnar-13 Conjugate Vaccine; Fluzone Q1V; PRT064445 (Recombinant modified Factor Xa); Sterile Water for Injection; and Heplisav (Adult Hepatitis B Vaccine).

The previous inspection conducted by Team Biologics in May 2016 was classified as VAI for deficiencies cited within the Quality, Production, Facilities & Equipment and Materials Management Systems including: There is a failure to thoroughly review any unexplained discrepancy whether or not the batch has been already distributed. Specifically, Event PR# 869559 was initiated 5/4/15 for

product rHuPH20 (Recombinant Human Hyaluronidase), 20 mL vial, batch 927204 exceeding the upper control limit for critical defects due to 11 glass particles observed during 100% manual inspection; (2) Adequate written procedures have not been established for production and process control designed to assure that the drug products you manufacture have the identity, strength, quality, or purity they purport or are represented to possess. Specifically, there is a lack of assurance that visual inspection procedures ensure removal of defects as intended: and (3) Certificates of testing of closures are accepted in lieu of testing without establishing the reliability of the supplier's test results through appropriate validation of the test results at appropriate intervals.

The current inspection continued to find the firm operating as a contract manufacture of parenteral products (small molecule and biological therapeutics). The Quality, Production, Facilities & Equipment and the Laboratory Control Systems were selected for coverage. At the close of the inspection on May 23, 2018, an FDA-483, List of Inspectional Observations was issued to Ms. Easton for the following deficiency observed during the inspection: (1) Procedures designed to prevent microbiological contamination of drug products purporting to be sterile do not include adequate re-qualification of the sterilization process. Specifically, there was a failure to adequately perform all aseptic interventions associated with media fills performed on filling Line 7 (FM18) Building D where Fluzone QIV-IM Pediatric, Fluzone QIV-IM Adult and Prevnar vaccines are filled. The sterilizing filter flush is conducted on step 5.7 of the Fluzone QIV-IM set up/filling process. The sterilizing filter flush simulation was evaluated as high risk per SOP 04-01-056-8 Intervention Risk Management Program however, this filter flush sample was not documented in the media fill batch record as having been collected or incubated; (2) Media fill batch manufacturing record 930381 executed to simulate the manufacturing process for Fluzone QIV-IM and Prevnar on Line 7 (Building D) is not written contemporaneously in that an operator performed one critical intervention in each of two high risk intervention categories (replacement of the insertion rod and replacement of the insertion tube) on 25 April 2017. On 08 May 2017, 13 days later, the operator updated the media fill BMR noting 6 additional interventions in each of the two high risk intervention categories; (3) There is no written testing program designed to assess the stability characteristics of drug products. Specifically, A stability program designed to assess the characteristics of the drug product rHuPH20 (Recombinant Human Hyaluronidase) has not been established. Baxter Analytical Request (BAR) Project Plan Amendment 1 lists analytical tests to be performed as Potency, Purity, Particulate Matter (performed in triplicate) and another test for Particulate Matter; the plan does not list specifications required for each test performed on stability and the results are not correlated to the Baxter Analytical Request QC Master Document that lists the specifications and results for analytical tests that are performed; and (4) There is a failure to thoroughly review the failure of a batch or any of its components to meet any of its specifications whether or not the batch has already been distributed. Specifically, an overall corrective action and preventative action plan has not been initiated to address the receipt of complaints referencing

leaking containers for Fluzone QIV-IM. The firm has received complaints from October 2016 to May 2018 for various reasons including: when pushing on the plunger rod product leaked out; product leaking out around the luer lock and luer lock loosening after tip cap removal. Per the Quality Agreement the CMO is responsible for investigating potentially linked to the manufacturing operations.

Management committed to respond to the listed deficiencies in writing within 15 days. I informed management, the final decision determining the classification of a firm is at the discretion of the Center for Biologics Evaluation and Research (CBER), Office of Compliance after review of the Establishment Inspection Report (EIR), response to the FDA-483 and any other supporting documentation if applicable. No samples were collected and no refusals were encountered during the inspection.

ADMINISTRATIVE DATA

Inspected firm:	Baxter Pharmaceutical Solutions, LLC
Location:	927 S Curry Pike Bloomington, IN 47403-2624
Phone:	812-333-0887
FAX:	812-332-3079
Mailing address:	927 S Curry Pike Bloomington, IN 47403-2624
Dates of inspection:	5/16/2018-5/18/2018, 5/21/2018-5/23/2018
Days in the facility:	6
Participants:	Simone E Pitts, Investigator - Team Biologics Susan M Jackson, Investigator - Team Biologics

At the outset of the inspection and upon our arrival at the firm, we were escorted to a conference room and our credentials were presented to Ms. Kristy Frazier, Sr. Manager Quality. Ms. Susan Easton, Business Operations Strategy arrived and the FDA-482, Notice of Inspection was issued and our credentials were displayed for identification purposes. This was a team inspection conducted by participants mentioned above and authorship of Establishment Inspection Report (EIR) sections are indicated by initials - (SP or SJ).

The most responsible person for the firm is Ms. Susan Easton and all correspondence relating to the inspection should be addressed to her at the following address:

Baxter Pharmaceutical Solutions, LLC

Establishment Inspection Report	FEI:	**1000115571**
Baxter Pharmaceutical Solutions, LLC	EI Start:	5/16/2018
Bloomington, IN 47403-2624	EI End:	5/23/2018

927 South Curry Pike
Bloomington, IN 47403
Tel: 1-812-355-7210
Fax: 1-812-355-2017
Email: susan_easton@baxter.com

Included as Exhibit SP1 is the firm's current organization chart, Exhibit SP2 is the presentation/overview received at the outset of the inspection.

HISTORY

There have been no changes to the history of the firm since the last inspection. Baxter Pharmaceutical Solutions, LLC (herein after referred to as " Baxter" or "the firm") is a largescale manufacturer primarily involved in contract manufacturing of parenteral drug products. Operations include formulation, aseptic filling, lyophilization, terminal sterilization, process development, analytical development, regulatory support, inspection, and packaging and labeling.

INTERSTATE (I.S.) COMMERCE

The firm ship biological drug products to customers world-wide but does not distribute the finished product to the commercial market.

JURISDICTION (PRODUCTS MANUFACTURED AND/OR DISTRIBUTED)

Exhibit SP3 is a list of products manufactured by the firm either for CBER or CDER including the respective BLA or NDA number. The firm manufactures liquid and lyophilized parenteral products in vials, syringes, or cartridges. Included as Exhibit SP4, SP5 and SP6 is the approval letters for: Sterile Water for Injection (September 2, 2016); Heplisav, Hepatitis B Vaccine (March 22, 2018); and PRT064445 Recombinant Coagulation Factor Xa (May 3, 2018).

INDIVIDUAL RESPONSIBILITY AND PERSONS INTERVIEWED

The following organization chart lists key firm employees who provided information and/or accompanied us at various times during the inspection regarding daily discussions about the inspection or provided pertinent information regarding the manufacturing processes, change control, deviations, raw materials, finished product, and laboratory data for example:

Name	Title
Ms. Susan Easton	Business Operations Strategy
Mr. Brad Korte	Manager II, Quality QA – Manufacturing Line Ops
Ms. Kristy Frazier	Sr. Manager Quality
Ms. Brooke Wise	Process Validation Manager 1
Ms. Karen Born	Manager I, Quality Assurance
Ms. Stacia Jones	Quality Manager II (New Title)
Ms. Traci Walker	LDSA & Training Representative
Mr. Rurik Wuensch	Microbiology Manager, Quality Control
Mr. Jake Callis	Microbiology Supervisor, Environmental Monitoring
Ms. Jill Evans	Supervisor, Incoming Quality Control
Ms. Lacy Deom	Validation Associate, Sterility Assurance Validation
Mr. Dave Best	Sterility Assurance Supervisor
Ms. Beth Samuels	Manager II, Manufacturing
Mr. Jason Combs	Validation Associate III, Sterility Assurance
Mr. Ben Maners	Quality Supervisor
Ms. Jennifer Avenatti	Senior Manager, Global Regulatory Affairs
Mr. Dave Abram	Technical Services, BioPharma Solutions
Mr. Josh Ayres	EHS Compliance Facilities Supervisor
Mr. Ryan Harrison	Process Specialist II Manufacturing

FIRM'S TRAINING PROGRAM

There have been no major and/or significant changes to the firm's training program since the last inspection. Procedures reviewed included Aseptic Technique for Grade C/D Areas and Gowning Procedures for Grade C and D Areas.

MANUFACTURING/DESIGN OPERATIONS
Inspectional Coverage

Quality System

(Written by Investigator SP)

The assessment of the QA system was accomplished through review of the firm's quality operations to determine if the Quality Control Unit is operating in a state of control by documenting, reviewing and approving all aspects of manufacturing, ensuring quality control and quality assurance have established approved procedures, and those procedures are suitable for their intended use. Coverage also included but was not limited to Standard Operating Procedures adherence, non-conformance investigation reports, out of specification reports, annual product review reports, Quality Agreement Contracts, deviation reports (planned/unplanned), CAPA program; Product Specifications, consumer complaints, analytical testing, batch manufacturing records, destruction paperwork Prevnar-13 batch 932222, rejected product, sterility analysis, analytical data and stability studies.

(Written by Investigator SJ)

Coverage of the Quality System included the review of the following elements: deviation investigations (nonconformance reports), corrective and preventative actions, change controls, and annual product reviews for product Fluzone covering the periods August 2015 - December 2016 and January 2017- December 2017. In addition, the written procedures governing each of these elements were also reviewed.

Since the previous inspection in 2016, there has been no sterility test failures. The firm does perform the sterility testing on site for all products filled at Baxter Pharmaceutical Solutions (BPS).

Production System

(Written by Investigator SP)

Coverage of this system was accomplished through review of for example, batch manufacturing records, an assessment of procedures that are written and approved to ensure biological drug products are manufactured via a process that consistently produces product meeting its pre-determined specifications and operates in a state of control, manufactured in an environment that is free from contamination through appropriate validation and verification activities, procedures are in place to control and maintain a clean environment, and components and container closures are suitable for their intended use in the processing of an biological drug product so that the strength, identity, purity and quality is maintained and product is stable. The reviewed included as assessment of manufacturing process flow, visual inspection standard operating procedures, operator qualification of manual visual inspection, process validation reports, aseptic process simulation reports, airflow pattern qualification, and growth promotion of media studies.

Product rHuPH20 (Recombinant Human Hyaluronidase) is a sterile liquid vial for use as an adjuvant to increase the absorption and disposition of other drugs, for hypodermoclysis, and as an adjunct in

subcutaneous urography for improving the resorption of radiopaque agents. It is co-packaged at another site with HYQVIA and is manufactured for Baxalta under BLA 125402 and was approved by CBER on 9/12/14. Fluzone Q1V is a vaccine for protection against 4 different strains of the flu: 2 strains for virus A and 2 strains for virus B packaged in a syringe. Recombinant modified Factor X manufactured in a vial and is designed for patients receiving a Factor Xa inhibitor who may suffer a major bleeding episode. Heplisav produced as a syringe is an adults Hepatitis B Vaccine. Prevnar-13 Conjugate Vaccine presented in a vial and a syringe is not currently manufactured for the U.S., the last batch was in November 2011.

(Written by Investigator SJ)

The current inspectional coverage of the Production System included but was not limited to the review of the following elements: process flow as it relates to Fluzone, media fill procedures, media fill batch records 930381,930947 and 928620, review of sections of Fluzone QIV-IM batch 931916, aseptic gowning procedures for operators, selected smoke studies in dynamic for filling line 6 & 7 (FM18) and lot release of finished batch record procedure.

During the inspection, the filling activities in building C line 6 and Building D line 7 was observed. The filling activities on each line was non CBER related products. The filling activities on line 7 was presentative of the fill set up for CBER related products.

Coverage of the Production System also included the review of environmental monitoring trends and the water for injection (WFI) trends as it relates to Building D. Located within Building D is the formulation area which include the sterile formulation area for Prevnar (non- US market product) and filling lines 7 & 8 on which CBER licensed products are aseptically filled.

Facilities and Equipment System

(*Written by Investigator SP*)

The limited review of documentation for this system included but was not limited to, written and approved procedures to ensure an appropriate environment is maintained for the process of manufacturing a biological drug product, qualification of the Eisai Automated inspection system, program has been initiated to ensure equipment used in the process remains in proper working order and will continue to function within the manufacture's specification.

Laboratory Control System

(Written by Investigator SJ)

Limited coverage of the Laboratory Control System included the review of the re-qualification of the sterility test method by membrane filtration for Fluzone. The sterility test method was requalified after a flu strain change in 2017. No objection was noted for Fluzone sterility test method re-qualification. The 2018 re-qualification of sterility test method for Fluzone was ongoing at time of this inspection.

The validation of the bacterial endotoxin test method for Portola finished product and stability was reviewed. Document No. 414-08-04-008-1 (BER15-08-002) was approved by Quality on 4/24/2018. The validation met the criteria for PPC recovery, pH neutrality and acceptable margin of safety. No objection was noted.

MANUFACTURING CODES

The manufacturing codes have remained the same since the last inspection.

COMPLAINTS

The firm does have written procedures in place that governs consumer complaints, complaints along with Adverse Event Reporting was reviewed under the Quality System and were found to be unremarkable.

RECALL PROCEDURES

There have been no recalls or market withdrawals and/or corrections since the last inspection.

OBJECTIONABLE CONDITIONS AND MANAGEMENT'S RESPONSE

Observations listed on form FDA 483

OBSERVATION 1 ***(Written by Investigator SJ)***

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile do not include adequate re-qualification of the sterilization process. Specifically,

There was a failure to adequately perform all aseptic interventions associated with media fills performed on filling Line 7 (FM18) Building D where Fluzone QIV-IM Pediatric, Fluzone QIV-IM Adult and Prevnar vaccines are filled. The sterilizing filter flush is conducted on step 5.7 of the Fluzone QIV-IM set up/filling process. The sterilizing filter flush simulation was evaluated

as high risk per SOP 04-01-056-8 Intervention Risk Management Program however, this filter flush sample was not documented in the media fill batch record as having been collected or incubated.

A. Media Fill batch record 93081 date 25 -27 April 2017 executed on Line 7, bracketing the upper container size, documents that a sterile filter flush sample was collected by the Production Unit however, the Quality Control Unit documentation does not show reconciliation and incubation of the sterile filter flush sample.

B. Media Fill batch record 928620 date 29 April – 01 May 2016 executed on Line 7, bracketing upper container size, fails to document that a filter flush sample was collected.

Supporting Evidence and Relevance:

Exhibit SJ-1 is a copy of SOP 04-01-056-8 *Intervention Risk Management Program*, effective 12 October 2016. This SOP describes classification of high-risk media fill interventions and how the classification is made based on the top 1/3rd highest ranked interventions per filling line. The written procedure required that the top 1/3rd interventions be simulated in a media fill bi-annually. Per the criteria of SOP 04-01-056-8, the sterile filter flush is an intervention which is routine during product filling, and this intervention was classified as high risk and therefore was required to be performed every six months on filling line 7. The sterile filter flush is a routine intervention which is performed during the manufacture of Fluzone QIV-IM which is filled on line 7. **Exhibit SJ-2** is a copy of Fluzone QIV-IM Adult batch record 931916. Section 5.7 of the record indicates that the flushing of the sterilizing filter was performed and this sample was incorporated in product reconciliation.

A. **Exhibit SJ-3** is copy of batch record for media fill 930381, executed on Filling Machine 18 (FM18), line 7. This media fill was representative of the upper bracket container size which would be representative of Fluzone. The record indicates that the sterile filter flush which is simulated by the intervention replacing the sterile filter and retrieving a sample downstream of carboy/filter was executed by production operator at time "1103". Exhibit SJ-3 page 2 summarizes that the high-risk intervention of replacing the sterilizing filter was executed. Exhibit SJ-3 page 3, however only indicated the total number of containers incubated was 25,373, with 1 container found to be empty during inspection, a final container total of 25,372. In addition to the media fill containers, the media fill record indicates a total of zero samples were incubated. These samples are pulled during media fill and would be representative of the sterile filter flush sample. Therefore,

although the media fill record indicates that the production unit operator performed a sterilizing filter flush there is no reconciliation by the Quality Unit that the sterilizing filter flush samples was received and incubated per standard operating procedure.

B. **Exhibit SJ-4** is a copy of the media fill batch record 928620. This media fill was performed on filling line 7 (FM18) and is representative of the upper bracket for container size. CBER licensed products filled on this line include Fluzone and Prevnar 13. The record indicates that the sterile filter was changed and a flush sample was collected at time "0950" this intervention documented as "F". Exhibit SJ-4 page 2, this page describes the microbiological monitoring of media fills. The record does not indicate that a sterile filter flush sample was submitted to the microbiological laboratory for incubation and there is no result indicated for the filter flush sample after incubation. Page 2 indicates that 17,137 containers (syringes) were collected, incubated and a total of zero unit contaminated. There was no reconciliation for the filter flush sample and no documentation that the sample was incubated and the result having been no contamination.

Discussion with Management:

During my discussion with Michael Feske, Sterility Assurance Engineer and the firm's management Susan D. Easton, Business Operations Strategy and Stacia Jones, Quality Manager, I addressed my concern with media fill sterile filter flush intervention samples, a high-risk intervention, not being adequately reconciled, incubated and documented. The firm's management acknowledged the concerns. Michael Feske explained that as of 2018, media fill interventions were re-evaluated and based on this re-evaluation the sterile filter flush is no longer classified as high risk and therefore the sterile filter flush sample is only required to be performed once per year. I explained that media fills to requalify the aseptic process for 2016 and 207 should have been be performed per the written procedures.

It should be noted that a media fill simulating the upper bracket container size on line 7 (FM18) was ongoing at the time of this inspection.

OBSERVATION 2 *(Written by Investigator SJ)*

Media fill batch manufacturing record 930381 executed to simulate the manufacturing process for Fluzone QIV-IM and Prevnar on Line 7 (Building D) is not written contemporaneously in that an operator performed one critical intervention in each of two high risk intervention categories (replacement of the insertion rod and replacement of the insertion tube) on 25 April 2017. On 08

May 2017, 13 days later, the operator updated the media fill BMR noting 6 additional interventions in each of the two high risk intervention categories.

Supporting Evidence and Relevance:

During the review of the media fill record batch 930381 it was noted that pen and ink changes were made to the original media fill batch record 13 days after the media fill was executed to add check marks as evidence that the media fill interventions per hour were executed as required in the media fill written procedure. The check marked were added and signed for by the operators after the original execution of the media fill on 25 April 2017. **Exhibit SJ-5** is a copy of media fill batch record 930381. Page 1 of the record indicates three incidences where additional interventions were added to the batch record on "5-8-17", 13 days after the execution of media fill 930381. In each incident, the batch record required "7 interventions but not more than 10 interventions per hour". The executed batch record indicated that at the time of the media fill the number of interventions did not meet the specification per the written record were not documented as having been performed.

Discussion with Management:

This observation was discussed with the firm's management Susan D. Easton, Business Operations Strategy and Stacia Jones, Quality Manager.

OBSERVATION 3 *(Written by Investigator SP)*

There is no written testing program designed to assess the stability characteristics of drug products. Specifically,

A stability program designed to assess the characteristics of the drug product rHuPH20 (Recombinant Human Hyaluronidase) has not been established. Baxter Analytical Request (BAR) Project Plan Amendment 1 lists analytical tests to be performed as Potency, Purity, Particulate Matter (performed in triplicate) and another test for Particulate Matter; the plan does not list specifications required for each test performed on stability and the results are not correlated to the Baxter Analytical Request QC Master Document that lists the specifications and results for analytical tests that are performed.

A. There is no consistency for analytical tests performed for stability in that;

   i. Baxter Analytical Request (BAR) Project Plan Amendment 1 lists analytical tests to be performed as Potency, Purity, Particulate Matter (performed in triplicate) and

another test for Particulate Matter for an analysis performed in November 2017, likewise, another Project Plan Amendment 1 lists test requested as Appearance and Description, pH, Protein Concentration, Potency, Osmolality, Particulate Matter, Bacterial Endotoxin, Sterility and Purity for an analysis performed in March 2018.

B. The Second Amend and Restated Quality Agreement between Baxalta US Inc. and Baxter Pharmaceuticals Solutions LLC for rHuPH20 and BAX2923, dated 04Aug2016 does not clearly define the roles and responsibilities for performing stability testing.

Supporting Evidence and Relevance:

A. The BAR plan does not list specifications required for each test performed on stability. and The Baxter Analytical Request (BAR) Project Plan Amendment 1 lists analytical tests to be performed as Potency, Purity, Particulate Matter (performed in triplicate) and another test for Particulate Matter. Exhibit SP7 details analyses for rHuPH20 lot 927750 performed in November 2017 as Potency, Purity, Particulate Matter (performed in triplicate) and another test for Particulate Matter. Exhibit SP8 details the analyses for rHuPH20 lot 924591, lot 924592 and lot 924593 performed in March 2018 as Appearance and Description, pH, Protein Concentration, Potency, Osmolality, Particulate Matter, Bacterial Endotoxin, Sterility and Purity. The results are not correlated to the Baxter Analytical Request QC Master Document that lists the specifications and results for analytical tests that are performed.

B. Exhibit SP9 The Second Amend and Restated Quality Agreement between Baxalta US Inc. and Baxter Pharmaceuticals Solutions LLC for rHuPH20 and BAX2923, dated 04Aug2016 does not clearly define the roles and responsibilities for performing stability testing.

Discussion with Management:

Management will formally respond to the observation in writing.

OBSERVATION 4 *(Written by Investigator SP)*

There is a failure to thoroughly review the failure of a batch or any of its components to meet any of its specifications whether or not the batch has already been distributed. Specifically, an overall corrective action and preventative action plan has not been initiated to address the receipt of complaints referencing leaking containers for Fluzone QIV-IM. The firm has received complaints from October 2016 to May 2018 for various reasons including: when pushing on the plunger rod

product leaked out; product leaking out around the luer lock and luer lock loosening after tip cap removal. Per the Quality Agreement the CMO is responsible for investigating potentially linked to the manufacturing operations.

Supporting Evidence and Relevance:

The firm has received complaints from October 2016 to May 2018 for various reasons including: when pushing on the plunger rod product leaked out; product leaking out around the luer lock and luer lock loosening after tip cap removal for the manufactured product FLuzone supplied in either syringes or vials. An overall corrective action and preventative action plan has not been initiated to address the receipt of complaints referencing leaking containers for Fluzone. Exhibit SP10 is the complaint list representing complaints from May 2016 to May 2018. Per the Quality Agreement the CMO is responsible for investigating potentially linked deficiencies to the manufacturing operations. Exhihit SP11 is the GMP Contract Manufacturing of Medicinal Products, Investigational Medicinal Products and Vaccines dated September 2015 detailing the responsibilities of the license holder and the contract manufacture.

Discussion with Management:

Management will formally respond to the observation in writing.

REFUSALS

No refusals were encountered during the inspection.

GENERAL DISCUSSION WITH MANAGEMENT

At the close of the inspection, the FDA-483 List of Inspectional Observations and items evaluated as part of the inspectional coverage was discussed with the following: Ms. Susan Easton, Business Operations Strategy; Mr. Brad Korte, Manager II, Quality QA – Manufacturing Line Ops; Ms. Kristy Frazier Sr. Manager Quality; Ms. Brooke Wise, Process Validation Manager 1; Ms. Stacia Jones, Quality Manager II, Ms. Karen Born, Manager I, Quality Assurance. Via telephone conference the following attended: Mr. Bobby Riahi, Director of Manufacturing; Ms. Laura Lei, Technical Services Director, CMC Lead; Ms. Cindy Wallace, Associate Director Quality, External Manufacturing; Mr. Randy Umlauf, Stability Portfolio Lead; Ms. Lisa Kaang, Manager of Quality, Stability and Ms. Ingrid Anthony-Fausset, Product Quality Surveillance Lead.

Management committed to respond to the listed deficiencies in writing within 15 days. No samples were collected and no refusals were encountered during the inspection. The firm was provided with the New Contact Information sheet to correspond with regarding their biologic inspection as an update to Program Alignment.

ADDITIONAL INFORMATION

There is no additional information noted for the firm during the current inspection.

SAMPLES COLLECTED

No samples were collected during the inspection.

VOLUNTARY CORRECTIONS

(Written by Investigator SP)

The corrective actions from the previous FDA-483 from the inspection in December 2015 were reviewed and found to adequate except for the repeat Observation listed as the only observation from the current inspection. The corrections for the current inspection should be reviewed during the next inspection.

(Written by Investigator SJ)

The corrective action to the previous FDA 483 Observation #3 issued 05/12/2016 was reviewed. The corrective action as it relates to testing to establish the reliability of the supplier for incoming lots of vial stoppers is ongoing in that one lot was tested in 2017 and one lot to date was tested in 2018.

ATTACHMENTS

FDA-482, Notice of Inspection	03 pages
FDA-483, List of Inspectional Observations	04 pages

EXHIBITS COLLECTED

SP1	Organization chart	10 pages
SP2	Presentation/overview	11 pages
SP3	List of products manufactured	07 pages
SP4	Supplement Approval Letter SWFI	01 page

Establishment Inspection Report	FEI:	**1000115571**
Baxter Pharmaceutical Solutions, LLC	EI Start:	5/16/2018
Bloomington, IN 47403-2624	EI End:	5/23/2018

SP5	Supplement Approval Letter Heplisav	02 pages
SP6	Accelerated Approval Letter PRT064445 (Recombinant modified Factor Xa)	07 pages
SP7	BAR Project Plan Amendment 1, November 2017	05 pages
SP8	BAR Project Plan Amendment 1, March 2018	11 pages
SP9	Second Amendment and Restated Quality Agreement	55 pages
SP10	Leaking Container Complaints	06 pages
SP11	Quality Agreements GMP Contracting Manufacturing of Medicinal Products	35 pages
SJ-1	Intervention Risk Management Program, SOP Doc No. 04-01-056-8	17 pages
SJ-2	Fluzone QIV-IM Adult Batch #931916	01 page
SJ-3	Media Fill Record 930381 Aseptic Intervention	03 pages
SJ-4	Media Fill Record 928620 Aseptic Intervention	02 pages
SJ-5	Media Fill Record 930381 Frequent Intervention	02 pages

Establishment Inspection Report	FEI:	**1000115571**
Baxter Pharmaceutical Solutions, LLC	EI Start:	5/16/2018
Bloomington, IN 47403-2624	EI End:	5/23/2018

Simone E. Pitts -S

Digitally signed by Simone E. Pitts -S
DN: c=US, o=U.S. Government, ou=HHS, ou=FDA, ou=People, 0.9.2342.19200300.100.1.1=1300092226, cn=Simone E. Pitts -S
Date: 2018.07.25 18:05:44 -04'00'

Simone Pitts, Investigator, Team Biologics Staff

Susan M. Jackson -S

Digitally signed by Susan M. Jackson -S
DN: c=US, o=U.S. Government, ou=HHS, ou=FDA, ou=People, 0.9.2342.19200300.100.1.1=1300065782, cn=Susan M. Jackson -S
Date: 2018.07.25 17:11:55 -04'00'

Susan Jackson, Investigator, Team Biologics Staff

4G

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Y

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

Section 1: General Information

Facility Name: Boxout

Physical Address: 3750 Cisco Drive West - Unit 1

City: Jacksonville State: FL Zip: 32219

Mailing Address (if different from physical address): 6333 Hudson Crossing Parkway

City: Jacksonville State: FL Zip: 44236

Telephone: 833-462-7746 Website: www.boxouthealth.com

Name of Designated Representative (DR): Grant Thompson

Licensing Company Email: Compliance@boxouthealth.com DR Email: Grant.Thompson@boxouthealth.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		■ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

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

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

Please see included memo on full history of Boxout, LLC disciplinary action.

Original Signature (electronic, copies or stamps not accepted)

10/13/2022
Date

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

Name: Obagi Cosmeseuticals, LLC
Address: 3760 Kilroy Airport Way STE 500 City: Long Beach State: CA Zip: 90806
Name: Capital Drug Wholesale
Address: 873 Williams Ave City: Grandview Heights State: OH Zip: 43212
Name: InSource, Inc.
Address: 80 Summit View Lane City: Bastian State: VA Zip: 24314
Name: Medline Industries, LP
Address: Three Lakes Drive City: Northfield State: IL Zip: 60093

Section 4: Publicly Traded Corporation

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

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Ohio
Parent Company (if any): Boxout Group, LLC
Corporation/Organization Name: Boxout, LLC
Mailing Address: 6333 Hudson Crossing Parkway
City: Hudson State: OH Zip: 44236
Telephone: 833-462-7746 Email: Compliance@boxouthealth.com
Contact Person Name: Matthew Miller, Compliance Manager

Section 6: Partnership

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

Section 7: Sole Owner

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

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

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Boxout, LLC

Facility Name

Matthew J Miller

Print Name of Authorized Person Submitting Application

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

10/13/2022

Date

Board Use Only	Date Received: 11-3-22	Amount: 1000.00 CC ✓ 12/1/2022

BOXOUT
Empowering Health & Wellness

6333 Hudson Crossing Parkway
Hudson Ohio 44236
www.boxouthealth.com

12/7/2022

Boxout, LLC only markets and sells regulated products Business-to-Business (to doctor's offices, clinics, hospitals, distributors, etc.). Boxout, LLC does not market or sell regulated products directly to consumers.

Our Milliken Medical Division *distributes* medical devices (including legend devices) and supplies directly to patients in a fulfillment role on behalf of licensed DME suppliers and providers. We fulfill orders for legend devices only and do not ship legend drug to any patients.

Since we have a fulfillment business model, we are not involved with taking, processing, or verifying prescriptions for legend medical devices or billing insurance. The DME Supplier processes the prescription and bills insurance (and/or patient as appropriate) and sends the order information to Boxout, LLC to fulfill. We ship the items to the patient and directly bill the DME supplier as we have title to the product.

We ensure that our DME suppliers are properly licensed in their home state and licensed in the states that they are asking us to ship to. Boxout, LLC also maintains appropriate licensure to ship the supplies into each state.

We also have a division that sells consumer items on Amazon, Walmart, and eBay, however no regulated products are sold.

Matthew J Miller
Regulatory and Compliance
Manager Boxout, LLC

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BOXOUT
Empowering Health & Wellness

6333 Hudson Crossing Parkway
Hudson Ohio 44236
www.boxouthealth.com

List of Officers

Ronald Harrington – CEO

Jill Harrington – Secretary

Kurt Packer – President

Geraldine Miller – Vice President

Kenneth Kramer – Chief Financial Officer

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BOXOUT
Empowering Health & Wellness

Revised: 12/06/2022

Officer and Ownership Detailed Breakdown

Federal Employer Identification Number
31-1539854

State of Incorporation
Ohio

Business Address				
Number and Street Address	**City**	**State**	**Zip**	**Telephone Number**
6333 Hudson Crossing Parkway	Hudson	OH	44236	(833)462-7746

Officers

Name	Title	Number and Street Address	City	State	Zip	Telephone Number	E-mail Address	D.O.B.	S.S.N.	% of Ownership
Ronald M. Harrington	CEO, Owner	250 College Street	Hudson	OH	44236	(330)289-0891	ron@boxouthealth.com	4/2/1969	269-54-7565	52.76%
Jill Harrington	Secretary	1805 Hines Hill	Hudson	OH	44236	(330)592-4924	jhmac6@gmail.com	6/11/1966	269-54-7576	28.09%
Kurt Packer	President	14925 County Line Road	Hunting Valley	OH	44022	(330)612-2842	kurtp@boxouthealth.com	11/18/1961	291-68-6220	10.02%
Geraldine Miller	Vice-President	7529 Woodlake Drive	Walton Hills	OH	44146	(440)832-0333	gerriem@boxouthealth.com	8/4/1962	296-72-4743	0.94%
Kenneth Kramer	Vice-President	7622 Greenthorn Drive	Hudson	OH	44236	(216)978-7436	KKramer@boxouthealth.com	10/10/1970	294-78-6416	0.47%

Minor Shareholders

Kevin Wade	CIO	8720 Chase Dr	Chagrin Falls	OH	44023	(330)414-4828	Kevin_W@boxouthealth.com	10/18/1960	268-72-8676	0.47%
Matthew A Corl	Business Development	2114 Elandon Drive	Cleveland Heights	OH	44106	(216)394-9060	matthewc@boxouthealth.com	1/13/1983	295-86-1807	0.47%
James Grant	VP of Marketing	2157 Hudson Aurora Rd	Hudson	OH	44236	(216)701-7694	jgrant@boxouthealth.com	3/11/1975	268-68-4800	0.47%
Steven B Copperman	Exectutive VP of Sourcing	94 Ambrose Dr	Hudson	OH	44236	(216)990-2645	stevenc@boxouthealth.com	6/10/1970	281-80-5510	0.47%
Ryan Thompson	VP of MeyerSPA	5914 Lauren Dr	Hudson	OH	44236	(330)256-6751	rthompson@boxouthealth.com	8/27/1978	300-80-2639	0.47%
Andy Hinkle	VP of Ops	321 Simon Rd	Hudson	OH	44236	(330)888-5229	AHinkle@boxouthealth.com	8/12/1971	313-84-0078	0.47%
Ryan Schorr	GM	243 Stone Canyon Ct	Hinckley	OH	44233	(440)263-0540	Ryan.Schorr@boxouthealth.com	4/24/1979	296-78-4693	1.03%

BOXOUT
Empowering Health & Wellness

6333 Hudson Crossing Parkway
Hudson Ohio 44236
www.boxouthealth.com

List of Shareholders

Ronald Harrington, Owner/CEO – 51.79%

Jill Harrington, Secretary – 27.57%

Kurt Packer, President – 9.84%

Various Key Employees and Minority Shareholders – 10.80%

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Matthew Miller

From: edrls@fda.hhs.gov
Sent: Monday, October 4, 2021 8:58 AM
To: Compliance
Subject: Labeler Code Request Approved

CAUTION: This email originated from outside the organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 04-OCT-2021
Labeler DUNS: 066689993
Labeler Name: Boxout, LLC
Labeler Code Assigned: 82308

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

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

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

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

Verified
10/7/22

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show BOXOUT, LLC, an Ohio Limited Liability Company, Registration Number 980052, was organized in the State of Ohio on May 29, 1997, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of November, A.D. 2022.

Ohio Secretary of State

Validation Number: 202232505766

State of Florida
Department of State

I certify from the records of this office that BOXOUT, LLC is an Ohio limited liability company authorized to transact business in the State of Florida, qualified on October 7, 2010.

The document number of this limited liability company is M10000004427.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022, that its most recent annual report was filed on February 23, 2022, and that its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twentieth day of September, 2022

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 6037044570CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS (850) 487-1395
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

BOXOUT, LLC
6333 HUDSON CROSSING PARKWAY
HUDSON OH 44236-4346

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

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

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

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

2220267 ISSUED: 06/19/2022

RX DRUG WHOLESALE DISTRIBUTOR
BOXOUT, LLC

HAS REGISTERED under the provisions of Ch.499 FS
Expiration date : APR 30, 2024 L2206190000078

DETACH HERE

RON DESANTIS, GOVERNOR MELANIE S. GRIFFIN, SECRETARY

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

LICENSE NUMBER
2220267

The PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: APR 30, 2024

BOXOUT, LLC
3750 CISCO DR. W.
UNIT 1
JACKSONVILLE FL 32219

ISSUED: 06/19/2022 DISPLAY AS REQUIRED BY LAW SEQ # L2206190000078

THE OFFICIAL SITE OF THE FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

Florida dbpr Department of Business & Professional Regulation

ONLINE SERVICES

- Apply for a License
- Verify a Licensee
- View Food & Lodging Inspections
- File a Complaint
- Continuing Education Course Search
- View Application Status
- Find Exam Information
- Unlicensed Activity Search
- AB&T Delinquent Invoice & Activity List Search

LICENSEE DETAILS

2:18:38 PM 10/14/2022

Licensee Information

Name:	**BOXOUT, LLC (Primary Name)**
Main Address:	**6333 HUDSON CROSSING PARKWAY HUDSON Ohio 44236-4346**
County:	**OUT OF STATE**
License Location:	**3750 CISCO DR. W. UNIT 1 JACKSONVILLE FL 32219**
County:	**DUVAL**

License Information

License Type:	**Prescription Drug Wholesale Distributor**
Rank:	**Rx Drug Whslr**
License Number:	**2220267**
Status:	**Current**
Licensure Date:	**04/19/2019**
Expires:	**04/30/2024**

Alternate Names

View Related License Information

View License Complaint

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our **Chapter 455** page to determine if you are affected by this change.

BOXOUT
Empowering Health & Wellness

6333 Hudson Crossing Parkway
Hudson Ohio 44236
www.boxouthealth.com

DEA – Not Applicable

Copy of DEA certificate is not applicable to our company because Boxout, LLC does not handle controlled substances of any kind.

BOXOUT
Empowering Health & Wellness

6333 Hudson Crossing Parkway
Hudson Ohio 44236
www.boxouthealth.com

List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant:

N/A

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ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/26/2022

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

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

PRODUCER	CONTACT NAME: Maria Hurst	
Britton Gallagher & Associates Inc	PHONE (A/C, No, Ext): (216) 658-7100	FAX (A/C, No): (216) 658-7101
One Cleveland Center, Floor 30	E-MAIL ADDRESS: Maria.Hurst@BrittonGallagher.com	
1375 East 9th Street	INSURER(S) AFFORDING COVERAGE	NAIC #
Cleveland OH 44114	INSURER A : Atlantic Specialty Insurance Company	27154
INSURED	INSURER B : Medmarc Casualty Insurance Co	
Boxout Group, LLC	INSURER C :	
Boxout, LLC; Meyer DC; Meyer PT; Milliken Medical; Elivate	INSURER D :	
6333 Hudson Crossing Parkway	INSURER E :	
Hudson OH 44236	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 2022-23 Boxout.Meyer **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			7110148130007	06/01/2022	06/01/2023	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ See Below
								$
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			7110148130007	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 0			7110148130007	06/01/2022	06/01/2023	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		406-04-31-32-0007	06/01/2022	06/01/2023	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
B	Products/Completed Operations Liability			22OH380008	06/01/2022	06/01/2023	Occurrence	$10,000,000
							Aggregate	$10,000,000

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

CERTIFICATE HOLDER

FOR INFORMATION ONLY

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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Boxout, LLC Employee List **12/6/2022**

Admin	**Title**
Harrington, Ronald	CEO
Harrington, Jill	Secretary
Packer, Kurt	President
Miller, Geraldine	Vice President
Kramer, Kenneth	CFO, Compliance Officer
Hinkle, Andy	VP of Operations
Schorr, Ryan	General Manager

Operations

Cremer, Jordan
Hartenburg, Pete
Merrell, Jay
Thomas, Khalila
Townsend, Andrew

Credit

Binaut, Kevin
Ciccantelli, Scott
Dailey, Travis
Juhasz, John
Slater, Juliana
Stepanski, Lauren

Accounting

Berlin, Brandon
Brennan, Darren
Conway, Crystal
Hengle, Stefanie
Murry, Rachel
Prosen, Kim

Reigsecker, Greg	Director
Szabo, Hanna	
Taylor, Paige	
Ticak, John	

Customer Service

Klein, Anne	Manager
Martin, Tracy	
Mastronicola, Barbara Maria	
Matisz, Adam	
Metz, Joann	
Miller, Stefanie	
Schilk, Sophia	
Thomas, LaRinda	
Wilcox, Jennifer	
Haser, Brittany	
Gaudet, Louise	
Zimcosky, Anita	
Boll, Brooke	

MeyerDC

Barbey, Jason	
Benkowski, Kevin	
Binns, Steve	VP of MeyerDC
Blacker, Richard	
Decarlo, Neil	
Dunlap, Clyde	
Frey, Darla	
Gironda, Julie	
Harmon, Vince	
Kraft, Matthew	
Spayde, Sheila	
Sweet, Jennifer	
Taylor, Mark	

NEVADA STATE BOARD OF PHARMACY

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

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 9418501

Application/License No. _____

BoxOut, LLC, doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
3750 Cisco Drive W - Unit 1, Jacksonville, FL 32219, as
(Address of Applicant/Principal)
PRINCIPAL, and Fidelity and Deposit Company of Maryland, a
(Surety Company)
corporation organized under the laws of the state of Maryland
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1299 Zurich Way, Schaumburg, IL 60169 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 3, 2022.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 3 day of November, 20 22.

APPLICANT/PRINCIPAL

COMPANY

Kenneth R. Kuna
Authorized Representative

SURETY

Surety Company's Representative

JEREMY A. BRYANT, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

Bond # 9418501

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Secretary of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 3rd day of NOVEMBER, 2022.

FIDELITY AND DEPOSIT COMPANY OF MARYLAND — INCORPORATED — 1890

ZURICH AMERICAN INSURANCE COMPANY — INCORPORATED — 1998

COLONIAL AMERICAN CASUALTY AND SURETY COMPANY — SEAL

Brian M Hodges

By: Brian M. Hodges
Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

BOXOUT
Empowering Health & Wellness

6333 Hudson Crossing Parkway
Hudson Ohio 44236
www.boxouthealth.com

Surety Bond in Amount of $100,000

Our company recently submitted NV Wholesaler and MDEG applications, delivered via UPS to Nevada State Board of Pharmacy on 11/3/2022.

In our application, we had included a note regarding the pending status of a 100k surety bond that we would send via email and mail once issued.

We sent a copy of the 100k NV surety bond via email to Maria Herrera, Licensing Specialist for Nevada State Board of Pharmacy on 11/7/2022.

Please also find a copy of this same 100k NV surety bond in this packet.

If you have any questions or need anything further, please don't hesitate to reach out.

Sincerely,

Matthew J Miller
Regulatory Affairs & Compliance Manager

Boxout | Empowering Health & Wellness

Phone: 833-462-7746 Ext. 5025
Matthew_M@boxouthealth.com
www.boxouthealth.com

BOXOUT
Empowering Health & Wellness

Rachel Lippello
Regulatory Specialist

Boxout | Empowering Health & Wellness

Phone: 833-462-7746 Ext. 5026
Rachel.Lippello@boxouthealth.com
www.boxouthealth.com

BOXOUT
Empowering Health & Wellness

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NEVADA STATE BOARD OF PHARMACY

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

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 9418501

Application/License No. _____

BoxOut, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3750 Cisco Drive W - Unit 1, Jacksonville, FL 32219 (Address of Applicant/Principal), as PRINCIPAL, and Fidelity and Deposit Company of Maryland (Surety Company), a corporation organized under the laws of the state of Maryland (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1299 Zurich Way, Schaumburg, IL 60169 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 3, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 3 day of November, 20 22.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

JEREMY A. BRYANT, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Bond # 9418501

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Secretary of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 3rd day of November, 2022.

Brian M Hodges

By: Brian M. Hodges
Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

BOXOUT
Empowering Health & Wellness

6333 Hudson Crossing Parkway
Hudson Ohio 44236
www.boxouthealth.com

Disciplinary Explanation

Boxout, LLC (f.k.a. WBC Group, LLC) has never been formally charged with a violation of a law of any state relating to drugs, liquor, poisonous substances, or any felony offense. Boxout, LLC has had the following contacts from licensing boards or agencies from other states regarding their licensure requirements:

Arkansas. On November 9, 2009, WBC Group, LLC received communications from the Arkansas State Board of Pharmacy regarding the shipment of prescription drugs into the State of Arkansas in response to the applications for wholesale distributor license permits for its Ohio and California facilities. WBC Group, LLC informally resolved this matter without an admission of guilt to the satisfaction of the Board by signing Consent Agreements and paying monetary penalties of $1000.00 each for the Ohio (WD03777) and California (WD05096) facilities. There was no disciplinary action.

Alabama. On April 27, 2018, WBC Group, LLC received communications from the Alabama State Board of Pharmacy regarding a complaint of distribution of prescription medical devices into the State of Alabama without first renewing the Ohio (194118) and Florida (194218) permits issued by the Board. WBC Group, LLC informally resolved this matter without an admission of guilt to the satisfaction of the Board by signing Consent Agreements and paying monetary penalties of $2500.00 each for the Ohio and Florida facilities. There was no disciplinary action.

Colorado. On or about August 04, 2020, Boxout, LLC received a communication from the Colorado Board of Pharmacy regarding its applications to change company name being filed beyond the Board prescribed period of thirty days. This notice was received for Boxout's licenses held by the Ohio (Colorado license number: WHO.8341) and California (Colorado license number: WHO.8407) facilities. Boxout signed Final Agency Orders with the Colorado Board of Pharmacy to resolve the matter and agreed to pay fines of $1,150.00 per license. The Orders were fully executed with the Board on September 30, 2020.

Alabama. The Alabama Board initiated a complaint against Boxout on January 13, 2021. Boxout received the notice of complaint in early March of 2021. The complaint was regarding a failure to disclose the Colorado Final Agency Orders on the Alabama permit renewal for the Ohio facility (Alabama license number: 194118). This was an honest error caused by a misunderstanding of a question on the renewal in the regulatory questions section. The Colorado Orders had been previously disclosed to the Alabama Board at the time the Orders were signed and fully executed. Boxout entered into a Consent Order with the Alabama Board of Pharmacy to resolve the matter and agreed to pay a $1,000.00 fine. The Consent Order was signed by the Board and was fully executed on March 30, 2021.

Ohio. On March 24, 2021, Boxout, LLC received communications from the Ohio State Board of Pharmacy regarding an illegal sale of a non-controlled dangerous drug (ketorolac) to a clinic at a time that the clinic's Board issued Terminal Distributor of Dangerous Drugs license was lapsed (January 7th, 2020). Boxout provided evidence to the Board that the issue that caused this occurrence had previously been identified and corrected. Boxout entered into a Settlement Agreement with the Board to resolve the matter. Boxout agreed to pay a fine of $125.00 and that the Settlement Agreement would become a matter of public record to be disclosed on new license applications and on license renewals. The Settlement Agreement was signed by the Board and was fully executed on April 23, 2021.

It is affirmed that all information provided herein is true and correct and it is recognized that providing false information may result in disciplinary action.

Signature _____ Date 9/6/2022

Printed Name Matthew J Miller Title Compliance Manager

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STATE OF OHIO
BOARD OF PHARMACY

-THIS IS A RED INK STAMP-
I certify this to be a true and exact copy of the original document on file with the Ohio State Board of Pharmacy.
Steven W. Schierholt, Esq., Executive Dir.
Date: March 24, 2021
-MUST HAVE BOARD SEAL TO BE OFFICIAL-

NOTICE OF OPPORTUNITY FOR HEARING
PROPOSAL TO TAKE DISCIPLINARY ACTION AGAINST LICENSEE

IN THE MATTER OF:

CASE No. A-2020-0460
501-2900

Boxout, LLC, F.K.A. WBC Group, LLC
c/o Ronald Harrington
6333 Hudson Crossing Parkway
Hudson, OH 44236

License No. 01-2057600

March 24, 2021

Dear Boxout, LLC, F.K.A. WBC Group, LLC and Mr. Ronald Harrington:

You are hereby notified, in accordance with the provisions of Section 119.07 of the Ohio Revised Code the State of Ohio Board of Pharmacy (Board) proposes to take action against your license as a Wholesale Distributor of Dangerous Drugs under authority of Section 4729.56 of the Revised Code.

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code (ORC) and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to renew any registration certificate issued to a wholesale distributor of dangerous drugs (WDDD) pursuant to section 4729.52 of the Revised Code or may impose a monetary penalty of forfeiture not to exceed in the severity any fine designated under the Revised Code for a similar offense or $2,500 if the acts committed have not been classified as an offense by the Revised Code.

2. Boxout, LLC, F.K.A. WBC Group, LLC (Boxout) has a current WDDD license with the Board under license number 01-2057600, which lists Ronald Harrington as the Responsible Person.

ALLEGATIONS

1. From on or about April 1, 2019 to on or about February 25, 2020, Boxout, located at 6333 Hudson Crossing Parkway, Hudson, Ohio, made one illegal sale of dangerous drugs to Advanced Health and Wellness Center of Ohio, LLC, DBA Brecksville Physical Medicine, located at 8930 Brecksville Road, Brecksville, Ohio. Advanced Health and Wellness Center of Ohio, LLC, DBA Brecksville Physical Medicine was operating without a Board-issued Terminal Distributor of Dangerous Drugs license from on or about April 1, 2019 to on or about February 25, 2020. The illegal sale of dangerous drugs includes: Ketorolac 60mg/2ml, 25 vials, sold on January 7, 2020.

POTENTIAL VIOLATIONS OF LAW

1. Such conduct as set forth in the Allegations Section, if proven, each constitutes a violation of Section 4729.51(B)(1) of the ORC, as effective March 22, 2019, no wholesale distributor shall possess for sale, sell, or distribute, at wholesale, dangerous drugs or investigational drugs or products to any person other than the following: Subject to division (D) of this section, a licensed terminal distributor of dangerous drugs, each sale being a first-degree misdemeanor, each punishable by a maximum fine of $5,000 if committed by an organization.

2. Such conduct as set forth in the Allegations Section, if proven, each constitutes a violation of Section 4729.60(A)(1) of the ORC, as effective September 29, 2017, Before a licensee identified in division (B)(1)(a) of section 4729.52 of the Revised Code may sell or distribute dangerous drugs at wholesale to any person, except as provided in division (A)(2) of this section, the licensee shall query the roster established pursuant to section 4729.59 of the Revised Code to determine whether the purchaser is a licensed terminal distributor of dangerous drugs, each punishable by a maximum fine of $2,500 if committed by an organization.

3. Such conduct as set forth in the Allegations Section, if proven, each constitutes a violation of Rule 4729:6-3-04 of the OAC, as effective March 1, 2019, each violation punishable by a maximum penalty of $2,500: Before a drug distributor may sell or distribute dangerous drugs to any person in this state, except as provided in paragraph (C) of this rule, the distributor shall conduct a documented query of a roster maintained by the Board to determine if the purchaser is licensed as either:

    a. A terminal distributor of dangerous drugs...For a limited terminal distributor of dangerous drugs license, a drug distributor shall also review a current version of the licensee's drug list to ensure the purchaser is authorized to possess the drug ordered, OAC Rule 4729:6-3-04(B)(1); and/or

    b. A distributor of dangerous drugs, OAC Rule 4729:6-3-04(B)(2).

4. Such conduct as set forth in the Allegations Section, if proven, constitutes the following violations of Section 4729.56 of the ORC, effective September 29, 2017, each violation punishable by a maximum fine of $2,500 if committed by an organization:

    a. Violating any federal, state, or local drug law; any provision of chapter 4729. or Chapter 2925., 3715., or 3719. of the Revised Code; or any rule of the Board, ORC Section 4729.56(A)(2)(b); and/or

    b. Failing to satisfy the qualifications for registration under section 4729.53 of the Revised Code or the rules of the Board or ceasing to satisfy the qualifications after the registration is granted or renewed, ORC Section 4729.56(A)(2)(d); and/or

    c. Any other cause for which the board may impose sanctions as set forth in rules adopted under section 4729.26 of the Revised Code, ORC Section 4729.56(A)(2)(g).

5. Such conduct as set forth in Allegations Section, if proven, each constitutes a violation of the following sections of Rule 4729:6-4-01 of the OAC, as effective March 1, 2019, each violation punishable by a maximum penalty of $2,500 if committed by an organization:

a. Violating any rule of the Board, OAC Rule 4729:6-4-01(B)(2); and/or

b. Failing to satisfy the qualifications for licensure under section 4729.53 of the Revised Code or the rules of the Board or ceasing to satisfy the qualifications after the license is granted or renewed, OAC Rule 4729:6-4-01(B)(5); and/or

c. Violating any provision of Chapter 4729. of the Revised Code, OAC Rule 4729:6-4-01(B)(3).

YOU ARE FURTHER NOTIFIED, in accordance with the provisions of Chapters 119. and 4729. of the Ohio Revised Code, that you are entitled to a hearing before the State of Ohio Board of Pharmacy, if you request such a hearing within thirty 30 days of the date of the mailing of this notice.

IF YOU DESIRE A HEARING, such request shall either be mailed to the State of Ohio Board of Pharmacy, Attn: Legal, 77 South High Street, 17th Floor, Columbus, Ohio 43215-6126 or an e-mail request may be sent to legal@pharmacy.ohio.gov (please note faxes will not be accepted). **YOUR REQUEST MUST BE RECEIVED ON OR PRIOR TO THE 30TH DAY FOLLOWING THE MAILING DATE OF THIS NOTICE.** Please note that if you submit a request via email, your request will be acknowledged within one business day of receipt. If you do not receive an acknowledgment, please contact the Board offices at 614-466-4143 and request the legal department. You may appear at such hearing in person, by your attorney, or by such other representative as is permitted to practice before the agency, or you may present your position, arguments or contentions in writing; and, at this hearing, you may also present evidence and examine any witnesses appearing for and against you. **If you are a corporation, you must be represented at the hearing by an attorney licensed to practice in the state of Ohio.**

YOU ARE FURTHER ADVISED that if there is no request for such a hearing received by the Board on or prior to the 30th day following the mailing of this notice, the State of Board of Pharmacy, upon consideration of the aforementioned allegations against you, may take action without such a hearing.

If you have questions regarding the Chapter 119. Administrative Hearing process, please e-mail your questions to legal@pharmacy.ohio.gov or call the Board office at 614-466-4143 and ask for the legal department.

BY ORDER OF THE STATE BOARD OF PHARMACY

Steven W. Schierholt

Steven W. Schierholt, Esq., Executive Director

SWS/alg/pae

CMRRR: 7019 2280 0000 1171 9956

STATE OF OHIO
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2020-0460
501-2900

Boxout, LLC, F.K.A. WBC Group, LLC
c/o Ronald Harington
6333 Hudson Crossing Parkway
Hudson, OH 44236

License No. 01-2057600

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Boxout, LLC, F.K.A WBC Group, LLC, (Boxout) for the purpose of resolving all issues between the parties relating to the Board investigation of an illegal sale of dangerous drugs to an unlicensed entity. Together, the Board and Boxout are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.

2. Boxout is a licensed Wholesaler Distributor of Dangerous Drug, License No. 01-2057600, which lists Ronald Harrington, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Boxout Wholesaler Distributor of Dangerous Drugs License No. 01-2057600, related to Boxout's illegal sale of dangerous drugs to an unlicensed entity.

2. On or about March 24, 2021, the Board sent a Notice of Opportunity for Hearing to Boxout which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Boxout neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated March 24, 2021; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Boxout agrees to pay to the Board a monetary penalty in the amount of $125.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.

4. Boxout agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

5. Boxout agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Boxout of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Boxout by the Board and will NOT discharge Boxout from any obligation under the terms of this Agreement.

6. Boxout agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Boxout understands that it has the right to be represented by counsel for review and execution of this agreement.

8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Boxout will operate.

9. Boxout waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Ronald Harrington, on behalf of,
Boxout, LLC, Respondent

4/22/21
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer M. Rudell, RPh, President,
State of Ohio Board of Pharmacy

4/23/2021
Date of Signature

Henry G. Appel, Ohio Assistant Attorney General

4/23/2021
Date of Signature

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IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
BOXOUT LLC (fka WBC GROUP, LLC)	)	**BOARD OF PHARMACY**
	)	
Wholesale Distributor Permit No. 194118	)	**CASE NO: 20-L-0146**
	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Boxout LLC (fka WBC Group, LLC) (hereinafter referred to as "Boxout") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975), § 41-22-12(f), the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds that Boxout violated the applicable provisions based upon the conduct set out in Counts One and Two of the Statement.

2. Boxout shall pay to the Board an administrative fine in the amount of One Thousand dollars ($1,000.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and Boxout shall not attempt to discharge the same in any bankruptcy proceeding.

3. Boxout expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform

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Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Boxout further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Boxout hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Boxout acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Boxout's permit, including, but not limited to revocation.

6. Boxout acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Boxout acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and had the right to seek advice of counsel before executing this Consent

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Order.

DONE this the 26th day of March, 2021.

Boxout LLC (fka WBC Group, LLC)

By: Kenneth R. Kramer
Its: CFO + Compliance Officer

DONE this the 30th day of March, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Brenda Denson, PharmD., President

By: _____
James S. Ward
Its Attorney

WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 645
Birmingham, Alabama 35209
(205) 871-5404

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EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
BOXOUT, LLC (fka WBC GROUP, LLC)	)	**BOARD OF PHARMACY**
	)	
	)	
Wholesale Distributor Permit No. 194118	)	**CASE NO: 20-L-0146**
	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Boxout, LLC (fka WBC Group, LLC)
6333 Hudson Crossing Parkway
Hudson, Ohio 44236

Pursuant to the provisions of Code of Alabama (1975), § 34-23-32, § 34-23-32.1, § 34-23-34, § 34-23-92(11) and (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on May 18, 2021 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate Boxout, LLC (fka WBC Group, LLC) (BOXOUT, LLC) as a Wholesale Distributor should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or a renewal of the same should be granted in that it is alleged that BOXOUT, LLC has been guilty of the following, to-wit:

1. Board Rule 680-X-2.23 is entitled Drug Manufacturers, Wholesale Distributors.

2. Board Rule 680-X-2.23(3) provides that the Board of Pharmacy shall consider, at a minimum, certain factors in reviewing the qualifications of those who engage in the wholesale distribution of drugs within Alabama. Those minimum factors

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include:

(a) Compliance with licensing requirements under previously granted license, if any.

(b) The furnishing by the applicant of false or fraudulent material in any application made in connection with drug manufacturing or distribution.

(c) Any other factors or qualifications the Board of Pharmacy considers relevant to and consistent with public health and safety.

3. Board Rule 680-X-2.23(3)(k)(1) provides that it shall be a violation of this Rule to operate in such a manner as to endanger public health.

4. Board Rule 680-X-2.23(3)(k)(2) provides any violation of this Rule may be grounds for the revocation, suspension, probation or refusal to issue the permit and/or to impose a fine not to exceed the sum of One Thousand and no/100 Dollars ($1,000) for each violation.

5. Board Rule 680-X-2.23(3)(k)(3) provides that must operate in compliance with applicable Federal and State law.

6. Code of Alabama (1975), § 34-23-32 requires a current and valid permit in order to engage in the activities set out therein.

COUNT ONE

The Board alleges you have violated the above referenced provisions and you are not qualified to possess the permit, and/or your operation is not consistent with the public safety or endangers the public health of the citizens of this state based upon your failure to disclose when required to do so on your 2021 Wholesale Distributor Renewal

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dated December 15, 2020 the entry of a Stipulation and Final Agency Order by the Colorado State Board of Pharmacy on September 30, 2020 attached hereto as Exhibit "A" and as a result receiving the referenced renewal.

COUNT TWO

The Board alleges you have violated the above referenced provisions and you are not qualified to possess the permit, and/or your operation is not consistent with the public safety or endangers the public health of the citizens of this state based upon the Stipulation and Final Agency Order referenced in Count One above and/or your failure to timely submit an Application to the Colorado Board of Pharmacy detailing a change in name and fee as more fully set out in the referenced Stipulation.

Notice is further given that in the event you are found guilty of the allegations contained in any or all of the preceding Counts contained in this Statement of Charges and Notice of Hearing, the Board may consider in assessing punishment the Consent Order entered by the Board on July 24, 2018, said document being attached hereto and made a part hereof as Exhibit "B".

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

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Dated this the 13th day of January, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

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EXHIBIT A

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2020-5182

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF BOXOUT, LLC, REGISTRATION NO. WHO 8341,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Boxout, LLC ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2020-5182, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as a non-resident wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).

2. Respondent Outlet was originally registered in the State of Colorado on or about July 6, 2018, being issued registration #WHO 8341, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 6333 Hudson Crossing Pkwy, Hudson, OH 44236-4346.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit an application to the Board detailing a change in name and fee. In this case, 153 days transpired between February 6, 2020, the date of name change, and July 8, 2020, the date the application and fee were received.

6. On or about August 4, 2020, the Board initiated a complaint against Respondent Outlet because of the delay of 153 days in submitting an application detailing a change in name and fee.

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7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline. (1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this article 280, including commission of an act declared unlawful in section 12-280-129, or an applicable provision of article 20 or 30 of this title 12;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

Pharmacy Board Rules and Regulations

15.01.11 Minimum required information for registration.

b. Changes in any information in section 15.01.11 shall be submitted to the Board within thirty calendar days thereof.

8. The Board finds and concludes, and Respondent Outlet agrees, that based upon Respondent Outlet's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

TERMS OF DISCIPLINE

9. Fine with Surcharge. Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars ($1,000). Respondent Outlet understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred and Fifty Dollars ($1,150). The total amount shall be payable to the State of Colorado and shall be remitted in one

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lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board.

10. Compliance. Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in its designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.

11. Other Requirements. Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

    a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

12. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

    a. to have formal notice of hearing and charges served upon it;

    b. to respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and

    d. to appeal this Final Agency Order.

    Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

13. Acknowledgments. The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further

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acknowledges that it is not entering into this Final Agency Order under any duress.

14. Violations. Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

15. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. Effective Date. This Final Agency Order shall become effective upon signature by a Board representative.

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ACCEPTED AND AGREED BY

Respondent Outlet

Authorized Representative Dated: 9/29/2020

Andrew L. Hatle, VP Operations
Name/ Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 30 day of September, 2020.

State Board of Pharmacy

BY: _____

Dmitry Kunin
Program Director

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EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA**
	)	
WBC GROUP, LLC	)	**STATE BOARD OF PHARMACY**
	)	
Wholesale Distributor Permit No. 194118	)	**CASE NO: 18-L-0059**
	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against WBC Group, LLC (hereinafter referred to as "WBC") relating to distributing prescription medical devices in the State of Alabama during 2018 without first renewing your permit from the Board required by Code of Alabama (1975) § 34-23-32 and in violation of Code of Alabama (1975) § 34-23-33 (7).

Pursuant to Code of Alabama (1975) § 41-22-12(f) the parties, through counsel, have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. Counsel for the parties stipulate that WBC denies for all legal purposes other than this proceeding the allegations set forth above but further stipulate the Board would introduce sufficient evidence to meet its required burden of proof and therefore the Board finds WBC violated the referenced provisions based upon the conduct set out above.

2. WBC shall pay to the Board an administrative fine in the amount of Two Thousand Five Hundred dollars ($2,500.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and WBC shall not

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attempt to discharge the same in any bankruptcy proceeding.

3. That WBC expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to a statement or notice of charges, the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. WBC further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, WBC hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

5. That WBC agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That WBC acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. WBC acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to

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any promises and on the advice of its attorney.

DONE this the 11th day of July, 2018.

WBC Group, LLC

By: Lee Rosebush
Its: Attorney

Lee H. Rosebush, Attorney for WBC Group, LLC

DONE this the 24 day of July, 2018.

ALABAMA STATE BOARD OF PHARMACY

By: David Darby, R.Ph., President

By: James S. Ward
Its Attorney

WARD & COOPER, LLC.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2020-5183

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF **BOXOUT, LLC,** REGISTRATION NO. WHO 8407,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Boxout, LLC ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2020-5183, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as a non-resident wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).

2. Respondent Outlet was originally registered in the State of Colorado on or about February 7, 2019, being issued registration #WHO 8407, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 1560 S Baker Ave, Ontario, CA 91761-8031.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit an application to the Board detailing a change in name and fee. In this case, 153 days transpired between February 6, 2020, the date of name change, and July 8, 2020, the date the application and fee were received.

6. On or about August 4, 2020, the Board initiated a complaint against Respondent Outlet because of the delay of 153 days in submitting an application detailing a change in name and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline. (1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this article 280, including commission of an act declared unlawful in section 12-280-129, or an applicable provision of article 20 or 30 of this title 12;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

Pharmacy Board Rules and Regulations

15.01.11 Minimum required information for registration.

b. Changes in any information in section 15.01.11 shall be submitted to the Board within thirty calendar days thereof.

8. The Board finds and concludes, and Respondent Outlet agrees, that based upon Respondent Outlet's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

TERMS OF DISCIPLINE

9. Fine with Surcharge. Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars ($1,000). Respondent Outlet understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred and Fifty Dollars ($1,150). The total amount shall be payable to the State of Colorado and shall be remitted in one

lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board.

10. Compliance. Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in its designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.

11. Other Requirements. Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

    a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

12. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

    a. to have formal notice of hearing and charges served upon it;

    b. to respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and

    d. to appeal this Final Agency Order.

    Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

13. Acknowledgments. The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further

acknowledges that it is not entering into this Final Agency Order under any duress.

14. Violations. Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

15. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. Effective Date. This Final Agency Order shall become effective upon signature by a Board representative.

ACCEPTED AND AGREED BY

Respondent Outlet

_____ Dated: 9/29/2020
Authorized Representative

Andrew L. Hinkle, VP Operations
Name/ Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 30 day of September, 2020.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 30 day of Septmber 2020, addressed as follows:

Boxout, LLC
6333 Hudson Crossing Pkwy
Hudson, OH 44236-4346
mdclicensure@wbcgp.com

Lana Hyatte
Agent of the Board

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2020-5182

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF **BOXOUT, LLC**, REGISTRATION NO. WHO 8341,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Boxout, LLC ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2020-5182, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as a non-resident wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).

2. Respondent Outlet was originally registered in the State of Colorado on or about July 6, 2018, being issued registration #WHO 8341, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 6333 Hudson Crossing Pkwy, Hudson, OH 44236-4346.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit an application to the Board detailing a change in name and fee. In this case, 153 days transpired between February 6, 2020, the date of name change, and July 8, 2020, the date the application and fee were received.

6. On or about August 4, 2020, the Board initiated a complaint against Respondent Outlet because of the delay of 153 days in submitting an application detailing a change in name and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline. (1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this article 280, including commission of an act declared unlawful in section 12-280-129, or an applicable provision of article 20 or 30 of this title 12;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

Pharmacy Board Rules and Regulations

15.01.11 Minimum required information for registration.

b. Changes in any information in section 15.01.11 shall be submitted to the Board within thirty calendar days thereof.

8. The Board finds and concludes, and Respondent Outlet agrees, that based upon Respondent Outlet's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

TERMS OF DISCIPLINE

9. Fine with Surcharge. Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars ($1,000). Respondent Outlet understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred and Fifty Dollars ($1,150). The total amount shall be payable to the State of Colorado and shall be remitted in one

lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board.

10. **Compliance**. Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in its designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.

11. **Other Requirements**. Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

    a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

12. **Advisements and Waivers**. Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

    a. to have formal notice of hearing and charges served upon it;

    b. to respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and

    d. to appeal this Final Agency Order.

    Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

13. **Acknowledgments**. The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further

acknowledges that it is not entering into this Final Agency Order under any duress.

14. Violations. Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

15. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. Effective Date. This Final Agency Order shall become effective upon signature by a Board representative.

ACCEPTED AND AGREED BY

Respondent Outlet

_____ Dated: 9/29/2020
Authorized Representative

Andrew L. Hinkle, VP Operations
Name/ Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 30 day of September, 2020.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 30 day of September 2020, addressed as follows:

Boxout, LLC
6333 Hudson Crossing Pkwy
Hudson, OH 44236-4346
mdclicensure@wbcgp.com

Lana Hyatte
Agent of the Board

IN THE MATTER OF:	)	**BEFORE THE ALABAMA**
	)	
WBC GROUP, LLC	)	**STATE BOARD OF PHARMACY**
	)	
Wholesale Distributor Permit No. 194218	)	**CASE NO: 18-L-0060**
	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against WBC Group, LLC (hereinafter referred to as "WBC") relating to distributing prescription medical devices in the State of Alabama during 2018 without first renewing your permit from the Board required by Code of Alabama (1975) § 34-23-32 and in violation of Code of Alabama (1975) § 34-23-33 (7).

Pursuant to Code of Alabama (1975) § 41-22-12(f) the parties, through counsel, have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. Counsel for the parties stipulate that WBC denies for all legal purposes other than this proceeding the allegations set forth above but further stipulate the Board would introduce sufficient evidence to meet its required burden of proof and therefore the Board finds WBC violated the referenced provisions based upon the conduct set out above.

2. WBC shall pay to the Board an administrative fine in the amount of Two Thousand Five Hundred dollars ($2,500.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and WBC shall not

attempt to discharge the same in any bankruptcy proceeding.

3. That WBC expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to a statement or notice of charges, the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. WBC further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, WBC hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

5. That WBC agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That WBC acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. WBC acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to

any promises and on the advice of its attorney.

DONE this the 11th day of July, 2018.

WBC Group, LLC

By: Lee Rosebush
Its: Attorney

Lee H. Rosebush, Attorney for WBC Group, LLC

DONE this the 24 day of J.4, 2018.

ALABAMA STATE BOARD OF PHARMACY

By:
David Darby, R.Ph., President

By:
James S. Ward
Its Attorney

WARD & COOPER, LLC.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

IN THE MATTER OF:	)	**BEFORE THE ALABAMA**
	)	
WBC GROUP, LLC	)	**STATE BOARD OF PHARMACY**
	)	
Wholesale Distributor Permit No. 194118	)	**CASE NO: 18-L-0059**
	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against WBC Group, LLC (hereinafter referred to as "WBC") relating to distributing prescription medical devices in the State of Alabama during 2018 without first renewing your permit from the Board required by Code of Alabama (1975) § 34-23-32 and in violation of Code of Alabama (1975) § 34-23-33 (7).

Pursuant to Code of Alabama (1975) § 41-22-12(f) the parties, through counsel, have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. Counsel for the parties stipulate that WBC denies for all legal purposes other than this proceeding the allegations set forth above but further stipulate the Board would introduce sufficient evidence to meet its required burden of proof and therefore the Board finds WBC violated the referenced provisions based upon the conduct set out above.

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attempt to discharge the same in any bankruptcy proceeding.

3. That WBC expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to a statement or notice of charges, the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. WBC further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, WBC hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

5. That WBC agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That WBC acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. WBC acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to

any promises and on the advice of its attorney.

DONE this the 11th day of July, 2018.

WBC Group, LLC

By: Lee Rosebush
Its: Attorney

Lee H. Rosebush, Attorney for WBC Group, LLC

DONE this the 24 day of J-4, 2018.

ALABAMA STATE BOARD OF PHARMACY

By:
David Darby, R.Ph., President

By:
James G. Ward
Its Attorney

WARD & COOPER, LLC.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

ARKANSAS STATE BOARD OF PHARMACY

LENORA NEWSOME, P.D.
President, Smackover
BENJI POST, P.D.
Vice President, Mayflower
MARILYN SITZES, P.D.
Secretary, Hope
RONNIE NORRIS, P.D.
Member, McGehee

STEVE BRYANT, P.D.
Member, Batesville
JUSTIN BOYD, Pharm.D.
Member, Fort Smith
ROSS HOLIMAN, B.S., H.Ed.
Public Member, Little Rock
LARRY ROSS
Public Member, Sherwood

CHARLES S. CAMPBELL, Pharm.D.
EXECUTIVE DIRECTOR

November 9, 2009

MDC Acquisition Co.
1810 Summit Commerce Park
Twinsburg, Ohio 44087

Attn. Mr. James B. Long, Vice-President

TO WHOM IT MAY CONCERN:

It has come to our attention that you may be shipping or causing to be shipped prescription drugs into the State of Arkansas. This is in direct violation of the Laws and Regulations of the Arkansas State Board of Pharmacy.

Your firm is to cease this practice immediately, pending resolution of this matter and final approval of your application for licensure.

This letter will serve as official notification by the Arkansas State Board of Pharmacy to correct this situation immediately. We ask that you direct your attention to this matter and make sure you are complying with Arkansas State Board of Pharmacy Laws and Regulations.

Please let us know the status of shipping or causing shipments of these prescription drugs. Your response or any questions you may have should be directed to Charles Campbell, Pharm. D, Executive Director, at the address listed on this letterhead.

Sincerely,

Clyde C. Frazier, Jr., P.D.
Pharmacy Inspector
Arkansas State Board of Pharmacy

101 E. Capitol, Suite 218 ♦ Little Rock, AR 72201 ♦ Phone (501) 682-0190 ♦ Fax: (501) 682-0195

SUBPOENA DUCES TECUM

TO:

MDC Acquisition Company
Attn.: Vice President, Mr. James B. Long
1810 Summit Commerce Park
Twinsburg, Ohio 44087

By the authority of Ark. Code Ann. § 17-92-205(c), you are commanded to produce and permit inspection and copying of the following documents:

A printout and/or copy of all invoices and/or copy of any documents, drug orders or other records or physical objects created or maintained by or on behalf of MDC Acquisition Company in Twinsburg, Ohio for prescription (legend) drugs shipped or caused to be shipped by your firm since January 1, 2008. The printout shall include the name and address of the recipient, name, strength and quantity of the drug shipped, date of the shipment, pedigree information, if applicable, and any other pertinent information available.

You are instructed to produce the original or copies of the above records and deliver same to Charles Campbell, Executive Director, Arkansas State Board of Pharmacy, 101 East Capitol Ave., Ste. 218, Little Rock, Arkansas on or before 4:00 p.m. on Friday, December 11, 2009.

Witnessed my hand this 9th day of December, 2009.

ARKANSAS STATE BOARD
OF PHARMACY

Charles Campbell, Pharm. D
Executive Director

ARKANSAS STATE BOARD OF PHARMACY

LENORA NEWSOME, P.D.
President, Smackover
BENJI POST, P.D.
Vice President, Mayflower
MARILYN SITZES, P.D.
Secretary, Hope
RONNIE NORRIS, P.D.
Member, McGehee

STEVE BRYANT, P.D.
Member, Batesville
JUSTIN BOYD, Pharm.D.
Member, Fort Smith
ROSS HOLIMAN, B.S., H.Ed.
Public Member, Little Rock
LARRY ROSS
Public Member, Sherwood

CHARLES S. CAMPBELL, Pharm.D.
EXECUTIVE DIRECTOR

November 9, 2009

MDC Acquisition Co.
8595 Milliken Avenue, Suite 101
Rancho Cucamonga, California 91730

Attn. Mr. James B. Long, Vice-President

TO WHOM IT MAY CONCERN:

It has come to our attention that you may be shipping or causing to be shipped prescription drugs into the State of Arkansas. This is in direct violation of the Laws and Regulations of the Arkansas State Board of Pharmacy.

Your firm is to cease this practice immediately, pending resolution of this matter and final approval of your application for licensure.

This letter will serve as official notification by the Arkansas State Board of Pharmacy to correct this situation immediately. We ask that you direct your attention to this matter and make sure you are complying with Arkansas State Board of Pharmacy Laws and Regulations.

Please let us know the status of shipping or causing shipments of these prescription drugs. Your response or any questions you may have should be directed to Charles Campbell, Pharm. D, Executive Director, at the address listed on this letterhead.

Sincerely,

Clyde C. Frazier, Jr., P.D.
Pharmacy Inspector
Arkansas State Board of Pharmacy

SUBPOENA DUCES TECUM

TO:

MDC Acquisition Company
Attn.: Vice President, Mr. James B. Long
8595 Milliken Avenue, Suite 101
Rancho Cucamonga, California 91730

By the authority of Ark. Code Ann. § 17-92-205(c), you are commanded to produce and permit inspection and copying of the following documents:

A printout and/or copy of all invoices and/or copy of any documents, drug orders or other records or physical objects created or maintained by or on behalf of MDC Acquisition Company in Rancho Cucamonga, California for prescription (legend) drugs shipped or caused to be shipped by your firm since January 1, 2008. The printout shall include the name and address of the recipient, name, strength and quantity of the drug shipped, date of the shipment, pedigree information if applicable, and any other pertinent information available.

You are instructed to produce the original or copies of the above records and deliver same to Charles Campbell, Executive Director, Arkansas State Board of Pharmacy, 101 East Capitol Ave., Ste. 218, Little Rock, Arkansas on or before 4:00 p.m. on Friday, December 11, 2009.

Witnessed my hand this 9th day of November, 2009.

ARKANSAS STATE BOARD
OF PHARMACY

Charles Campbell, Pharm. D
Executive Director

FRIDAY | ELDREDGE & CLARK LLP

Lynda M. Johnson | Attorney
Direct: (501) 370-1553
Fax: (501) 244-5321
E-mail: ljohnson@fridayfirm.com

400 West Capitol Avenue
Suite 2000
Little Rock, Arkansas 72201-3522
www.FridayFirm.com

December 11, 2009

VIA HAND DELIVERY

Mr. Charles Campbell, Pharm.D
Executive Director
Arkansas State Board of Pharmacy
101 E. Capitol, Suite 218
Little Rock, AR 72201

Re: MDC Acquisition Co.

Dear Mr. Campbell:

We represent MDC Acquisition Co. and in that capacity, I enclose documents numbered 1 through 11 in response to the subpoena duces tecum for the California location and documents numbered 1 through 40 in response to the subpoena duces tecum for the Ohio location.

Should you require further information, please do not hesitate to contact me.

Very truly yours,

Lynda M. Johnson

Lynda M. Johnson

LMJ/kc

Enclosures

Cc: Mr. Cliff Mull (via email)
Mr. Jim Long (via email)

ARKANSAS STATE BOARD OF PHARMACY

LENORA NEWSOME, P.D.
President, Smackover
BENJI POST, P.D.
Vice President, Mayflower
MARILYN SITZES, P.D.
Secretary, Hope
RONNIE NORRIS, P.D.
Member, McGehee

STEVE BRYANT, P.D.
Member, Batesville
JUSTIN BOYD, Pharm.D.
Member, Fort Smith
ROSS HOLIMAN, B.S., H.Ed.
Public Member, Little Rock
LARRY ROSS
Public Member, Sherwood

CHARLES S. CAMPBELL, Pharm.D.
EXECUTIVE DIRECTOR

March 30, 2010

MDC Acquisition Company-Ohio
c/o Ms. Lynda M. Johnson
400 West Capitol Avenue, Suite 2000
Little Rock, Arkansas 72201

VIA CERTIFIED MAIL

Dear Ms. Johnson:

Find enclosed for your records and your client's, a copy of the Consent Agreement for MDC Acquisition Company of Twinsburg, Ohio. The Agreement was accepted by the Arkansas State Board of Pharmacy on March 10, 2010.

As per the stipulations of the agreement, MDC Acquisition Company has paid a monetary penalty of $1,000.00. The application for MDC Acquisition Company's license as a Wholesale Distributor of Prescription (Legend) Drugs will be processed and a license will be issued.

Should you have any questions, please contact the Board office at 501-682-0190.

Sincerely,

Clyde C. Frazier, Jr., P.D.
Pharmacist-Inspector
Arkansas State Board of Pharmacy

Enclosure

COPY

101 E. Capitol, Suite 218 ♦ Little Rock, AR 72201 ♦ Phone (501) 682-0190 ♦ Fax: (501) 682-0195

RECEIVED APR 05 2010

BEFORE THE ARKANSAS STATE BOARD OF PHARMACY

IN THE MATTER OF
MDC ACQUISITION COMPANY
TWINSBURG, OHIO
UNLICENSED APPLICANT 2009-050

CONSENT AGREEMENT

WHEREAS, Respondent MDC Acquisition Company, located at 1810 Summit Commerce Park, Twinsburg, Ohio 44087 does not currently hold an Arkansas Wholesale Distributor of Prescription (Legend) Drugs license;

WHEREAS, Sales history reports reflect that Respondent shipped prescription drugs from September 17, 2008 through November 11, 2009 to licensed podiatrists located in Arkansas in violation of Ark. Code Ann. § 20-64-506 and Board Regulation 08-00-0002;

WHEREAS, Respondent MDC Acquisition Company's application may be denied pursuant to Ark. Code Ann. § 20-64-508;

WHEREAS, Respondent makes no admission of guilt but wishes to resolve these charges informally, Respondent and the Board therefore agree that this Agreement shall not constitute disciplinary action but rather an informal resolution of these charges. Respondent expressly waives its right to an administrative hearing and consents to the terms incorporated in this Agreement. Respondent further consents to the *ex parte* presentation of this Agreement to the Board and agree that, if the Agreement is not accepted by the Board, the presentation and consideration of this Consent Agreement by the Board shall not constitute a basis for disqualification of the Board or any of its members from further participation in this matter, including a formal hearing; and

WHEREAS, Respondent acknowledges that this Consent Agreement is not effective until its acceptance by the Board, that Respondent has had the opportunity to consult with legal counsel of its own choosing concerning the advisability, meaning and effect of this Consent Agreement, that the Board shall retain jurisdiction to enforce the provisions of this Consent Agreement and that failure to comply with the terms and conditions of this agreement shall be grounds for further disciplinary action in the form of a civil penalty and/or suspension or revocation of Respondent' license, registration or permit.

THEREFORE, Respondent consents to the following terms in full resolution of this complaint:

1. Respondent MDC Acquisition Company, Twinsburg, Ohio, willingly agrees and stipulates that it shall pay a monetary penalty of one thousand dollars ($1,000.00) to the Board on or before March 10, 2010; and

2. After this Consent Agreement has been accepted by the Board, Respondent MDC Acquisition Company's license as a Wholesale Distributor of Prescription (Legend) Drugs will be issued

EXECUTED this 6 day of JANUARY, ~~2009~~ 2010

MDC ACQUISITION COMPANY-OHIO

Attorney for Respondent

And

Charles Campbell, Pharm. D
Executive Director
Arkansas State Board of Pharmacy

COPY

Arkansas State Board of Pharmacy

101 E. Capitol, Suite 218, Little Rock, Arkansas 72201

WHOLESALE DISTRIBUTOR LICENSE PERMIT- 2010

MDC Acquisition Co, License No. WD03777
1810 Summitt Commerce Park
Twinsburg, OH 44087

This is to certify that the Business named hereon located at 1810 Summitt Commerce Park, Twinsburg OH 44087 is registered under the provisions of the Arkansas Pharmacy Practice Act, other Arkansas statutes, and Arkansas Pharmacy Regulations.

Permit No.:046352 Permit Issued: 03/30/2010 Amount Paid: $1600.00

License Expires: **December 31, 2010**

This permit is not transferable and must be prominently displayed.

This permit is not transferable and must be prominently displayed.

Arkansas State Board of Pharmacy

MDC Acquisition Co, No. WD03777
1810 Summitt Commerce Park
Twinsburg, OH 44087

Permit: 046352 Date Entered: 1/7/2010

Amount Paid:	$1000.00	Fine
	$300.00	Wholesale Distributor Application Fee- Odd Year
	$300.00	Wholesale Distributor Application Fee- Even Year
TOTAL:	$1600.00	

ARKANSAS STATE BOARD OF PHARMACY

LENORA NEWSOME, P.D.
President, Smackover
BENJI POST, P.D.
Vice President, Mayflower
MARILYN SITZES, P.D.
Secretary, Hope
RONNIE NORRIS, P.D.
Member, McGehee

STEVE BRYANT, P.D.
Member, Bateville
JUSTIN BOYD, Pharm.D.
Member, Fort Smith
ROSS HOLIMAN, B.S., H.Ed.
Public Member, Little Rock
LARRY ROSS
Public Member, Sherwood

CHARLES S. CAMPBELL, Pharm.D.
EXECUTIVE DIRECTOR

March 30, 2010

MDC Acquisition Company-California
c/o Ms. Lynda M. Johnson
400 West Capitol Avenue, Suite 2000
Little Rock, Arkansas 72201

VIA CERTIFIED MAIL

Dear Ms. Johnson:

Find enclosed for your records and your client's, a copy of the Consent Agreement for MDC Acquisition Company of Rancho Cucamonga, California. The Agreement was accepted by the Arkansas State Board of Pharmacy on March 10, 2010.

As per the stipulations of the agreement, MDC Acquisition Company has paid a monetary penalty of $1,000.00. The application for MDC Acquisition Company's license as a Wholesale Distributor of Prescription (Legend) Drugs will be processed and a license will be issued.

Should you have any questions, please contact the Board office at 501-682-0190.

Sincerely,

Clyde C. Frazier, Jr., P.D.
Pharmacist-Inspector
Arkansas State Board of Pharmacy

Enclosure

COPY

101 E. Capitol, Suite 218 • Little Rock, AR 72201 • Phone (501) 682-0190 • Fax: (501) 682-0195

RECEIVED APR 05 2010

BEFORE THE ARKANSAS STATE BOARD OF PHARMACY

IN THE MATTER OF
MDC ACQUISITION COMPANY
RANCHO CUCAMONGA, CALIFORNIA
UNLICENSED APPLICANT 2009-049

CONSENT AGREEMENT

WHEREAS, Respondent MDC Acquisition Company, located at 8595 Milliken Avenue, Suite 101, Rancho Cucamonga, California 91730 does not currently hold an Arkansas Wholesale Distributor of Prescription (Legend) Drugs license;

WHEREAS, Sales history reports reflect that Respondent shipped prescription drugs from October 27, 2008 through May 29, 2009 to licensed podiatrists located in Arkansas in violation of Ark. Code Ann. § 20-64-506 and Board Regulation 08-00-0002;

WHEREAS, Respondent MDC Acquisition Company's application may be denied pursuant to Ark. Code Ann. § 20-64-508;

WHEREAS, Respondent makes no admission of guilt but wishes to resolve these charges informally, Respondent and the Board therefore agree that this Agreement shall not constitute disciplinary action but rather an informal resolution of these charges. Respondent expressly waives its right to an administrative hearing and consents to the terms incorporated in this Agreement. Respondent further consents to the *ex parte* presentation of this Agreement to the Board and agree that, if the Agreement is not accepted by the Board, the presentation and consideration of this Consent Agreement by the Board shall not constitute a basis for disqualification of the Board or any of its members from further participation in this matter, including a formal hearing; and

WHEREAS, Respondent acknowledges that this Consent Agreement is not effective until its acceptance by the Board, that Respondent has had the opportunity to consult with legal counsel of its own choosing concerning the advisability, meaning and effect of this Consent Agreement, that the Board shall retain jurisdiction to enforce the provisions of this Consent Agreement and that failure to comply with the terms and conditions of this agreement shall be grounds for further disciplinary action in the form of a civil penalty and/or suspension or revocation of Respondent' license, registration or permit.

THEREFORE, Respondent consents to the following terms in full resolution of this complaint:

1. Respondent MDC Acquisition Company, Rancho Cucamonga, California, willingly agrees and stipulates that it shall pay a monetary penalty of one thousand dollars ($1,000.00) to the Board on or before March 10, 2010; and

2. After this Consent Agreement has been accepted by the Board, Respondent MDC Acquisition Company's license as a Wholesale Distributor of Prescription (Legend) Drugs will be issued

EXECUTED this 6 day of JANUARY, ~~2009~~ 2010

James B. Torg
MDC ACQUISITION COMPANY, CALIFORNIA

Linda Johnson
Attorney for Respondent

And

Chas Campbell
Charles Campbell, Pharm. D
Executive Director
Arkansas State Board of Pharmacy

COPY

Arkansas State Board of Pharmacy

101 E. Capitol, Suite 218, Little Rock, Arkansas 72201

WHOLESALE DISTRIBUTOR LICENSE PERMIT- 2010

MDC Acquisition Co. License No. WD03776
1810 Summit Commerce Park
Twinsburg, OH 44087

This is to certify that the Business named hereon located at 8595 Milliken Ave, Rancho Cucamonga, CA 91730 is registered under the provisions of the Arkansas Pharmacy Practice Act, other Arkansas statutes, and Arkansas Pharmacy Regulations

Permit No.:040742 Permit Issued: 03/30/2010 Amount Paid: $1300.00

License Expires: **December 31, 2010**

This permit is not transferable and must be prominently displayed.

This permit is not transferable and must be prominently displayed.

Arkansas State Board of Pharmacy

MDC Acquisition Co, No. WD03776
1810 Summit Commerce Park
Twinsburg, OH 44087

Permit: 040742 Date Entered: 9/23/2009

Amount Paid:	$150.00	Wholesale Distributor Application Fee- Even Year
	$150.00	Wholesale Distributor Application Fee- Odd Year
	$1000.00	Fine
TOTAL:	$1300.00	

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Boxout, LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 3750 Cisco Drive West - Unit 1

City Jacksonville State FL Zip 32219

Mailing Address (if different from physical address) 6333 Hudson Crossing Parkway

City Hudson State OH Zip 44236

Telephone 833-462-7746 Website www.boxouthealth.com

Licensing Company Email Compliance@boxouthealth.com

Section 2: Personal Information

First Grant Middle Andrew Last Thompson

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

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

Mailing Address 3750 Cisco Drive West - Unit 1

City Jacksonville State FL Zip 32219

Telephone [redacted] Email Grant.Thompson@boxouthealth.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Univerity of Akron		09/02 - 05/06	
Address	City	State	Zip
302 E Buchtel Ave	Akron	OH	44325
Diploma/Degree obtained, if any			
Bachelors			

School Name		From - To (MM/YY – MM/YY)	
Stow-Munroe Falls High School		09/98 - 06/02	
Address	City	State	Zip
3227 Graham Rd	Stow	OH	44224
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/19 - Present	[redacted] Glasgow Dr	Saint Johns	FL	32259
04/10 - 12/19	[redacted] Burton Dr	Stow	OH	44244
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				

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

Business Name			From - To (MM/YY – MM/YY)	
Boxout, LLC			01/21 - Current	
Business Address		**City**	**State**	**Zip**
3750 Cisco Drive W		Jacksonville	FL	32219
Phone	**Title**		**Number of Employed Hours**	
833-462-7746	Director of Operations		3640	
Description of Duties				
Responsible for Operations at FL Wholesale Distribution Center including managing staff, order shipments, solving order issues, Rx drug inventory and processes, investigations, etc.				

Business Name			From - To (MM/YY – MM/YY)	
Cardinal Health			10/96 - 01/21	
Business Address		**City**	**State**	**Zip**
12075 Pritchard Road		Jacksonville	FL	32220
Phone	**Title**		**Number of Employed Hours**	
904-378-8940	Site Leader		8840	
Description of Duties				
Directly managed Wholesale Distribution Center team of 81 Employees/Contractors for 24/7 operations distributing ~10,000 products per day to patients and customers, maintain documentation and compliance with regulatory bodies.				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, GRANT A. THOMPSON, **certify that as the designated representative for** BOXOUT, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

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

GRANT, THOMPSON
Print Name (First, Last)

Grant A. Thompson
Original Signature (electronic, copies or stamps not accepted)

10-21-22
Date

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

GRANT, THOMPSON
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10-21-22
Date

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

State of Ohio, ss. County of Summit

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

Original Signature

10-21-22
Date

Subscribed and Sworn to before me this 21 day of October 2022

Notary Public Signature

Michele Yurkschatt
Resident Summit County
Notary Public, State of Ohio
My Commission Expires: 12/30/24

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy / MDEG / Wholesaler Information

Name of MDEG: Boxout, LLC — MDEG License # (if applicable): _____

Physical Address: 3750 Cisco Drive West, Unit 1

City: Jacksonville — State: FL — Zip: 32219

Mailing Address (if different from physical address): 6333 Hudson Crossing Pkwy

City: Hudson — State: OH — Zip: 44236

Telephone: 833-462-7746 — Website: www.boxouthealth.com

Licensing Company Email: Compliance@boxouthealth.com

Section 2: Personal Information

First: Grant — Middle: Andrew — Last: Thompson

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

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

Mailing Address: [redacted] Glasgow Drive

City: St. Johns — State: FL — Zip: 32259

Telephone: [redacted] — Email: Compliance@boxouthealth.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Akron		09/02 - 05/06	
Address	**City**	**State**	**Zip**
302 E Buchtel Ave	Akron	OH	44325
Diploma/Degree obtained, if any			
Bachelors			

School Name		From - To (MM/YY – MM/YY)	
Stow-Munroe Falls High School		09/98 - 06/02	
Address	**City**	**State**	**Zip**
3227 Graham Rd	Stow	OH	44244
Diploma/Degree obtained, if any			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/19 - Present	[redacted] Glasgow Drive	St. Johns	FL	32259
04/10 - 12/19	[redacted] Burton Drive	Stow	OH	44224
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				

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

Business Name			From - To (MM/YY – MM/YY)
Boxout, LLC			01/21 - Present
Business Address	**City**	**State**	**Zip**
3750 Cisco Drive West, Unit 1	Jacksonville	FL	32219
Phone	**Title**	**Number of Employed Hours**	
833-462-7746	Director of Operations	3640	

Description of Duties

Responsible for Operations at FL Wholesale Distribution Center including managing staff, order shipments, solving order issues, Rx drug inventory and processes, investigations, etc.

Business Name			From - To (MM/YY – MM/YY)
Cardinal Health			10/06 - 01/21
Business Address	**City**	**State**	**Zip**
12075 Pritchard Road	Jacksonville	FL	32219
Phone	**Title**	**Number of Employed Hours**	
904-378-8940	Manager, Site Operations	8840	

Description of Duties

Directly managed Wholesale Distribution Center team of 81 Employees/Contractors for 24/7 operations distributing ~10,000 products per day to patients and customers, maintain documentation and compliance with regulatory bodies.

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/2/22
Date

I, GRANT THOMPSON, certify that as the MDEG Administrator for

BOXOUT, LLC,

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

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

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

GRANT, THOMPSON
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/2/22
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Boxout, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): New Application (former License MP00753)

Physical Address: 3750 Cisco Drive West - Unit 1

City: Jacksonville State: FL Zip: 32219

Mailing Address (if different from physical address): 6333 Hudson Crossing Pkwy

City: Hudson State: OH Zip: 44236

Telephone: 904-781-3350 Website: www.boxouthealth.com

Licensing Company Email: compliance@boxouthealth.com

Section 2: Personal Information

First: Ronald Middle: M Last: Harrington

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

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

Mailing Address: [redacted] Hudson Crossing Parkway

City: Hudson State: OH Zip: 44236

Telephone: [redacted] Email: Compliance@boxouthealth.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Kenyon College		09/87- 05/91	
Address	City	State	Zip
104 College Drive	Gambier	OH	43022
Diploma/Degree obtained, if any			
History			

School Name		From - To (MM/YY – MM/YY)	
Western Reserve Academy		09/84 - 06/87	
Address	City	State	Zip
115 College Street	Hudson	OH	44236
Diploma/Degree obtained, if any			
College Prep			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2010 -Present	[redacted] College Street	Hudson	OH	44236
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				

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

Business Name			From - To (MM/YY – MM/YY)	
Boxout, LLC			05/97 - Present	
Business Address		**City**	**State**	**Zip**
6333 Hudson Crossing Parway		Hudson	OH	44236
Phone	**Title**			
330-963-8650	CEO			
Description of Duties				
Oversee overall operations, directing and delegating agendas, driving profitability and strategy.				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4-6. **Provide all the following *where applicable*:**

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

Provide explanation below:

Ms. Phaynarikone from the Nevada Board of Pharmacy clarified to Boxout, LLC by email on September 22, 2022, that questions four (4) through six (6) on Page 5 refer specifically to personal involvement of the officers, not the entire company.

Original Signature (electronic, copies or stamps not accepted)

10/12/22
Date

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

Ronald Harrington

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/12/22

Date

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

State of Ohio, ss. County of Summit

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

Original Signature

10/12/22

Date

Subscribed and Sworn to before me this 12 day of October 2022

Michele Yurkschatt

Notary Public Signature

Michele Yurkschatt
Resident Summit County
Notary Public, State of Ohio
My Commission Expires: 12-30-24

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Boxout, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): New Application (former License MP00753)

Physical Address: 3750 Cisco Drive West - Unit 1

City: Jacksonville State: FL Zip: 32219

Mailing Address (if different from physical address): 6333 Hudson Crossing Pkwy

City: Hudson State: OH Zip: 44236

Telephone: 904-781-3350 Website: www.boxouthealth.com

Licensing Company Email: compliance@boxouthealth.com

Section 2: Personal Information

First: Jill Middle: Last: Harrington

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

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

Mailing Address: [redacted] Hudson Crossing Parkway

City: Hudson State: OH Zip: 44236

Telephone: [redacted] Email: Compliance@boxouthealth.com

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

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

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

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

School Name			From - To (MM/YY – MM/YY)	
Hillsdale College			09/84 - 05/88	
Address		City	State	Zip
33 E College St		Hillsdale	MI	49242
Diploma/Degree obtained, if any				
Bachelor of Arts				
School Name			From - To (MM/YY – MM/YY)	
N/A				
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
N/A				
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
N/A				
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
N/A				
Address		City	State	Zip
Diploma/Degree obtained, if any				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/10 - Present	[redacted]Hines Hill Road	Hudson	OH	44236
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				

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

Business Name			From - To (MM/YY – MM/YY)	
Boxout, LLC			05/97 - Present	
Business Address		**City**	**State**	**Zip**
6333 Hudson Crossing Parkway		Hudson	OH	44236
Phone	**Title**			
330-592-4924	Secretary			
Description of Duties				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4-6. **Provide all the following *where applicable*:**

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

Provide explanation below:

Ms. Phaynarikone from the Nevada Board of Pharmacy clarified to Boxout, LLC by email on September 22, 2022, that questions four (4) through six (6) on Page 5 refer specifically to personal involvement of the officers, not the entire company.

Jill A. Harrington
Original Signature (electronic, copies or stamps not accepted)

10/12/2022
Date

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

Jill Harrington

Print Name (First, Last)

Jill A. Harrington — 10/12/2022

Original Signature (electronic, copies or stamps not accepted) — Date

---

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

State of Ohio, ss. County of Summit

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

Jill A. Harrington — 10/12/2022

Original Signature — **Date**

Subscribed and Sworn to before me this 12th day of October 2022

Michele Yurkschatt

Notary Public Signature

Michele Yurkschatt
Resident Summit County
Notary Public, State of Ohio
My Commission Expires: 12-30-24

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Boxout, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): New Application (former License MP00753)

Physical Address: 3750 Cisco Drive West - Unit 1

City: Jacksonville State: FL Zip: 32219

Mailing Address (if different from physical address): 6333 Hudson Crossing Pkwy

City: Hudson State: OH Zip: 44236

Telephone: 904-781-3350 Website: www.boxouthealth.com

Licensing Company Email: compliance@boxouthealth.com

Section 2: Personal Information

First: Kurt Middle: Raymond Last: Packer

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

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

Mailing Address: [redacted] Hudson Crossing Parkway

City: Hudson State: OH Zip: 44236

Telephone: [redacted] Email: Compliance@boxouthealth.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Akron		9/80- 5/84	
Address	**City**	**State**	**Zip**
302 E Buchtel Ave	Akron	OH	44325
Diploma/Degree obtained, if any			
BS, Accounting			
School Name		From - To (MM/YY – MM/YY)	
Dover High School		09/76 - 06/80	
Address	**City**	**State**	**Zip**
520 N Walnut St	Dover	OH	44622
Diploma/Degree obtained, if any			
HS Diploma, College Prep			
School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/16- Present	[redacted] County Line Road	Chagrin Falls	OH	44022
From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/03 - 11/16	[redacted] Brandywine Drive	Hudson	OH	44236
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				

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

Business Name			From - To (MM/YY – MM/YY)	
Boxout, LLC			11/15 - Present	
Business Address		**City**	**State**	**Zip**
6333 Hudson Crossing Parkway		Hudson	OH	44236
Phone	**Title**			
330-963-8650	President			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
RGH Enterprises, Inc.			01/02 - 11/15	
Business Address		**City**	**State**	**Zip**
1810 Summit Commerce Park		Twinsburg	OH	44087
Phone	**Title**			
330-963-6998	President			
Description of Duties				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4-6. **Provide all the following *where applicable*:**

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

Provide explanation below:

Ms. Phaynarikone from the Nevada Board of Pharmacy clarified to Boxout, LLC by email on September 22, 2022, that questions four (4) through six (6) on Page 5 refer specifically to personal involvement of the officers, not the entire company.

Original Signature (electronic, copies or stamps not accepted)

10/11/2022
Date

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

Kurt Packer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/11/2022

Date

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

State of Ohio, ss. County of Summit

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

Original Signature

10/11/2022

Date

Subscribed and Sworn to before me this 11 day of October 2022

Michele Yurkschatt

Notary Public Signature

Michele Yurkschatt
Resident Summit County
Notary Public, State of Ohio
My Commission Expires: 12-30-24

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Boxout, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): New Application (former License MP00753)

Physical Address: 3750 Cisco Drive West - Unit 1

City: Jacksonville State: Jacksonville Zip: 32219

Mailing Address (if different from physical address): 6333 Hudson Crossing Pkwy

City: Hudson State: OH Zip: 44236

Telephone: 904-781-3350 Website: www.boxouthealth.com

Licensing Company Email: Compliance@boxouthealth.com

Section 2: Personal Information

First: Kenneth Middle: R Last: Kramer

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

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

Mailing Address: [redacted] Hudson Crossing Parkway

City: Hudson State: OH Zip: 44236

Telephone: [redacted] Email: Compliance@boxouthealth.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Kent State			
Address	**City**	**State**	**Zip**
800 E Summit St	Kent	OH	44240
Diploma/Degree obtained, if any			
MS, Accounting			
School Name		**From - To (MM/YY – MM/YY)**	
Ohio University			
Address	**City**	**State**	**Zip**
1 Ohio University Dr	Athens	OH	45701
Diploma/Degree obtained, if any			
BA, Finance			
School Name		**From - To (MM/YY – MM/YY)**	
High School			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/04 - Present	[redacted] Greenthorn Dr	Hudson	OH	44236
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				

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

Business Name			From - To (MM/YY – MM/YY)
Boxout, LLC			11/19 - Present
Business Address	**City**	**State**	**Zip**
6333 Hudson Crossing Pkwy	Hudson	OH	44236
Phone	**Title**		
833-462-7746	CFO		

Description of Duties

Oversee financial operations of Boxout, LLC. Also serve as the Compliance Officer.

Business Name			From - To (MM/YY – MM/YY)
CVS Health			5/11-10/19
Business Address	**City**	**State**	**Zip**
One CVS Drive	Woonsocket	RI	02895
Phone	**Title**		
401-765-1500	VP, Operations		

Description of Duties

Worked on Pharmacy Benefits Manager (PBM) side of the business.

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Ms. Phaynarikone from the Nevada Board of Pharmacy clarified to Boxout, LLC by email on September 22, 2022, that questions four (4) through six (6) on Page 5 refer specifically to personal involvement of the officers, not the entire company.

Original Signature (electronic, copies or stamps not accepted)

10-11-2022
Date

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

Kenneth Kramer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10-11-2022

Date

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

State of Ohio, ss. County of Summit

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

Original Signature

10-11-2022

Date

Subscribed and Sworn to before me this 11 day of October 2022

Michele Yurkschatt

Notary Public Signature

Michele Yurkschatt
Resident Summit County
Notary Public, State of Ohio
My Commission Expires: 12-30-24

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Boxout, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): New Application (former License MP00753)

Physical Address: 3750 Cisco Drive West - Unit 1

City: Jacksonville State: FL Zip: 32219

Mailing Address (if different from physical address): 6333 Hudson Crossing Pkwy

City: Hudson State: OH Zip: 44236

Telephone: 904-781-3350 Website: www.boxouthealth.com

Licensing Company Email: compliance@boxouthealth.com

Section 2: Personal Information

First: Geraldine Middle: A Last: Miller

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

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

Mailing Address: [redacted] Hudson Crossing Parkway

City: Hudson State: OH Zip: 44236

Telephone: [redacted] Email: Compliance@boxouthealth.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Garfield Heights High School			
Address	**City**	**State**	**Zip**
4900 Turney Road	Garfield Heights	OH	44125
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/00 - Present	[redacted] Woodlake Drive	Walton Hills	OH	44146
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Boxout, LLC			05/97 - Present	
Business Address		**City**	**State**	**Zip**
6333 Hudson Crossing Parkway		Hudson	OH	44236
Phone	**Title**			
330-963-8650	Vice President			
Description of Duties				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 4-6. **Provide all the following *where applicable*:**

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

Provide explanation below:

Ms. Phaynarikone from the Nevada Board of Pharmacy clarified to Boxout, LLC by email on September 22, 2022, that questions four (4) through six (6) on Page 5 refer specifically to personal involvement of the officers, not the entire company.

Geraldine A Miller
Original Signature (electronic, copies or stamps not accepted)

10.13.22
Date

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

Geraldine Miller

Print Name (First, Last)

Geraldine Miller — 10·13·22

Original Signature (electronic, copies or stamps not accepted) — Date

---

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

State of Ohio, ss. County of Summit

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

Geraldine A Miller — 10·13·22

Original Signature — **Date**

Subscribed and Sworn to before me this 13 day of October 2022

Michele Yurkschatt

Notary Public Signature

Michele Yurkschatt
Resident Summit County
Notary Public, State of Ohio
My Commission Expires: 12-30-24

(Seal)

4H

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

Section 1: General Information

Facility Name: Endo Pharmaceuticals, Inc. **VIRTUAL MANUFACTURER**

Physical Address: 1400 Atwater Drive

City: Malvern State: PA Zip: 19355

Mailing Address (if different from physical address): Par Pharmaceutical, Inc. Attn: ML Schoonover, 300 Tice Blvd, Ste 230

City: Woodcliff Lake State: NJ Zip: 07677

Telephone: 484-216-3217 Website: https://www.endo.com

Name of Designated Representative (DR): Mary-Lou Schoonover

Licensing Company Email: schoonover.marylou@endo.com DR Email schoonover.marylou@endo.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☑ Dangerous Drugs	☑ Manufacturer (**Virtual**)
☐ Practitioners	☑ Controlled Substances	☐ Repacker
☑ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Products distributed thru 3PL		☐ Others:

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

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

01/26/2023
Date

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

Name: McKesson Corporation
Address: 6555 State Hwy 161 City: Irving State: TX Zip: 75039
Name: Cardinal Health, Inc.
Address: 7000 Cardinal Place City: Dublin State: OH Zip: 43017
Name: AmerisourceBergen Corporation
Address: 1300 Morris Drive, Suite 100 City: Chesterbrook State: PA Zip: 19087
Name: CVS Health
Address: 1 CVS Drive City: Woonsocket State: RI Zip: 02895

Section 4: Publicly Traded Corporation

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

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Par Pharmaceutical 2, Inc.
Corporation/Organization Name:
Mailing Address: 1400 Atwater Drive
City: Malvern State: PA Zip: 19355
Telephone: 484-216-0000 Email: maletta.matthew@endo.com
Contact Person Name: Matthew J. Maletta, EVP, Chief Legal Officer & Secretary

Section 6: Partnership

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

Section 7: Sole Owner

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

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: Not req'd for Virtual Mfg		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Not req'd for Virtual Mfg		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639:590 and NAC 639.594 as applicable.

Endo Pharmaceuticals, Inc. **VIRTUAL MANUFACTURER**

Facility Name

MaryLou Schoonover, Customer Due Diligence & State Licensing Sr. Mgr.

Print Name of Authorized Person Submitting Application

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

01/26/2023

Date

Board Use Only	Date Received: _____	Amount: _____

Certificate of Licensure

Certificate No. 8000001986
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

ENDO PHARMACEUTICALS, INC.
1400 ATWATER DRIVE
MALVERN, PA 19355

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: August 04, 2008
Expiration Date: The Last Day of August, 2023

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

K Klinepeter
Keara Klinepeter
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Certificate of Registration

Certificate No. 3000008338
(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Distributor (Prescription)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

ENDO PHARMACEUTICALS, INC.
1400 ATWATER DRIVE
MALVERN, PA 19355

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: August 04, 2008
Expiration Date: The Last Day of August, 2023

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

K Klinepeter
Keara Klinepeter
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Facility	State	License Type	Number	Exp Date
EPI	AL	Virtual Manufacturer & CDS	196176	12/31/2022
EPI	AR	Wholesale Distributor	WD01853	12/31/2022
EPI	AZ	Wholesaler - Full Service	W000917	10/31/2023
EPI	CT	Out Of State Manufacturer of Drugs, Cosmetics & Medical Devices	CSM.0001999-OOS	DOES NOT EXPIRE
EPI	FL	Non-Resident Prescription Drug Manufacturer	26422	09/30/2022
EPI	ID	Virtual Manufacturer	M66123	12/31/2022
EPI	IL	Wholesale Drug Distributor	004.000948	12/31/2022
EPI	IL	Controlled Substance Drug Distributor	304.006359	12/31/2022
EPI	LA	Wholesale Drug Distributor License	8227	12/31/2022
EPI	MD	Manufacturer	D00978	05/31/2023
EPI	ME	Virtual Manufacturer	MF30002016	12/31/2022
EPI	ME	Opioid License	MFO30002035	12/31/2022
EPI	MN	Virtual Manufacturer	461874	05/31/2022
EPI	MS	Drug Facility Permit - Virtual Manufacturer (Non-Resident)	18397/16.4am	12/31/2022
EPI	MS	Controlled Substance Registration	CS-19036	12/31/2022
EPI	NC	Virtual Manufacturer	1739	12/31/2022
EPI	ND	Wholesale Drug Distribution	Whol2467	06/30/2022
EPI	NH	Manufacturer/Wholesaler/Distributor	4590	06/30/2022
EPI	NJ	Manufacturer/Wholesaler	5003813	01/31/2023
EPI	OH	Manufacturer - Category 3	011063250	06/30/2023
EPI	OK	Manufacturer	88-M-3665	07/31/2022
EPI	OR	Manufacturer	M-0001532	09/30/2022
EPI	OR	Controlled Substance	M-0001532-CS	09/30/2022
EPI	PA	Description (Prescription)	3000008338	08/31/2022
EPI	PA	Wholesaler/Distributor	8000001986	08/31/2022
EPI	PR	Distributor	DA-870573	01/02/2023
EPI	PR	Controlled Substance	MA-00441-6	02/28/2023
EPI	SC	Non-Resident Wholesaler/Distributor/Manufacturer	15331	06/30/2022
EPI	SD	Wholesale	600-0406	12/31/2022
EPI	TN	Manufacturer/Wholesaler/Distributor	0000001257	09/30/2023
EPI	TX	Out of State Wholesale Distributor of Prescription Drugs	1000199	08/12/2023
EPI	VT	Virtual Manufacturer	163-0000388	07/31/2023
EPI	WA	Pharmaceutical Wholesaler License	PHWH.FX.61233023	09/30/2022
EPI	WV	Wholesale Drug Distributor	WD0560184	06/30/2022

Endo Pharmaceuticals, Inc. – Controlled Drug Substances & Listed Chemicals

The DEA does not register virtual manufacturers. If a virtual manufacturer has controlled drug substances and/or listed chemicals in their product portfolio, those products are manufactured and distributed by DEA registered entities.

Endo Pharmaceuticals, Inc. currently uses affiliated companies or contract manufacturers to manufacture controlled drug substances and listed chemicals. We do not have contracts with our affiliated companies as these are part of our company.

All Endo products are distributed exclusively by our contracted 3PL, UPS Supply Chain Solutions, Inc. located at 1910 Danielson Place in Memphis, TN. Endo's controlled drug substances and listed chemicals are distributed under UPS' DEA Distributor Registration #RL0251518. A copy of the DEA registration has been provided to you.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENDO PHARMACEUTICALS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENDO PHARMACEUTICALS INC." WAS INCORPORATED ON THE SECOND DAY OF APRIL, A.D. 1997.

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

Jeffrey W. Bullock, Secretary of State

2726665 8300

SR# 20230276728

Authentication: 202587347

Date: 01-26-23

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

04/02/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ENDO PHARMACEUTICALS, INC.

is duly registered to do business under the laws of the Commonwealth of Pennsylvania and remains a registered Foreign Business Corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Certificate of Registration shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Leigh M. Chapman

Acting Secretary of the Commonwealth

Certification Number: TSC220402002818-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

Endo Pharmaceuticals, Inc. - FDA Labeler Codes

49884 – Endo Pharmaceuticals, Inc.

52244 – Endo Pharmaceuticals, Inc.

63481 – Endo Pharmaceuticals, Inc.

66887 – Auxilium Pharmaceuticals, LLC, an Endo owned company

67979 – Endo Pharmaceuticals, Inc.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

NDA 022219

NDA APPROVAL

Endo Pharmaceuticals Inc.
Attention: Paula Clark
Director, Regulatory Affairs
1400 Atwater Drive
Malvern PA 19355

Dear Ms. Clark:

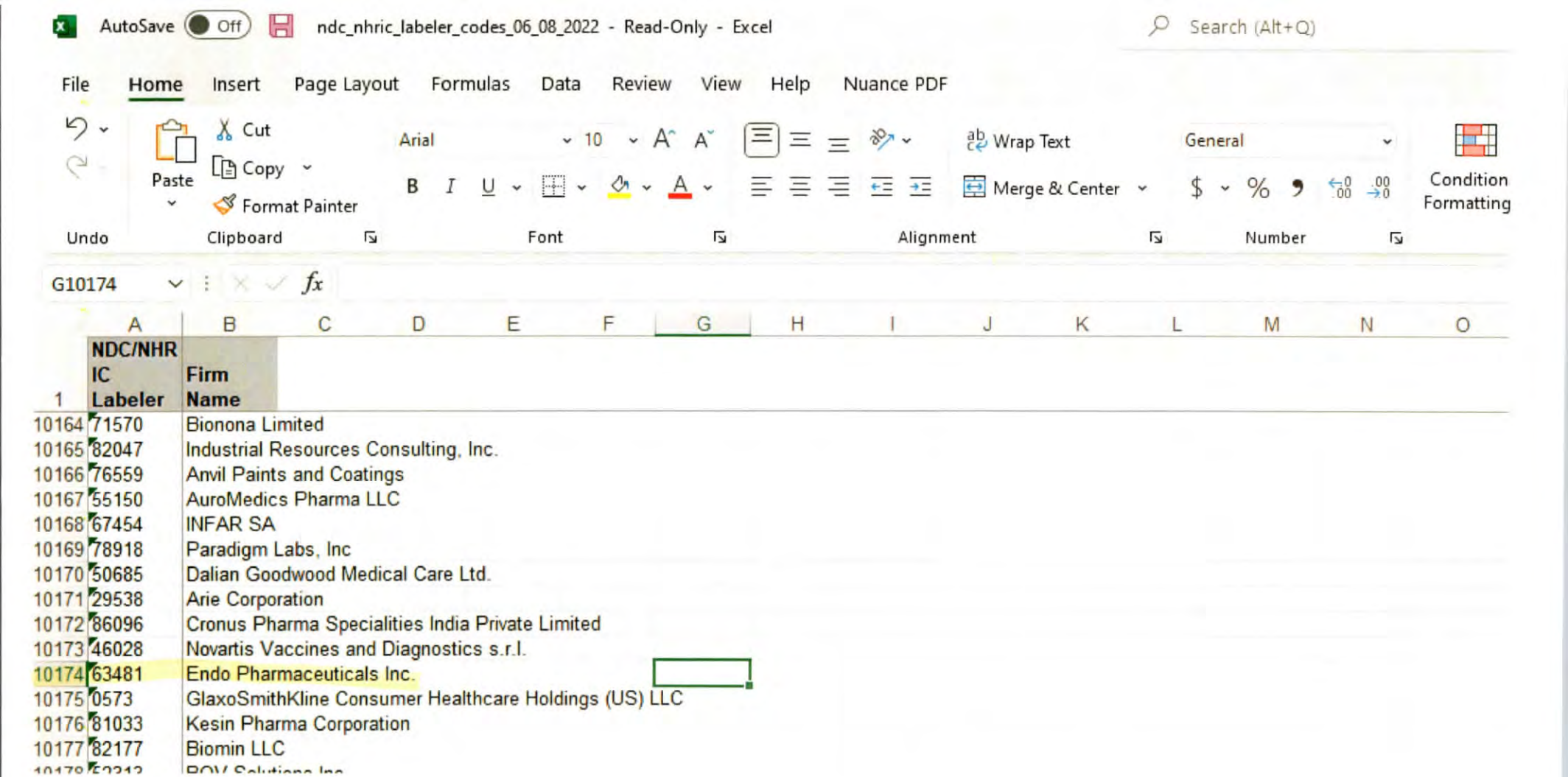
Please refer to your New Drug Application (NDA) dated August 24, 2007, received August 28, 2007, submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Aveed (testosterone undecanoate) injection.

We acknowledge receipt of your submissions dated October 8 and December 5, 20, and 28, 2007, February 8, 11, 15, and 26, March 12 and 31, April 2 and 30, May 13, 15, 19, 23, 27, and 28, June 10 and 13(2), July 2, August 8 and September 5, 2008, March 2 (2), 13, and 27, April 21, May 13, June 8, 15, and 22, July 21 and 23, August 11, 13, 14, 24, 27, and 29, September 11, 16, and 22, October 6, 12, and 21, and November 19 and 30 (2), and December 10, 2009, March 31, April 21, June 14, and November 4 (2), 2010, February 16, May 26, June 3, August 17, September 30, November 10 and December 19, 2011, November 29, December 11, 19, and 20, 2012, January 14, and 15, February 1, 12, and 27, March 4, and 25, and April 30, May 21, June 18, August 29, and September 20, 2013, January 10, 13, and 17, February 6, 10, 24, 25, 27 and 28 , 2014.

The August 29, 2013, submission constituted a complete response to our May 29, 2013, action letter.

This new drug application provides for the use of Aveed (testosterone undecanoate) injection for replacement therapy in males for conditions associated with a deficiency or absence of endogenous testosterone. Aveed should only be used in patients who require testosterone replacement therapy and in whom the benefits of the product outweigh the serious risks of pulmonary oil microembolism and anaphylaxis.

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling text.



	A	B
1	NDC/NHRIC Labeler	Firm Name
10164	71570	Bionona Limited
10165	82047	Industrial Resources Consulting, Inc.
10166	76559	Anvil Paints and Coatings
10167	55150	AuroMedics Pharma LLC
10168	67454	INFAR SA
10169	78918	Paradigm Labs, Inc
10170	50685	Dalian Goodwood Medical Care Ltd.
10171	29538	Arie Corporation
10172	86096	Cronus Pharma Specialities India Private Limited
10173	46028	Novartis Vaccines and Diagnostics s.r.l.
10174	63481	Endo Pharmaceuticals Inc.
10175	0573	GlaxoSmithKline Consumer Healthcare Holdings (US) LLC
10176	81033	Kesin Pharma Corporation
10177	82177	Biomin LLC

Product	NDA/ANDA	NDC#	DEA	Manufactured by	Packaged by	Manufactured For:	Distributed By:	Comments
Aveed	NDA 022219	67979-511-43	Yes	Bayer Schering Pharma AG (Germany) Mullerstr. 170-178 Berlin, Berlin 13353, Germany FEIN: 3002808086	Sharp Corporation 7570 Industrial Park Way Macungie, PA 18062 FEIN: 3009566827	Endo Pharmaceuticals Inc. 1400 Atwater Drive Malvern, PA 19355	UPS Supply Chain Solutions, Inc. 1910 Danielson Place Memphis, TN 38114	We do not promote our controlled drug products
Edex	NDA 020649	52244-010-02, 52244-010-06, 52244-020-02, 52244-020-06, 52244-040-02, 52244-040-06		Vetter Pharma-Fertigung GmbH & Co. KG Mooswiesen 2 Ravensburg, Baden-Wurttemberg 88214 Germany FEIN: 3005987757	Sharp Corporation 7570 Industrial Park Way Macungie, PA 18062 FEIN: 3009566827	Endo Pharmaceuticals Inc. 1400 Atwater Drive Malvern, PA 19355	UPS Supply Chain Solutions, Inc. 1910 Danielson Place Memphis, TN 38114	
Fortesta	NDA 021463	63481-183-16	Yes	Pharbil Waltrop GmbH (Next Pharma) (Germany) Im Wirrigen 25 Waltrop, North Rhine-Westphalia 45731 Germany FEIN: 3004620586	Sharp Corporation 7570 Industrial Park Way Macungie, PA 18062 FEIN: 3009566827	Endo Pharmaceuticals Inc. 1400 Atwater Drive Malvern, PA 19355	UPS Supply Chain Solutions, Inc. 1910 Danielson Place Memphis, TN 38114	We do not promote our controlled drug products
Frova	NDA 021006	63481-025-09		Almac Pharma Services Limited 22 Seagoe Industrial Ave Craigavon Co Armagh, BT63 5QD, United Kingdom FEIN: 3004444888	Sharp Corporation 7570 Industrial Park Way Macungie, PA 18062 FEIN: 3009566827	Endo Pharmaceuticals Inc. 1400 Atwater Drive Malvern, PA 19355	UPS Supply Chain Solutions, Inc. 1910 Danielson Place Memphis, TN 38114	
Lidoderm	NDA 020612	63481-687-06		Teikoku Seiyaku Co. Ltd. Teikokuseiyaku (Kabu), 567; Sanbonmatsu Higashikagawa, Kagawa 769-2695 Japan FEIN: 3002808398	Sharp Corporation 7570 Industrial Park Way Macungie, PA 18062 FEIN: 3009566827	Endo Pharmaceuticals Inc. 1400 Atwater Drive Malvern, PA 19355	UPS Supply Chain Solutions, Inc. 1910 Danielson Place Memphis, TN 38114	
Nascobal	NDA 021642	49884-270-82		Par Pharmaceutical, Inc. One Ram Ridge Road Chestnut Ridge, NY 10977 FEIN: 2434223		Endo Pharmaceuticals Inc. 1400 Atwater Drive Malvern, PA 19355	UPS Supply Chain Solutions, Inc. 1910 Danielson Place Memphis, TN 38114	Affiliate (Par Only) *Transitioning manufacturing to Strides Pharma USA 2022
Percocet	ANDA 040330 ANDA 040341 ANDA 085106	63481-623-70, 63481-623-85, 63481-627-70, 63481-628-70, 63481-629-70	Yes	Par Pharmaceutical, Inc. One Ram Ridge Road Chestnut Ridge, NY 10977 FEIN: 2434223		Endo Pharmaceuticals Inc. 1400 Atwater Drive Malvern, PA 19355	UPS Supply Chain Solutions, Inc. 1910 Danielson Place Memphis, TN 38114	Affiliate (Par Only) *Transitioning manufacturing to Strides Pharma USA 2022
Supprelin LA	NDA 022058	67979-002-01		Endo Pharmaceutical Solutions Inc. 8 Clarke Drive Cranbury, NJ 08512 FEIN: 2243842		Endo Pharmaceuticals Inc. 1400 Atwater Drive Malvern, PA 19355	UPS Supply Chain Solutions, Inc. 1910 Danielson Place Memphis, TN 38114	Affiliate
Testim	NDA 021454	66887-0001-05	Yes	(CPL) Contract Pharmaceuticals Limited (Primary) 7600 East Danbro Cre Mississauga, Ontario L5N 6L6 Canada FEIN: 3001581899 & DPT Laboratories Ltd. (Secondary) San Antonio, TX 78218 FEIN: 1000117684		Endo Pharmaceuticals Inc. 1400 Atwater Drive Malvern, PA 19355	UPS Supply Chain Solutions, Inc. 1910 Danielson Place Memphis, TN 38114	We do not promote our controlled drug products
Testopel	ANDA 080911	66887-0004-10, 66887-0004-20	Yes	Auxilium Pharmaceuticals, LLC 70 High Street Rye, NY 10580 FEIN: 2410861	Endo Pharmaceutical Solutions Inc. 8 Clarke Drive Cranbury, NJ 08512 FEIN: 2243842	Endo Pharmaceuticals Inc. 1400 Atwater Drive Malvern, PA 19355	UPS Supply Chain Solutions, Inc. 1910 Danielson Place Memphis, TN 38114	Affiliate We do not promote our controlled drug products
Theo-24	ANDA 081034 ANDA 087942 ANDA 087943 ANDA 087944	52244-0100-10,52244-0200-10 52244-0300-10,52244-0400-10		Neolpharma, Inc. 99 Jardines St Caguas, PR 00725-3382 FEIN: 3009993897		Endo Pharmaceuticals Inc. 1400 Atwater Drive Malvern, PA 19355	UPS Supply Chain Solutions, Inc. 1910 Danielson Place Memphis, TN 38114	
Valstar	NDA 020892	67979-001-01, 67979-001-00		BSP Pharmaceuticals S.p.A. Via Appia Km 65,561 Latina, Latina 04100 Italy FEIN: 3007255826		Endo Pharmaceuticals Inc. 1400 Atwater Drive Malvern, PA 19355	UPS Supply Chain Solutions, Inc. 1910 Danielson Place Memphis, TN 38114	
Xiaflex	BLA 125338	66887-0003-01		Jubilant Hollisterstier (Primary) 3525 N. Regal Street Spokane, WA 99207 FEIN: 3010477 & Par Sterile Products, LLC (Secondary) 870 Park Road Rochester, MI 48307 FEIN: 1818977	Sharp Corporation 7570 Industrial Park Way Macungie, PA 18062 FEIN: 3009566827	Endo Pharmaceuticals Inc. 1400 Atwater Drive Malvern, PA 19355	UPS Supply Chain Solutions, Inc. 1910 Danielson Place Memphis, TN 38114	Affiliate (Par Sterile)

Description of Activities

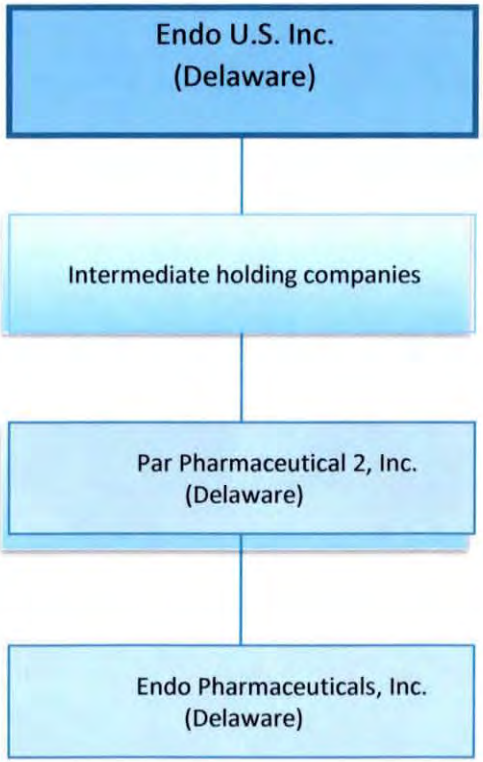
Endo Pharmaceuticals, Inc. is a virtual manufacturer. The entity name resides at the corporate headquarters located at 1400 Atwater Drive in Malvern, PA which is an administrative office building. All manufacturing, packing and distribution activities are contracted out. Manufacturing and packaging is handled by Endo affiliates and/or contract manufacturers.

Endo does not distribute products. Upon manufacturing completion, the commercial product is shipped to our contracted 3PL, UPS Supply Chain Solutions, LLC located at 1910 Danielson Place in Memphis, TN. The product is sold to wholesale distributors and some hospitals. Endo's customer base consists primarily of wholesaler distributors and some hospitals. The Malvern facility is open Monday thru Fridays from 8:30 a.m. to 5 p.m.

Endo's product list consists of:

Product	**NDC#**
Aveed	67979-511-43
Edex	52244-010-02,52244-010-06,52244-020-02,52244-020-06, 52244-040-02,52244-040-06
Fortesta	63481-183-16
Frova	63481-025-09
Lidoderm	63481-687-06
Nascobal	49884-270-82
Percocet	63481-623-70,63481-623-85,63481-627-70,63481-628-70, 63481-629-70
Supprelin LA	67979-002-01
Testim	66887-0001-05
Testopel	66887-0004-01,66887-0004-10,66887-0004-20
Theo-24	52244-0100-10,52244-0200-10,52244-0300-10,52244-0400-10
Valstar	67979-001-01, 67979-001-00
Xiaflex	66887-0003-01

Endo U.S. Inc.
Corporate Ownership



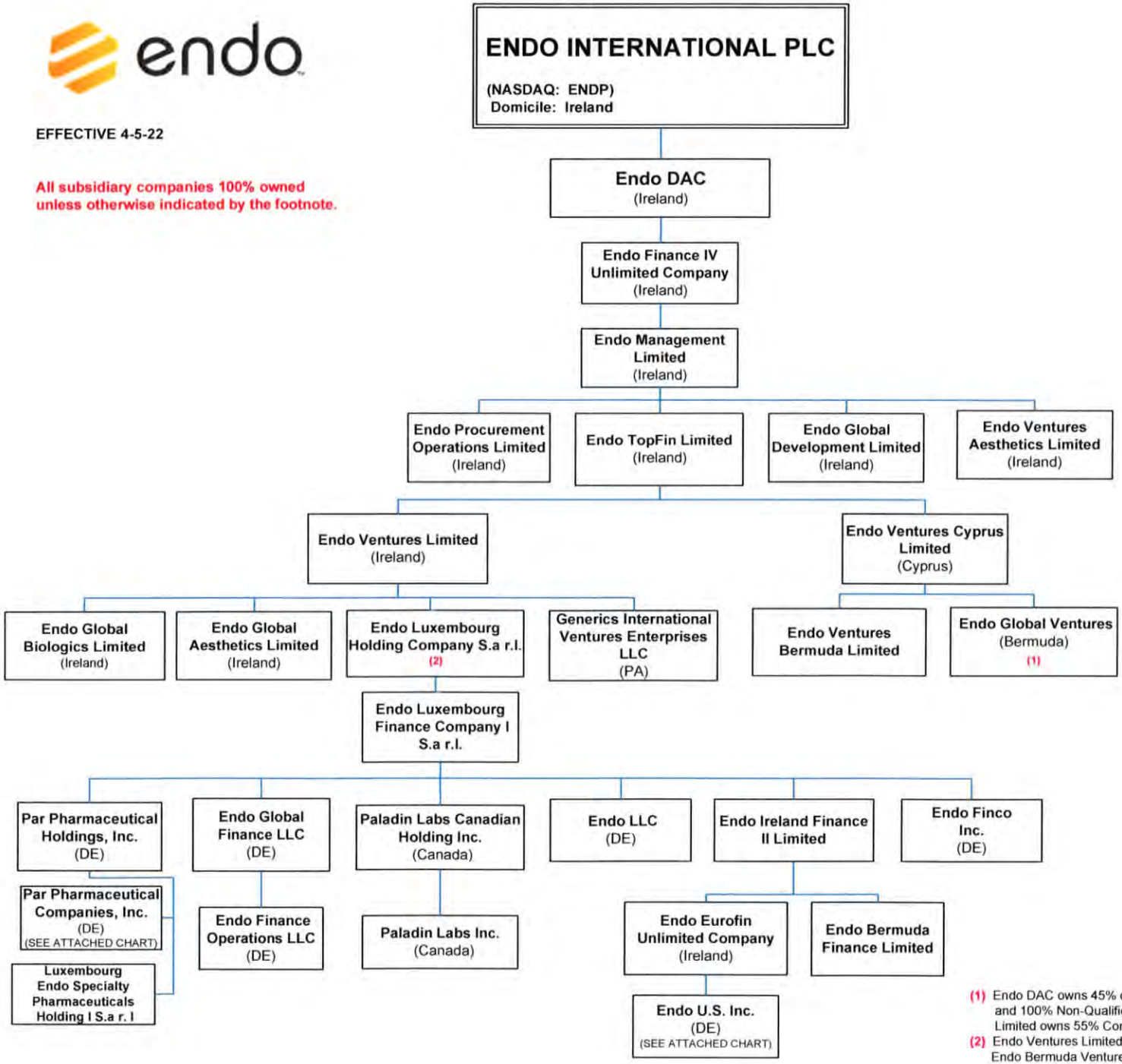
May, 2022

Explanation of the Org Chart

All of Endo's subsidiaries are 100% wholly owned subsidiaries. In the attached organization chart, the subsidiary known as Endo Pharmaceuticals Inc. immediate parent is Par Pharmaceutical 2, Inc. Par Pharmaceutical 2, Inc. then rolls up to its immediate parent Endo U.S. Inc. There is a layer of intermediate holding companies (for tax purposes only). All subsidiaries roll up to the ultimate parent company, Endo International plc.

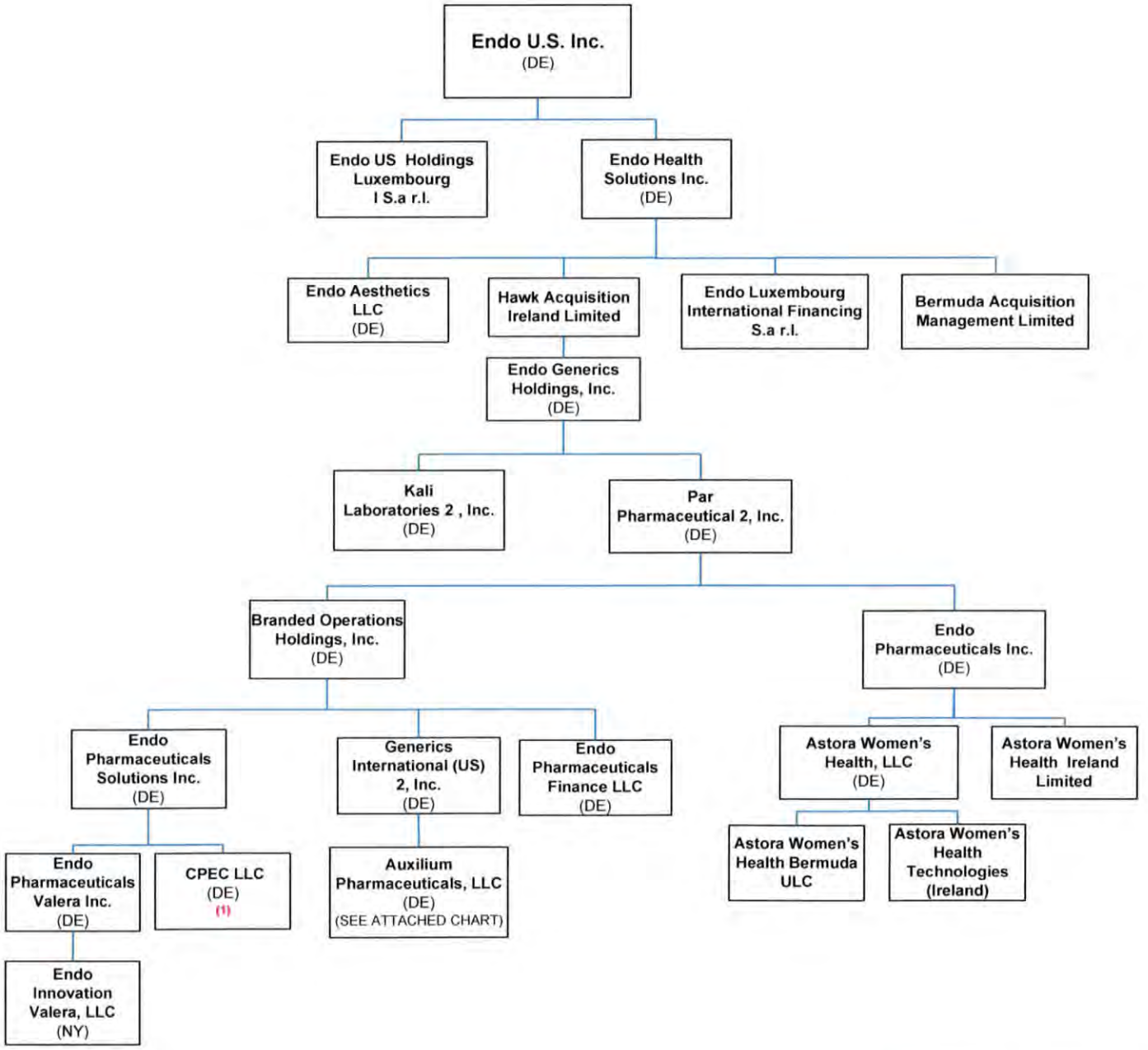
EFFECTIVE 4-5-22

All subsidiary companies 100% owned unless otherwise indicated by the footnote.



(1) Endo DAC owns 45% of Common Shares and and 100% Non-Qualified Preferred Shares and Endo Ventures Cyprus Limited owns 55% Common Shares

(2) Endo Ventures Limited owns 98.99%
Endo Bermuda Ventures Limited owns 1.01%



(1) Unaffiliated Party (ARCA Biopharma, Inc.) owns a 35% Membership Interest

ENDO PHARMACEUTICALS, INC.

OFFICERS

Name	Title	Address/Phone/SS#
Blaise A. Coleman	Chief Executive Officer	[redacted]Willing Way Malvern, PA 19355 [redacted] SSN# [redacted]
Patrick A. Barry	President	[redacted]Swabia Court Macungie, PA 18062 [redacted] SSN# [redacted]
Matthew J. Maletta	EVP, Chief Legal Officer & Secretary	[redacted]Harrison Drive Newtown Square, PA 19073 [redacted] SSN# [redacted]

Tax I.D. No. 52-2035829
State and Date of Incorporation: Delaware, April 2, 1997

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ENDO PHARMACEUTICALS INC.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 1400 ATWATER DRIVE

City MALVERN State PA Zip 19355

Mailing Address (if different from physical address) 300 TICE BLVD, STE 230

City WOODCLIFF LAKE State NJ Zip 07677

Telephone 484-216-3217 Website https://www.endo.com/

Licensing Company Email SCHOONOVER.MARYLOU@ENDO.COM

Section 2: Personal Information

First MARY-LOU Middle ELIZABETH Last SCHOONOVER

Alias(es, nicknames, name changes, etc.) M-L

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

Mailing Address [redacted]CLIVE PLACE

City NEWTON State NJ Zip 07860

Telephone [redacted] Email SCHOONOVER.MARYLOU@ENDO.COM

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
NATIONAL ACADEMY OF PARALEGAL STUDIES		9/1990 - 5/1991	
Address	City	State	Zip
NO LONGER IN BUSINESS	MIDDLETOWN	NY	
Diploma/Degree obtained, if any			
CERTIFIED CORPORATE PARALEGAL			

School Name		From - To (MM/YY – MM/YY)	
CENTENARY UNIVERSITY		09/1986-05/1988	
Address	City	State	Zip
400 JEFFERSON STREET	HACKETTSTOWN	NJ	07840
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE - BUSINESS ADMINISTRATION/MANAGEMENT			

School Name		From - To (MM/YY – MM/YY)	
KUTZTOWN UNIVERSITY		09/1984-05/1986	
Address	City	State	Zip
15200 KUTZTOWN ROAD	KUTZTOWN	PA	19530
Diploma/Degree obtained, if any			
NONE - TRANSFERRED TO CENTENARY UNIVERSITY			

School Name		From - To (MM/YY – MM/YY)	
SUSSEX COUNTY VOCATIONAL-TECHNICAL HIGH SCHOOL		09/1980 - 06/1984	
Address	City	State	Zip
105 NORTH CHURCH ROAD	SPARTA	NJ	07871
Diploma/Degree obtained, if any			
DIPLOMA			

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
5/2005 - CURRENT	[redacted]LIVE PLACE	NEWTON	NJ	07860
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name: PAR PHARMACEUTICAL, INC.				From - To (MM/YY – MM/YY): 9/2018 - CURRENT
Business Address: 300 TICE BLVD, STE 230		City: WOODCLIFF LAKE	State: NJ	Zip: 07677
Phone: 484-216-3217	Title: CUSTOMER DUE DILIGENCE & STATE LICENSING SR.			Number of Employed Hours: 10,928
Description of Duties: SEE ATTACHED				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

NOT APPLICABLE/NOTHING TO REPORT.

Mary Ann Schoonover

Original Signature (electronic, copies or stamps not accepted)

03/08/2023

Date

I, MARY-LOU E. SCHOONOVER, **certify that as the designated representative for**

ENDO PHARMACEUTICALS INC.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

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

SCHOONOVER, MARY-LOU

Print Name (First, Last)

Mary Lou Schoonover

Original Signature (electronic, copies or stamps not accepted)

03/08/2023

Date

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

SCHOONOVER, MARY-LOU

Print Name (First, Last)

Mary Lou Schoonover

Original Signature (electronic, copies or stamps not accepted)

03/08/2023

Date

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

State of New Jersey, ss. County of Sussex

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

Mary Lou Schoonover

Original Signature

03/08/2023

Date

Subscribed and Sworn to before me this 8 day of March 2023.

Carrie Middleton

Notary Public Signature

CARRIE E MIDDLETON
Notary Public of New Jersey
Commission ID# 50187003
Commission Expires 3/1/2027

(Seal)

Mary-Lou E. Schoonover
[redacted]**Clive Place, Newton NJ 07860**
Email: [redacted]
LinkedIn: https://www.linkedin.com/in/mary-lou-schoonover-683aa445/

Career Overview: Management level professional with more than 20 years of experience in healthcare and pharmaceutical compliance.

Strengths: Certified Corporate Paralegal, Compliance (General Corporate, PDMA, Sunshine Act, DEA, FDA, DSCSA, and EPA), sampling, practitioner verification/validation, licensing/registration, controlled substance and listed chemical imports/exports, quota, ARCOS, year-end reporting, theft/loss reporting, tracking/documentation, reporting, data management, quality control, functional analysis, technical liaison, documentation writing, training/education, legal documents/contracts preparation, audits/investigations, record-keeping/retention.

Regulatory Specialization: cGMP, DEA, EPA, FDA, DSCSA, CBP ACE/AES, Sunshine Act/Aggregate Spend, Prescription Drug Marketing Act/Sampleability, PhRMA Code, Anti-Bribery, Anti-Kickback, Federal Sanctions (OIG, Consent Decrees, Corporate Integrity Agreements), Foreign Corrupt Practices Act (FCPA)

Work Experience:

Customer Due Diligence & State Licensing Senior Manager, DEA Compliance Team – Par Pharmaceutical, Inc. an Endo company – (6/2022-Present)

Subject Matter Expert (SME) State Licensing for all Par-Endo owned entities and products, all duties related to initial applications, renewals, business model changes, closures/site decommissioning, VAWD accreditation, fingerprinting/FBI reporting for criminal background checks and liaison to 3PL and contract manufacturers licensing personnel. Collaborates closely with internal stakeholders on obtaining and maintaining surety bonds, certificates of insurance, product registrations, FDA DSCSA trading partner licensure documentation requirements, FDA 3PL & wholesaler registrations, certificates of authority/existence/good standing, opioid reporting and payment of fees and product stewardship.

SME Suspicious Order Monitoring (SOMs) for all Par-Endo owned entities and products, all duties related to comprehensive SOMs Compliance Program, order analysis system, annual customer questionnaires and buyers' letters of authorization, site visits/audits, customer vetting reviews, chargeback/sales/inventory data review, review of customer and customer's customer ARCOS data in DEA's Retail Buyers screen, disciplinary action reviews and state/DEA SOMs reporting. Collaborates with supply chain and 3PL team on inventory related issues and reportable thefts/losses.

Special projects: Bankruptcy and consolidation team, organizational rebranding, facility consolidations, new facility setups, implementation of OAS system, upgraded SOMs compliance program, migration from JDE to SAP, upgraded documents of sale to DSCSA compliant forms w/SAP interface, initial licensing of new Endo entity, sale of properties/decommissioning of site licensure for Irvine, Chestnut Ridge and Montebello facilities, transitioning of business model from actual manufacturer to virtual manufacturer, surety bond consolidation and certificate of insurance cleanup projects.

Customer Due Diligence & State Licensing Manager, DEA Compliance Team
– Par Pharmaceutical, Inc. an Endo company – (9/2018 – 5/2022)

Notable Accomplishments:
Team Lead - Initial licensing of new warehouse facility and licensing of new designated site representative
Team Lead – Implementation of an Order Analysis System and Due Diligence Module to assist with Suspicious Order Monitoring requirements for controlled drugs and listed chemicals.

Day-to-Day Activities:
Subject Matter Expert - Licensing & Registration (Legend Rx Drugs, Controlled Drug Substances, Listed Chemicals) - all aspects of licensing and registering company facilities with state and federal agencies for analytical labs, manufacturing sites, and wholesale drug distribution from initial licensing, renewals, change of ownership, corporate name changes, filing of new officers and directors, acquiring surety bonds, arranging for inspections, assigning powers of attorney, preparing documents for filings, validating licensure of contract manufacturers and distributors for licensing, as well as activities associated with transfers, draw downs and close outs, Responsible for on-site department record archiving and retention, processing FBI reporting requests, fingerprinting requests, passport photo requests, notarizing documents and special criminal background checks requested by state and federal agencies. Developed departmental SOPs and process documentation manuals for in-house use. Manage Suspicious Order Monitoring (SOMs) program, including but not limited to visiting with customers, implementing, and maintaining the SOMs Questionnaire, collaborating with customer vetting procedures to ensure compliance, utilizing the ARCOS reporting tools and analyzing charge back data. Assisted with year-end inventory reconciliation.

DEA Compliance Specialist, Global Compliance & Ethics Team, Legal Division
– United States Pharmacopeial Convention – (6/2016 – 9/2018)

Notable Accomplishments:
Implemented paperless system for imports/exports at USP via DEA on-line system and Customs AES/ACE system.
Enhanced DEA order processing procedures and streamlined internal Oracle processes.
Developed record retention and data rotation procedures for on-site and off-site storage requirements in accordance with DEA regulations.
ERP Project Team, Automated EPA ozone depleting substance order processing thru USP's iStore platform

Day to Day Activities:
DEA Subject Matter Expert/Power of Attorney - Imports/Exports (Schedules I-V and Listed Chemicals), Reporting (222 forms, ARCOS, YERS, Quota, Theft/Loss, Suspicious Order Monitoring), State Licensing & DEA Registrations (Initial, Renewal, Modifications), Destruction, Inventory (Initial, Biennial, Year-End).

Additional Responsibilities:
Team Lead for EPA Ozone Depleting Substance Certification Program – responsible for review of ODS certificates and filing of quarterly and annual reports.

DEA Compliance Specialist, Compliance Team, Regulatory Division
- Reckitt Benckiser – (6/2015 - 6/2016)

Notable Accomplishments:
DEA data standardization & forms upgrade project, EDI requirements & documentation upgrade, JDE/LMS/Scale/Red Prairie data segregation upgrade projects, practitioner validation data incorporation project, new warehouse facility set up & existing facilities upgrade projects for DEA compliance, stewardship plans, implementation for safe drug disposal programs, enhancement of signature audit programs, modified and created new SOPs/work practices, provided power of attorney training, specialty training in DEA for new hires.

DEA Compliance Specialist, Compliance Team, Regulatory Division
- Reckitt Benckiser – (6/2015 - 6/2016) - continued

Day to Day Activities
Primary Responsibility – All DEA and state regulated activities for RB's US Distribution Centers.
Subject Matter Expert/Corporate Power of Attorney – Corporate D&B Registrations, FDA Food/Drug Firm Establishment Registrations, State/Local Licensing for all RB US Sites handling Healthcare products (OTC, Medical Devices, List 1 Precursor Chemical/State Specific-CDS licenses) and Federal DEA Registrations (List 1 Chemicals) activities included but not limited to: Initial Applications, Renewals, Closures/Decommissioning. Other Regulatory/DEA responsibilities included, Quota, Biennial/Year-End Inventory, Year-End Inventory Reporting (YERS), Fingerprinting/FBI Reporting/Criminal Background Checks, Theft/Loss Reporting, Suspicious Order Monitoring (SOMs), Facility Audits/Investigations, Destructions, and Import/Exports.

Additional Responsibilities:
Provided Corporate Compliance training to RB Sales Force (PhRMA Code, Anti-Bribery, Anti-Kickback, Federal Sanctions, OIG/Consent Decrees, Corporate Integrity Agreements, PDMA/Sunshine Act), maintained relevant SOPs, monitored Sales Force Automation programs, performed internal audits/investigations, reviewed Aggregate Spend Reports, and worked with cooperatively with Legal and Human Resources on matters requiring disciplinary actions.

DEA Compliance Analyst at Allergan (formerly Actavis/Watson) – (3/2013 – 6/2015)

Notable Accomplishments:
Team Lead - Initial licensing of new OTC warehouse facility and licensing of new designated site representative Acquisitions Team Member – assisted in filing legal documents as well as Letter of Notifications thru four key acquisitions Corporate Name Change Team Leader – lead the relicensing of U.S. pharma entities after corporate renaming.
International Incorporation Team Lead – responsible for Criminal Background Checks/FBI reports for all Executive Leadership Team for international licensing qualifications (key component of transferring incorporation from US to Ireland)

Day-to-Day Activities:
Subject Matter Expert - importing & exporting controlled drug substances from raw materials to finished goods for commercial use or for research and development (analysis, biostudies, or clinical trials) including drafting or obtaining supplemental documentation. Licensing & Registration (OTC, Medical Device, Legend Rx Drugs, Controlled Drug Substances, Special ATF) - all aspects of licensing and registering company facilities with state and federal agencies for analytical labs, clinical research facilities, manufacturing sites, and wholesale drug distribution from initial licensing, renewals, change of ownership, corporate name changes, filing of new officers and directors, acquiring surety bonds, acquiring insurance, arranging for inspections, assigning powers of attorney, preparing documents for filings, establishing registered agents, adding drug codes, requesting schedules/federal register, as well as activities associated with transfers, draw downs and close outs, Responsible for on-site department record archiving and retention as well as managing data sent off-site, Processing FBI reporting requests, fingerprinting requests, passport photo requests, notarizing documents and special criminal background checks requested by state and federal agencies. Developed departmental SOPs and process documentation manuals for in-house use. Assisted with monthly theft/loss reporting (damaged, destroyed, or missing products), Suspicious Order Monitoring (SOMs) program, customer vetting procedures to ensure compliance, ARCOS reporting, analyzing year end reporting. Provided functional and technical support of in-house databases and Sharepoint site.

Quality Control/Senior Data Analyst at Hilltown Systems/MedPro Systems, LLC – (11/1999-9/2012)

Notable Accomplishments:
Management level - 1 direct and five indirect reports.
Extensive knowledge of Prescription Drug Marketing Act and Sunshine Act. Worked on original design team of MedPro database. Strong networking relationships with state licensing boards. Infinite knowledge of industry standards for prescription drug sampling from data collection/analysis of practitioner/organization records for licensure verification and validation including disciplinary actions/sanctions to reporting expenditures via aggregate spend tools.

MedPro Development:
Assisted in implementing new features to web-based system. Contributed to real-time data updates. Assisted with design and implementation of enhanced data loading system. Developed procedures for streamlining data collection, management, and loading. Contributed to implementing and monitoring cross-reference linking of data to additional sources.

MedPro Support:
Monitored database accuracy and integrity. Conducted weekly quality control reports, data inspections and audits. Researched and resolved technical or functional issues related to data collection or data inaccuracies. Provided support to customer service on customer issues, requests for new data or cross-reference linking questions. Worked with Sales Team on research and development of new data sources and potential new projects.

EDI Coordinator/Analyst (Contractor) at Information Services International- (7/1998-10/1999)

Senior Corporate Paralegal at Beneficial Mortgage Corporation – (7/1990-7/1998)

Education, Training and Certifications:
National Academy of Paralegal Studies – Middletown, NY – *Certified Corporate Paralegal* (1991)
Centenary University – Hackettstown, NJ - *Bachelor of Science - Business Administration/Management* (1988)
Notary Public – States of New Jersey and New York

Professional Affiliations:
National Association of State Controlled Substance Authorities (NASCSA) – 2013–Present, Current Member, serving on Program Committee and Membership/Sponsorship Committee
New Jersey Pharmacy Industry Group – 2013 – Present, Current Member
Center for Prevention/Coalition for Health Families (NJ - Sussex/Warren Counties) – Current Volunteer

Speaker/Presenter Engagements:
NASCSA – 2023 – Confirmed State Licensing/Registration (CMOs and Virtual Manufacturers) – October 2023
IQVIA - 2022 – Conference Presenter – State Licensing (Virtual Manufacturers) – October 2022
NASCSA – 2022 – Conference Presenter - State Licensing (Virtual Manufacturers) – October 2022
IQVIA - 2013 – Conference Presenter – DEA Imports/Exports – April 2017
NASCSA – 2017 – Conference Presenter - State Licensing (Industry Changes and Trends) – October 2017

Awards:
National Association of State Controlled Substance Authorities (NASCSA) – Presidents Award 2021
Endo Inaugural Living Our Values Award for Integrity and Quality, 2021

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RL0251518	05-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-01-2022

UPS SUPPLY CHAIN
SOLUTIONS, INC.
1910 DANIELSON PLACE
MEMPHIS, TN 381140000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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Form DEA-223 (9/2016)

28966

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000001438
EXPIRATION DATE: 02/28/2023

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
THIRD PARTY LOGISTICS
UPS SUPPLY CHAIN SOLUTIONS, INC.

COMMISSIONER OF HEALTH

UPS SUPPLY CHAIN SOLUTIONS, INC.
211 LAKE DRIVE, SUITE F
NEWARK DE 19702-3320

12436462
28966

State of Tennessee
Department of Health

TENNESSEE BOARD OF PHARMACY
THIRD PARTY LOGISTICS
UPS SUPPLY CHAIN SOLUTIONS, INC.
1910 DANIELSON PLACE
MEMPHIS TN 38114

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000001438
EXPIRATION DATE: 02/28/2023

CONTROLLED SUBSTANCE REGISTRATION

ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

COMMISSIONER

DCE171

SURETY RIDER

To be attached to and form a part of

Bond No. 999139345

dated effective November 4, 2021
(MONTH-DAY-YEAR)

executed by Par Pharmaceutical Companies, Inc. and Endo Aesthetics LLC
(PRINCIPAL) , as Principal,

and by Liberty Mutual Insurance Company, as Surety,

in favor of Nevada State Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

PRINCIPAL NAME AND ADDRESS
From: Par Pharmaceutical Companies, Inc. and Endo Aesthetics LLC
To: Par Pharmaceutical Companies, Inc. and Endo U.S. Inc.

ADDING LOCATIONS:
Par Sterile Products, LLC (aka PSP), 870 Parkdale Road, Rochester, MI 48307
Par Pharmaceutical, Inc. (aka PPI) , 8 Clarke Drive, Cranbury, NJ 08512
Endo Aesthetics, LLC (aka EAL), 1400 Atwater Drive, Malvern, PA 19355
Endo Pharmaceuticals, Inc. (aka EPI), 1400 Atwater Drive, Malvern, PA 19355

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective April 5, 2022
(MONTH-DAY-YEAR)

Signed and Sealed April 5, 2022
(MONTH-DAY-YEAR)

Par Pharmaceutical Companies, Inc. and Endo U.S. Inc.
(PRINCIPAL)

By: _____
(PRINCIPAL)

Liberty Mutual Insurance Company
(SURETY)

By: _____
Thelma M. Lett, Attorney-in-Fact

S-0443 GEEF 10/99

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204866

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint,

Thelma M. Lett

all of the city of Knoxville, state of Tennessee each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 5th day of April 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Replaces National Casualty Company #SNO4002040 Effective 8/1/2019

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 1029367

Application/License No.

Par Pharmaceutical Companies, Inc.
Applicant /Principal
, doing or intending to do business as a

pharmaceutical wholesaler, whose address for purposes of service is

1 Ram Ridge Road, Chestnut Ridge, NY 10977
Address of Applicant /Principal
, as

PRINCIPAL, and The Hanover Insurance Company
Surety Company
, a

corporation organized under the laws of the state of New Hampshire
State of Incorporation

and authorized to transact a general surety business in the State of Nevada, whose address for purposes

of service is 440 Lincoln St., Worcester, MA 01653
Address of Surety
as

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 1, 2019
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that ara impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 7th day of August 2019

APPLICANT/PRINCIPAL

Par Pharmaceutical Companies, Inc.

Authorized Representative

MARK T. BRADLEY

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

The Hanover Insurance Company

Surety Company's Representative

Thelma M. Lett
print name

___, Attorney-in-fact

SIGNED and SEALED in the presence of:

Witness Mary Y. Volmar

Witness Bonnie Rice

Countersigned by:

N/A

Nevada Resident Agent

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

POWER OF ATTORNEY

THIS Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

KNOW ALL PERSONS BY THESE PRESENTS:

That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, (hereinafter individually and collectively the "Company") does hereby constitute and appoint,

Carolyn E. Wheeler, Loretta M. Jones, Mary Y. Volmar, Sandra King, Julie Karnes, Rebecca J. Hobbs, Bonnie Rice, Sandy McElhaney, Vicki Nobinger, Thelma M. Lett, Mariah Smith, Andrea Allman, Michelle Lute-Heatherly and/or Rachel A. Chaveriat

Of **Marsh USA, Inc., Knoxville, TN** each individually, if there be more than one named, as its true and lawful attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, any and all surety bonds, recognizances, undertakings, or other surety obligations. The execution of such surety bonds, recognizances, undertakings or surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company, in their own proper persons. Provided however, that this power of attorney limits the acts of those named herein; and they have no authority to bind the Company except in the manner stated and to the extent of any limitation stated below:

Any such obligations in the United States, not to exceed Two Million and No/100 ($2,000,000) in any single instance

That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons.

RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile. (Adopted October 7, 1981 – The Hanover Insurance Company; Adopted April 14, 1982 – Massachusetts Bay Insurance Company; Adopted September 7, 2001 – Citizens Insurance Company of America)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this **19th** day of **June, 2019.**

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

John C. Roche, EVP and President

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

James H. Kawiecki, Vice President

THE COMMONWEALTH OF MASSACHUSETTS)
COUNTY OF WORCESTER) ss.

On this **19th** day of **June, 2019** before me came the above named Vice Presidents of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.

DIANE J. MARINO
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
March 4, 2022

Diane J. Marino, Notary Public
My Commission Expires March 4, 2022

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this 7th day of August 2019

CERTIFIED COPY

Theodore G. Martinez, Vice President

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Endo Pharmaceuticals, Inc.

Physical Address 1400 Atwater Drive

City Malvern State PA Zip 19355

Mailing Address (if different from physical address) Par Pharmaceutical, Inc., 8 Clarke Drive

City Cranbury State NJ Zip 08512

Telephone 484-216-3217 Website https://www.endo.com

Licensing Company Email schoonover.marylou@endo.com

Section 2: Personal Information

First Joseph Middle _____ Last Burke

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

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

Mailing Address [redacted] Colony Drive

City Collegeville State PA Zip 19426

Telephone 484-216-6760 Email burke.joe@endo.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials _____

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

School Name		From - To (MM/YY – MM/YY)	
Upper Dublin High School		1982-1986	
Address	City	State	Zip
800 Loch Alsh Ave	Fort Washington	PA	19034
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
West Chester University		1986-1990	
Address	City	State	Zip
700 South High Street	West Chester	PA	19383
Diploma/Degree obtained, if any			
B.S. Criminal Law			

School Name		From - To (MM/YY – MM/YY)	
Rosemont College		2005-2007	
Address	City	State	Zip
1400 Montgomery Avenue	Rosemont	PA	19010
Diploma/Degree obtained, if any			
Masters Business Administration			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Over 20 years	[redacted] Colony Drive	Collegeville	PA	19426
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

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

Business Name			From - To (MM/YY – MM/YY)	
Endo Pharmaceuticals Inc.			2011-Present	
Business Address		**City**	**State**	**Zip**
1400 Atwater Drive		Malvern	PA	19355
Phone	**Title**		**Number of Employed Hours**	
484-216-6760	VP, Facilities Management & Global Real Estate		22,880	
Description of Duties				
See attached description of activities.				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials _____

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

Applicant's initials _____

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

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

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

Provide explanation below:

Not applicable, nothing to report.

Original Signature (electronic, copies or stamps not accepted)

05/11/2022

Date

Applicant's initials

I, Joseph Burke, **certify that as the designated representative for** Endo Pharmaceuticals Inc.,

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

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

Joseph Burke

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/11/2022

Date

Applicant's initials

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

Joseph Burke

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/11/2022

Date

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

State of New Jersey, ss. County of Sussex

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

Original Signature

05/11/2022

Date

Subscribed and Sworn to before me this 11th day of May, 2022.

Notary Public Signature

MARY-LOU E. SCHOONOVER
NOTARY PUBLIC OF NEW JERSEY
I.D. # 2431911
My Commission Expires 3/28/2026

(Seal)

Applicant's initials

Submitted via email and hard copy

January 13, 2023

JAN 17 2023

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

Re: Pending Application – Endo Pharmaceuticals, Inc., 1400 Atwater Drive, Malvern, PA 19355

Dear Ms. Herrera:

This letter is being submitted on behalf of Endo Pharmaceuticals, Inc. with additional information as requested for our application. Please see the requested information below:

- List containing each employee Pursuant to NRS 639.500 (2).
    - For this facility, Joe Burke and the 3 Corporate Officers (see attached listing) are located at this facility. I am located at the Woodcliff Lake facility and travel to the Malvern facility on an as needed basis. As we have gone to a permanent remote office policy, the only individual who is on-site daily and overseas the operations would be Joe Burke. We have some contractors on-site but, they are not employees of Endo and their roles are restricted to the mailroom and facility maintenance. Since our bankruptcy announcement in August, 2022 we have had a significant reduction in staff at all of our facilities and only essential personnel are required in the office. As such, this office has only 4 Endo employees.
- Based on the description of duties the DR provided, they do not meet the qualifications in *dispensing and distribution of, and recordkeeping relating to, prescription drugs*. pursuant to NAC639.5005 2.(a) Therefore are you able to provide an individual who can meet these qualifications?
    - Although your license is an Out-of-State Wholesaler, we are in fact a Virtual Manufacturer. We do not handle any products. All physical manufacturing activities are handled by contracted 3PL's as provided in the original application. All distribution activities are handled by our contracted 3PL, UPS Supply Chain Solutions, Inc. in Memphis, TN. All transaction of sale records are stored electronically. All licensing is centrally located and handled thru my office in our Woodcliff Lake facility. Any returns, recalls or damaged products are sent directly to a contracted vendor, Inmar. Our 1400 Atwater Drive location is strictly a "paper only" office. Joe Burke currently serves as the Designated Representative for 1400 Atwater Drive. He is currently the Designated Representative for Endo Pharmaceuticals and Endo Aesthetics. Endo Aesthetics is also a virtual manufacturer which is currently licensed in NV under license# WHO3067 and Joe Burke is the Designated Representative on that license.

      On December 6, 2022, Endo International plc, our parent company, made the announcement that we have ceased production and sale of our Qwo product. This was the only product being manufactured under the banner of Endo Aesthetics. While there is no activity under the name of Endo Aesthetics currently taking place, there is product in the market that does not expire until

January, 2025; as such all licensing will remain in effect until that time. In the meantime, we are asking the Board to allow Joe Burke to serve as the Designated Representative for both companies as Endo Pharmaceuticals as an active entity and Endo Aesthetics as a quasi-inactive entity. A copy of the newswire has been provided for you.

- (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957).
    - We do not produce medical devices, equipment or gases.

- If providing a Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).
    - Not applicable.

Additionally, I am enclosing a replacement check #3003323 for the criminal background check as the previous check that was submitted to the Board has expired. Please note that our checks are only valid for 90 days. We request that you please process them as soon as possible. We ask that you kindly shred check# 3002893 as it is null and void. We do not need to have the check returned to us.

If you have any questions or concerns regarding this submission or any licensing related matters, please feel free to contact me.

Sincerely,

MaryLou Schoonover (she/her/hers)
Customer Due Diligence & State Licensing Senior Manager, DEA Compliance Team

Office 484-216-3217
Schoonover.marylou@endo.com

Par Pharmaceutical *an endo company*
300 Tice Blvd, Ste 230
Woodcliff Lake, NJ 07677

Endo.com
Parpharm.com

cc: file

Centocor Incorporated. a Johnson & Johnson company : Malvern Pa.
Global Bio-Pharmaceutical Company

- **Director Facility Services:**

Management Responsibilities:

- Responsible for facility operations for a four campus, 1.4 million square foot, bio-pharmaceutical company. Space consisted of laboratory, manufacturing and class A office.
- Member of a real estate management team which developed and executed a plan which grew the companies space portfolio over one million square feet in 5 years.
- Managed services to include facilities maintenance, project delivery, lab support services, security services, food services, mail services, cleaning and grounds management.
- Directed space planning function.
- Developed a comprehensive Business continuity program.

Day & Zimmermann Services: Philadelphia Pa. (1995-2000)
National supplier of outsourced personnel services.

- **Regional Manager:** Responsible for the operational management of clients serviced by D&Z in the northeast section of the United States. Responsibilities include management liaison with clients and implementation of security programs including manpower planning and staffing for over 500 employees, labor relations, contract administration, budgeting and fiscal accountability as well as procurement of services.

Education:

West Chester University: West Chester Pa. BS Criminal Law
Rosemont College: Rosemont Pa. Masters Business Administration

ACTIVITIES:

- Member of IFMA, ASIS, and CoreNet
- Member of US Green Building Council and Delaware Valley Green Building Council
- Member Of Industrial Asset Management Council (IAMC)
- Coach/Board Member Youth Soccer, Softball and Basketball programs.

Endo Pharmaceuticals, Inc. – Controlled Drug Substances & Listed Chemicals

The DEA does not register virtual manufacturers. If a virtual manufacturer has controlled drug substances and/or listed chemicals in their product portfolio, those products are manufactured and distributed by DEA registered entities.

Endo Pharmaceuticals, Inc. currently uses affiliated companies or contract manufacturers to manufacture controlled drug substances and listed chemicals. We do not have contracts with our affiliated companies as these are part of our company.

All Endo products are distributed exclusively by our contracted 3PL, UPS Supply Chain Solutions, Inc. located at 1910 Danielson Place in Memphis, TN. Endo's controlled drug substances and listed chemicals are distributed under UPS' DEA Distributor Registration #RL0251518. A copy of the DEA registration has been provided to you.

41

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

Section 1: General Information

Facility Name: Evergreen Theragnostics, Inc

Physical Address: 27 Commerce Street

City: Springfield State: NJ Zip: 07081

Mailing Address (if different from physical address): Same as physical address

City: N/A State: N/A Zip: N/A

Telephone: 833-846-2366 Website: www.evergreentgn.com

Name of Designated Representative (DR): Kyle Hoffmann

Licensing Company Email: licensing@evergreentgn.com DR Email: kyle.hoffmann@evergreentgn.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☑ Pharmacies	☑ Dangerous Drugs	☐ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☑ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

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

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

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

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
N/A #H22FEB23				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

22FEB2023
Date

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

Name: KP Pharmaceutical Technologies, Inc.
Address: 1212 W. Raquel Ave City: Bloomington State: IN Zip: 47404
Name:
Address: City: State: Zip:
Name: N/A KH22FE623
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address: N/A KH22FE623
City: State: Zip:
Telephone: Email:
Contact Person Name:

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): N/A
Corporation/Organization Name: Evergreen Theragnostics, Inc.
Mailing Address: 57 Parrott Mill Road
City: Chatham State: NJ Zip: 07038
Telephone: 917-319-1920 Email: james.cook@evergreentgn.com
Contact Person Name: James Cook

Section 6: Partnership

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

Section 7: Sole Owner

Owner's Name: N/A KH22FE623
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

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

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

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

Kyle W. Hoffmann
Print Name of Authorized Person Submitting Application

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

15APR22
Date

Board Use Only	Date Received: _____	Amount: $500 CC

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Evergreen Therapeutics, Inc.
Facility Name

Kyle Hoffmann
Print Name of Authorized Person Submitting Application

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

02/22/2023
Date

Board Use Only	Date Received: _____	Amount: _____

Attachment A

Nature of Business and FDA Registration

Evergreen Theragnostics, Inc. (Evergreen) is a manufacturer of radiopharmaceutical products. Initially, Evergreen will function as a contract manufacturer of research / investigational new drug products only. As such, the facility does not currently have its own product approval and is exempt from FDA establishment registration under 21 CFR 207.13(e)*. The company will submit an NDA to the FDA with a goal to commercialize its own product next year. Product will be shipped from the Springfield, NJ facility to hospitals nationwide. Enclosed please find proof of FDA labeler code registration.

***CFR - Code of Federal Regulations Title 21**
§ 207.13 Who is exempt from the registration and listing requirements?

Except as provided in § 207.13(l), the following classes of persons are exempt from registration and drug listing in accordance with section 510(g) of the Federal Food, Drug, and Cosmetic Act or because FDA has determined, under section 510(g)(5) of the Federal Food, Drug, and Cosmetic Act, that their registration is not necessary for the protection of the public health. This exemption is limited to establishment registration and drug listing requirements and does not relieve a person from other statutory or regulatory obligations.

e. Manufacturers, repackers, relabelers, or salvagers who manufacture, repack, relabel, or salvage drugs solely for use in research, teaching, or chemical analysis and not for sale.

Lam, Maggie P.

Subject: FW: Labeler Code Request Approved

From: edrls@fda.hhs.gov
Date: February 23, 2021 at 3:55:16 PM GMT+1
To: Phillip Denoble <phillip.denoble@evergreentgn.com>
Subject: Labeler Code Request Approved
Reply-To: edrls@fda.hhs.gov

eDRLS - Electronic Drug Registration & Listing System

Current Date: 23-FEB-2021
Labeler DUNS: 117439769
Labeler Name: Evergreen Theragnostics, Inc.
Labeler Code Assigned: 81617

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

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

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

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

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0748696

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

27 COMMERCE ST SPRINGFIELD, NJ 07081-

Reg. No.
5005968

EVERGREEN THERAGNOSTICS, INC.
27 COMMERCE ST
SPRINGFIELD, NJ 07081-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2024

Establishment Copy

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EVERGREEN THERAGNOSTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2022.

Jeffrey W. Bullock, Secretary of State

7391501 8300

SR# 20222708100

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

Authentication: 204693985

Date: 10-25-22

Attachment C

Employee Information

Evergreen Theragnostics, Inc.

Corporate Officers:

James B. Cook
Treasurer and Secretary

Serge Konstantin Lyashchenko
Chief Scientific Officer

Directors:

James Cook
Gerald Ber
Enrico Toledo
Serge Lyashchenko

Designated Representative:

Kyle W. Hoffmann

Attachment D

Ownership Information

Evergreen Theragnostics, Inc. (Evergreen) is a privately held corporation with numerous shareholders. Provided below is the information for Evergreen's five largest shareholders. No other shareholders own more than 5% of Evergreen. Additional shareholder information may be provided upon request.

Name	Address	Ownership
James Cook	57 Parrott Mill Rd., Chatham, NJ 07928	11.0058%
MAC 2020 s.r.l.	Via Giovanni Giolitti 55, Torino, Italy	6.2602%
Lillian Gigi	ch. du ruisseau 5 Founez, 1297 Switzerland	6.1594%
Gerard Ber	Untere Roostmatt 16, 6300 Zug, Switzerland	6.0285%
Dal 1802 Educazione Cultura Salute Ambente Tecnologia S.r.l.	Corso D'Azeglio 21, Torino 10126, Italy	5.9394%

EVERGREEN THERAGNOSTICS

Evergreen Theragnostics, Inc.
27 Commerce St.
Springfield, NJ 07081, USA
www.evergreentgn.com

March 1, 2023

Evergreen Theragnostics Employee List – Current to Date Above

Name	Title	Name	Title
James Cook	President & CEO	Alison Tillbrook	Human Resources Manager
Kyle Hoffmann	Head of Facility Operations / Radiation Safety Officer	Cameron Aylward	Radiopharmacist
Shruti Jambudi	Regulatory Affairs Manager	Arthur Damiao	Facility Engineer
Austin Li	Head of Business Operations & IT	Neelam Ferrari	Associate Scientist
Kyle Powell	Head of Quality	Alexis Jorge	Inventory Specialist
Thomas Reiner	Chief Scientific Officer	Alton Kwong	Production Manager
Kevin Staton	VP, CDMO Project Management	Okeoghene Erukanure	Production Technician
Brianna Jackson	Production Technician	Joseph Redican	Production Technician
Norbert Kuter	Accounting Specialist	Eric Luthi	Chief Commercial Officer
Megha Thakkar	Head of Product Management	Zhenhua Lin	IT Specialist
Martin Dolan	QC Chemist	Drew Erskine	QC Technician
Caroline Janssen	QA Associate	Michael Patrick	QA Manager
Jason Weir	Quality Assurance Specialist	Caymen Hildreth	QC Laboratory Manager
Rotem Benharush	QC Technician	Giacomo Pirovano	International Contractor
Stephen Jannetti	Project Manager	Surender Mandal	Radiopharmaceutical Project Manager
Nicole Vazquez	Supply Chain Manager	Paola Aquino	Supply Chain Specialist
Christian Rodriguez	Supply Chain Specialist	Diana Kaskiw	Office Manager

Attachment F

Designated Representative and Personal History Applications

Enclosed please find a completed Designated Representative Application for Kyle W. Hoffmann and a completed Personal History Application for James B. Cook, the only shareholder who owns more than 10% of Evergreen Theragnostics, Inc. (see Attachment D).

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Evergreen Theragnostics, Inc.

Physical Address: 27 Commerce Street

City: Springfield State: NJ Zip: 07081

Mailing Address (if different from physical address): Same as physical address.

City: State: Zip:

Telephone: 973-939-7250 Website: www.evergreentgn.com

Licensing Company Email: kyle.hoffmann@evergreentgn.com

Section 2: Personal Information

First: Kyle Middle: William Last: Hoffmann

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

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

Mailing Address: 27 Commerce Street

City: Springfield State: NJ Zip: 07081

Telephone: [redacted] Email: kyle.hoffmann@evergreentgn.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials: KH

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

School Name		From - To (MM/YY – MM/YY)	
Wantagh High School		09/06 - 06/11	
Address	**City**	**State**	**Zip**
3297 Beltagh Ave, Wantagh	Wantagh	NY	11793
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
MCPHS University		(08/11 - 05/17)	
Address	**City**	**State**	**Zip**
179 Longwood Ave	Boston	MA	02115
Diploma/Degree obtained, if any			
Doctor of Pharmacy (PharmD)			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2018-~~present~~ 2021	[redacted] Colony Drive	Hartsdale	NY	10530
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2013-2018	[redacted] Emeric Avenue	Wantagh	NY	11793
From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/21 - Present	[redacted] Union Avenue	Middlesex	NJ	08846
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Evergreen Theragnostics, Inc.			01/2021-present	
Business Address		City	State	Zip
27 Commerce Street		Springfield	NJ	07081
Phone	Title		Number of Employed Hours	
973-600-2504	Production Manager		40/week	
Description of Duties				
Oversees all production activities				

Business Name			From - To (MM/YY – MM/YY)	
SOFIE Biosciences			02/2020-12/2020	
Business Address		City	State	Zip
60H Commerce Way		Totowa	NJ	07512
Phone	Title		Number of Employed Hours	
973-785-0029	Facility Manager/Nuclear Pharmacist		40/	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
CVS Health			06/2011-01/2020	
Business Address		City	State	Zip
10 S. Bedford Road		Mt. Kisco	NY	10549
Phone	Title		Number of Employed Hours	
914-242-3651	Pharmacy Technician, Intern, Pharmacist and Manager		40/week	
Description of Duties				
Pharmacist				

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A.

Original Signature (electronic, copies or stamps not accepted)

15 APRIL 2022
Date

Applicant's initials KN

I, Kyle W. Hoffmann, **certify that as the designated representative for**

Evergreen Theragnostics, Inc.,

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

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

Kyle W. Hoffmann

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

15 APRIL 2022

Date

Applicant's initials KH

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

Kyle W. Hoffmann

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

15APRIL2022

Date

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

State of New Jersey, ss. County of Essex

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

Original Signature

4/15/2022

Date

Subscribed and Sworn to before me this 15 day of April 22

Notary Public Signature

Norbert Kuter
NOTARY PUBLIC
State of New Jersey
ID # 0050177699
My Commission Expires October 18, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Evergreen Theragnostics, Inc.

Physical Address: 27 Commerce Street

City: Springfield State: NJ Zip: 07081

Mailing Address (if different from physical address): Same as physical address.

City: State: Zip:

Telephone: 973-939-7250 Website: www.evergreentgn.com

Licensing Company Email: kyle.hoffmann@evergreentgn.com

Section 2: Personal Information

First: James Middle: Bliss Last: Cook

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

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

Mailing Address: 27 Commerce Street

City: Springfield State: NJ Zip: 07081

Telephone: [redacted] Email: james.cook@evergreentgn.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials: _____

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

School Name		From - To (MM/YY – MM/YY)	
Kettering University		07/94 - 06/99	
Address	City	State	Zip
1700 University Avenue	Flint	MI	48504
Diploma/Degree obtained, if any			
BSME, BSEE			

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

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
- Present	[redacted] Parrott Mill Road	Chatham	NJ	07928
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

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

Business Name			From - To (MM/YY – MM/YY)
Evergreen Theragnostics, Inc.			- Present
Business Address	**City**	**State**	**Zip**
27 Commerce Street	Springfield	NJ	07081
Phone	**Title**		
973-939-7250	President and CEO		
Description of Duties			
Founded company and oversee all operations			

Business Name			From - To (MM/YY – MM/YY)
Advanced Accelerator Applications USA, Inc.			8/2014 – 2/2019
Business Address	**City**	**State**	**Zip**
57 East Willow Street	Millburn	NJ	07041
Phone	**Title**		
862-263-0820	General Manager, USA		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
PETNET Solutions (subsidiary of Siemens Healthcare)			7/2012 – 7/2014
Business Address	**City**	**State**	**Zip**
810 Innovation Drive	Knoxville	TN	37932
Phone	**Title**		
877-473-8638	VP, Global Sales and Business Development		
Description of Duties			

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

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

Continue on next page if additional space is needed.

Applicant's initials

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

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

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

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

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

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

James Cook

Original Signature (electronic, copies or stamps not accepted)

11 Apr 2022

Date

Applicant's initials JC

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Cook

Print Name (First, Last)

James Cook

Original Signature (electronic, copies or stamps not accepted)

11 Apr 2022

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Essex

I, James Cook, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

James Cook

Original Signature

11 Apr 2022

Date

Subscribed and Sworn to before me this 11 day of April 22.

Notary Public Signature

NORBERT KUTER NOTARY PUBLIC STATE OF NEW JERSEY MY COMMISSION EXPIRES

(Seal)

Norbert Kuter
NOTARY PUBLIC
State of New Jersey
ID # 0050177699
My Commission Expires October 18, 2024

Applicant's initials JC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. TIC05908

Application/License No. _____

Evergreen Theragnostics, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 27 Commerce Street, Springfield, NJ 07801 (Address of Applicant/Principal), as PRINCIPAL, and Trisura Insurance Company (Surety Company), a corporation organized under the laws of the state of Oklahoma (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 2 Stamford Plaza, Suite 1504, Tresser Boulevard, Stamford, CT 06901 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 31, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of May, 2022.

APPLICANT/PRINCIPAL

Evergreen Theragnostics, Inc.

James Cook
Authorized Representative

SURETY COMPANY

Trisura Insurance Company

Robyn Rost
Surety Company's Representative

Robyn Rost, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Karla Luongo

Witness Alexis Miranti

EVERGREEN THERAGNOSTICS, INC CORPORATE SEAL 2019 NEW JERSEY

Countersigned by:

Nevada Resident Agent

TRISURA

2 Stamford Plaza
Suite 1504, 281 Tresser Boulevard
Stamford, Connecticut 06901
us.surety@trisura.com

POWER OF ATTORNEY

Bond # TIC05908

KNOW ALL MEN BY THESE PRESENTS: That **TRISURA INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Oklahoma, authorized to conduct a surety business, and having its principal place of business at 2 Stamford Plaza, Suite 1504, Tresser Boulevard, Stamford, Connecticut 06901, does hereby constitute and appoint:

Robyn Rost

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **TRISURA INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **TRISURA INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **TRISURA INSURANCE COMPANY** at a meeting duly held on the **11th** day of **December, 2020.**

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **TRISURA INSURANCE COMPANY** have each executed and attested these presents

on this 25 day of February, 2021.

STATE OF Connecticut
County of Fairfield

George Jabbes, Chief Underwriting Officer, Surety

SEAL

On this 25 day of **February, 2021**, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **TRISURA INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at Fairfield, Connecticut the day and year first above written.

Paul Klabonski seal

, a Notary Public of Connecticut

My Commission Expires: **8/31/2023**

CERTIFICATION

I, the undersigned officer of **TRISURA INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, May 31, 2022

Richard Grant

Richard Grant, Vice President, U.S. Surety

TO CONFIRM AUTHENTICITY OF THIS BOND OR DOCUMENT EMAIL: us.surety@trisura.com

TRISURA INSURANCE COMPANY
STATUTORY-BASIS STATEMENTS OF ADMITTED ASSETS, LIABILITIES, AND CAPITAL AND SURPLUS
AS AT DECEMBER 31, 2021

Admitted Assets	**2021**
Bonds, at amortized cost	17,867,150
Preferred stock, at fair value	1,661,181
Common Stocks, at fair value	132,894,416
Cash, cash equivalents and short-term investments	16,247,969
Total cash and invested assets	168,670,716
Premiums receivable, agents' balance and other receivables	15,591,245
Investment income due and accrued	77,684
Net deferred tax asset	222,029
Total admitted assets	$ 184,561,674
Liabilities	
Net losses and loss adjustment expenses	989,778
Net unearned premiums	1,414,885
Commissions payable, contingent commissions and other charges	317,243
Ceded reinsurance premiums payable	16,346,574
Other expenses (excluding taxes, licenses and fees)	327,018
Taxes, licenses and fees (excluding federal and foreign income taxes)	1,527,682
Current federal and foreign incomes taxes	227,990
Funds held by company under reinsurance treaty	3,607,621
Provision for reinsurance	303,000
Other liabilities	575,862
Total liabilities	$ 25,637,653
Capital and surplus	
Common stock, $140 par value, 30,000 shares authorized and issued	4,200,000
Paid-in surplus	156,868,326
Unassigned funds (surplus)	(2,144,305)
Total capital and surplus	158,924,021
Total liabilities & capital and surplus	$ 184,561,674

I, Eileen M Sweeney, hereby certify that I am the Executive Vice President and Chief Financial Officer of Trisura Insurance Company, a corporation duly authorized under the laws of the state of Oklahoma, licensed and engaged in the State of Oklahoma, and duly qualified to act as Surety under such laws. I further certify that I am authorized to make this certification on its behalf, and that the foregoing is a fair statement of Admitted Assets, Liabilities, and Capital and Surplus, as at December 3.1, 2021, as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of Oklahoma.

Signed and sealed this 12 day of May, 2022
Attest:

Eileen M Sweeney, EVP & CFO

CARLA J. JENNINGS
NOTARY PUBLIC
01003277
EXP. 03/31/25
STATE OF OKLAHOMA

4J

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: F2G Inc.

Physical Address: 506 Carnegie Center Drive, Suite 102

City: Princeton State: NJ Zip: 08540

Mailing Address (if different from physical address): 506 Carnegie Center Drive, Suite 102

City: Princeton State: NJ Zip: 08540

Telephone: 609-212-4008 Website: https://www.f2g.com/

Name of Designated Representative (DR): John Kuc

Licensing Company Email: statelicensing@F2G.com DR Email: john.kuc@f2g.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Distributors		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): F2G Ltd.

Corporation/Organization Name: F2G Inc.

Mailing Address: 506 Carnegie Center Drive, Suite 102

City: Princeton State: NJ Zip: 08540

Telephone: +44 (0)161 785 1270 Email: contact@f2g.com

Contact Person Name: Francesco Maria Lavino

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

F2G Inc.

Facility Name

Francesco Maria Lavino

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

1.4.2023

Date

Board Use Only	Date Received: 2-21-23	Amount: 1000.00 CK. 17798

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0748629

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 – "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

506 CARNEGIE CENTER DR, STE 102 PRINCETON, NJ 08540-

Reg. No.
5006223

F2G INC.
506 CARNEGIE CENTER DR, STE 102
PRINCETON, NJ 08540-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2024

Establishment Copy

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 1/4/2023

Registration Number: 5006223 **Registered as:** Wholesale

Name: F2G INC.

DBA:

Address: 506 CARNEGIE CENTER DR, STE 102, PRINCETON, NJ 08540

Original Issue Date: 12/20/2022 **Expiration Date:** 01/31/2024

Current Issue Date: 12/20/2022

Disciplines: No

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "F2G INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "F2G INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4838030 8300

SR# 20230320774

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202613879

Date: 01-31-23

Company Information

Company Name: F2G Inc.
Address: 506 Carnegie Center Drive, Suite 102
City, State, Zip: Princeton, NJ 08540
Phone: (609) 212-4008
Website: https://www.f2g.com/
E-mail: statelicensing@F2G.com

FEIN: 86-2623193
State of Formation: Delaware
Date Incorporated: 01/25/2021
File Number:4838030

Ownership Information

F2GInc. is 100% owned by F2G Ltd

Parent Company Address:
Parent Company Phone:
Parent Company FEIN:

Officers

Francesco Maria Lavino, Chief Executive Officer
Business Address: 506 Carnegie Center Drive, Suite 102, Princeton, NJ 08540
Business Phone: (609) 201-2176
Email: flavino@f2g.com

Michael Birch, Chief Operating Officer
Business Address: Lankro Way, Eccles, Manchester, United Kingdom M30 0LX
Business Phone: 44 161 785 1277
Email: mbirch@f2g.com

Ralf Schmid, Chief Financial Officer
Business Address: Seilerstätte 17/13, 1010, Vienna, Austria
Business Phone: +43 664 8467 937
Email: RSchmid@f2g.com

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Friday, September 23, 2022 7:23 AM
To: Takara Leonard <TLeonard@f2g.com>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 23-SEP-2022
Labeler DUNS: 118706895
Labeler Name: F2g Inc.
Labeler Code Assigned: 83003

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Description of Operations

F2G Inc. is a VirtualManufacturer. F2G Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Wholesalers by their Third-Party Logistics Provider, Cardinal , who is licensed to ship pharmaceutical products into your state. Sales records are stored 501 Mason Road, LaVergne, TN 37086

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

Almac Pharma Services
2661 Audubon Road
Audubon, PA 19403
FDA Establishment Number: 3000214934

Contact Person: Steve Lomax
Contact Number: +44 (0)161 785 1240

Almac Pharma Services manufactures F2G Inc.'s product and packages finished product. At no time does Almac Pharma Services own the product, contract with F2G Inc.'s customers, invoice, nor sell a F2G Inc. product. F2G Inc.'s products are not Controlled Substances.

Labeler Code:
[Labeler/NDC]

Third Party Logistic information:
For distribution into the commercial supply channels, Cardinal acts as F2G Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of F2G Inc.'s product to Wholesalers throughout the United States. Cardinal's address is:

Cardinal Health
501 Mason Road, Lavergne, TN 37086
Joe Bowman, (614) 757-1110
joe.bowman@cardinalhealth.com

F2G Inc. has 15 Employees working on site during normal business hours.

F2G Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday.

List of Employees

- Francesco Lavino
- Marcelo Omelczuk
- Kelley Garrett
- John Kuc

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler F2G Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 506 Carnegie Center Drive, Suite 102

City Princeton State NJ Zip 08540

Mailing Address (if different from physical address) 506 Carnegie Center Drive, Suite 102

City Princeton State NJ Zip 08540

Telephone 609-212-4008 Website https://www.f2g.com/

Licensing Company Email statelicensing@F2G.com

Section 2: Personal Information

First John Middle _____ Last Kuc

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 506 Carnegie Center Drive, Suite 102

City Princeton State NJ Zip 08540

Telephone 609-212-4008 Email john.kuc@f2g.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
F2G Inc.			06/2022 - Present	
Business Address		**City**	**State**	**Zip**
506 Carnegie Center Drive, Suite 102		Princeton	NJ	08540
Phone	**Title**		**Number of Employed Hours**	
609-212-4008	Senior Director Supply Chain		1,040 hours	
Description of Duties				
See attached resume				

Business Name			From - To (MM/YY – MM/YY)	
Abbvie Inc			2014 - May 2022	
Business Address		**City**	**State**	**Zip**
5 Giralda Farms, Dodge Dr		Madison	NJ	07940
Phone	**Title**		**Number of Employed Hours**	
(862) 261-7000	Director - Global Product Launch / Operations Brand		14,560	
Description of Duties				
See attached resume				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Rider University			
Address	**City**	**State**	**Zip**
2083 Lawrenceville Rd	Lawrenceville	NJ	08648
Diploma/Degree obtained, if any			
MBA			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted]White Tail Lane	Bedminster	NJ	07921
From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Wicklow Way	Bridgewater	NJ	08807
From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted]Matthews Farm Road	Belle Mead	NJ	08502
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

I, John Kuc, **certify that as the designated representative for**

F2G Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. J I am at least 21 years of age;
3. J I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. J I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. J I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. J I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. J I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

John Kuc

Print Name (First, Last)

John Kuc

Original Signature (electronic, copies or stamps not accepted)

1-4-2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Kuc

Print Name (First, Last)

John Kuc — 1-4-2023

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Mercer

I, John Kuc, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

John Kuc — 1-4-2023

Original Signature — **Date**

Subscribed and Sworn to before me this 4th day of January.

Kelley G Garrett

Notary Public Signature

(Seal)

Kelley G Garrett
Commission # 2447388
Notary Public, State of New Jersey
My Commission Expires
June 24, 2024

John Kuc, MBA, RPH

[redacted]Carnegie Center Drive, Suite 102
Princeton, New Jersey 08540

[redacted]
john.kuc@f2g.com

Summary

Project Leader in the Pharmaceutical Industry. Expertise in supply chain management, product launch management, FDA/Agency inspections, 3PL distribution management, international distribution, manufacturing operations planning, supply chain strategy, business integration, sourcing, financial budgeting, change management and project management. This experience is complemented by a MBA, professional accreditation as a Registered Pharmacist (RPH) and Florida Licensed Designated Representative (DR). Completed Executive Black Belt Training and project sponsorship.

Professional Experience

F2G INC.
Senior Director – Supply Chain Management (JUNE 2022 - Present)
F2G US Headquarters, Princeton, NJ
Leading the supply chain management transition of F2G from a clinical / pharmaceutical development operation to a commercial manufacturing operation with marketed products. Defined and implementing supply chain and manufacturing network strategies related to third party manufacturing and product distribution.

- Lead, implement, and manage F2G's end to end supply chain operations strategy as it relates to demand and supply planning, manufacturing, packaging, inventory, and distribution for lead commercialization product.
- Partnering with CMC, Regulatory, Commercial, Finance, IT, teams to lead launch planning and commercialization of new anti-fungal product.
- Define and implementing the most cost effective solution for warehousing, distribution, and serialization, leveraging 3PL's and implementing cross functional planning solutions for all supply chain functions.
- Manage international imports / exports of product and raw materials. Implement external transportation network.
- Partner with senior leadership in the development of supply planning strategies and implement relevant elements within third party supply chain organizations. Support Financial Budget process for supply expense & COGs.
- Lead development of an internal S&OP process focused on relevant key performance indicator metrics, summary of risks & opportunities, and enabling key supply decisions.
- Led implementation of supply & quality agreements with external API, drug product, & packaging suppliers.

ABBVIE INC.
Director - Global Product Launch / Operations Brand Management (2014 - MAY 2022)
AbbVie US Headquarters, Madison, NJ
Lead cross functional product launch teams responsible for ensuring supply availability for U.S. and international product launches. Interface with Marketing Brand Teams and Research & Development Core Teams to ensure Operation's support is in alignment with the product launch strategy. Partner with Commercial, Trade Sales & external commercialization partners to define global product forecasts and ensure requirements are visible to Global Planning and cross divisional functional areas.

- Supported design, executive sponsorship and implementation of the Global AbbVie product launch supply strategy, process and system. Strategy is being deployed globally.
- Direct Supply Chain & Product Teams responsible for ensuring commercial launch of products within diverse therapeutic areas: Medical Aesthetics, Eye Care, CNS, GI, Women's Health, Medical Devices, & OTCs.
- Designed, gained executive sponsorship, and led implementation of the Financial Risk Authorization process

which coordinates Commercial, Operations, and R&D leadership approval of at-risk launch supply expense.

- Manage third party manufacturers to ensure product launch supply will meet Commercial requirements and that API, raw material, and / or component constraints are visible to Operation's leadership.
- Supported development of the AbbVie Supply Risk Mitigation process and system which standardized the mechanism to identify, make transparent, and support mitigating risks to product supply.
- Present product launch updates to AbbVie Executive Leadership including COO, CFO, & CCO.

MERCK & CO., INC.

Director of North America Commercial Logistics (2010-2013)

Merck Corporate Headquarters, Whitehouse Station, NJ

Directed Merck's distribution of vaccines, ambient & cold chain pharmaceuticals, consumer care, and animal health products to wholesalers, distributors, hospitals, specialty pharmacies, Center for Disease Control, retail and veterinary customers in the US and Canada. Managed 3PL relationship with UPS, Pharma Returns, Kuehne & Nagel and UPS Freight for the Merck US & Canada markets.

- Executed strategy for Merck's US Network Optimization project which successfully consolidated 6 Schering / Merck Order Fulfillment Centers into 3 centers (Nevada-1, Georgia-2) and transitioned the legacy Schering product distribution to UPS which will result in $8 million of savings over 5 years.
- Transitioned the legacy Schering Plough Canadian Consumer product distribution & Schering Plough Animal Health product distribution to the Merck-UPS/Lynden process realizing $1 million in savings.
- Accountable for monthly and quarterly forecast updates and the annual profit plan for a highly variable $70 million budget consisting of operations, freight, headcount & supplies.
- Expertise in Cold Chain product storage & distribution and cold chain adverse event management.
- Team Leader for the North America Supply Chain Management Serialization and e-Pedigree teams.
- Align with New Product teams to ensure successful 3PL readiness for product launches including systems interface, capacity planning, facility expansion, and DEA controlled substance process.
- Primary Logistics leader for the following teams: US and Canada Order to Cash, Vaccine Customer Care Center, and the Global Human Health customer facing team.
- Ensure 3PL regulatory readiness in alignment with Merck Quality requirements and US FDA & Health Canada regulations. Responsible for SOX, Internal Audit, and PWC audit readiness.

Regional Director of US Manufacturing Site Logistics (2006-2010)

Merck Pharmaceutical & Vaccine Manufacturing Facility, West Point, PA

Strategically centralized 6 site logistics functions from 6 manufacturing facilities (NJ, PA, NC(2), VA, TN) under the Regional Logistics Director position. Regional responsibilities included supply chain management of pharmaceutical, vaccine, & consumer care raw materials, components receiving, dispensing, inventory management, MRP accountability, and reporting. Demonstrated extensive change management to ensure successful centralized integration.

- Interfaced and presented to the US FDA, Korea FDA, Australia FDA, Japan FDA and other regulatory agencies and ensured successful inspection outcomes.
- Led Cold Chain facility design and controlled temperature unit installation at 2 manufacturing sites.
- Partnered with United Steel Workers and Teamsters Unions on successful contract negotiations.
- Managed and accountable for $850 million in pharmaceutical, vaccine, consumer care finished product, raw materials, printing and components inventory.
- Implemented TSA certified cargo screening facility and process in alignment with US Department of Homeland Security requirements and audit approval.
- Led site Distribution & Logistics OpEx initiatives including sponsoring 5S and Kaizen events.
- Expertise in international Freight Forwarding, Import, & Export compliance requirements.
- Supervised, coached, and reviewed an organization of 6 direct reports with performance management responsibilities for a total of 170 employees.

Director of Supply Chain (2002-2006)

Merck Manufacturing & Research Facility, Rahway, NJ

Department head responsible for the Planning, Direct Services, Facility Services, Training, and Site Administration departments. Managed production scheduling, supply chain management, demand planning, raw material procurement, and inventory management for the Merck Rahway Manufacturing / Research site. In addition, managed warehouse operations, logistics, customer service, and storeroom

receiving functions for the entire 4500 employee manufacturing & research site.

- Presented manufacturing & supply plans to Plant & Supply Chain Management leadership.
- Managed site US Customs regulated Foreign Trade Zone and chemical Import and Export programs.
- Partnered with Chemical Union representatives and ensured alignment with site labor strategy.
- Managed and accountable for $90 million in chemical API, Intermediate, Raw Material, and Packaging Component inventory. Responsible for the site inventory reduction objectives.
- Sponsored and approved Six Sigma Greenbelt candidates and Six Sigma projects.
- Supervised, coached, and reviewed an organization of 5 direct reports with performance management responsibilities for a total of 150 employees.

MERCK & CO., INC. (continued)
Manager - Supply Chain & Inv. Mgmt. – ***Merck API Manufacturing & Research Facility, Rahway, NJ***
Project Manager - Global Planning Business Processes & Systems – ***Merck, Whitehouse Station, NJ***
Senior Engineer Procurement / SAP – ***Merck Corporate Headquarters, Whitehouse Station, NJ***
Product Research Pharmacist – ***Merck API Manufacturing & Research Facility, Rahway, NJ***

Education

Master of Business Administration
RIDER UNIVERSITY, Lawrenceville, NJ

Bachelor of Science, Pharmacy
RUTGERS UNIVERSITY, New Brunswick, NJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 7901123418

Application/License No. _____

F2G Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 506 Carnegie Center 102, 102, Princeton, NJ 08540 (Address of Applicant/Principal), as PRINCIPAL, and Nationwide Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of OH (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1100 Locust Street, Department 2006, Des Moines, IA 50391 (Address of Surety), as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on December 7, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 7th day of December, 2022.

APPLICANT/PRINCIPAL
FZG Inc

Authorized Representative

SURETY COMPANY
Nationwide Mutual Insurance Company

Surety Company's Representative

Alexandra Berendzen, Attorney-in-fact
print name

SEAL

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Bond Number: 7901123418

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation

hereinafter referred to severally as the "Company" and collectively as "the Companies" does hereby make, constitute and appoint:

Alexandra Berendzen

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf any and all bonds and undertakings, and other obligatory instruments of similar nature, in penalties not exceeding the sum of

Twenty Five Thousand and no/100 dollars ($25,000.00)

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority given are hereby ratified and confirmed.

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and to authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company.

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 20th day of August, 2021.

Antonio C. Albanese, Vice President of Nationwide Mutual Insurance Company

ACKNOWLEDGMENT

STATE OF NEW YORK COUNTY OF NEW YORK: ss
On this 20th day of August, 2021, before me came the above-named officer for the Company aforesaid, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed hereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.

Stephanie Rubino McArthur
Notary Public, State of New York
No. 02MC6270117
Qualified in New York County
Commission Expires October 19, 2024

Notary Public
My Commission Expires
October 19, 2024

CERTIFICATE

I, Laura B. Guy, Assistant Secretary of the Company, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued by the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has not been revoked or amended in any manner; that said Antonio C. Albanese was on the date of the execution of the foregoing power of attorney the duly elected officer of the Company, and the corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors; and the foregoing power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this 7th day of December, 2022.

Assistant Secretary

BDJ 1(08-21)00

NATIONWIDE MUTUAL INSURANCE COMPANY
AND SUBSIDIARIES AND AFFILIATES

Consolidated and Combined Statutory Statements of Admitted Assets, Liabilities and Surplus

(in millions)	December 31, 2021	2020
Admitted assets		
Invested assets		
Bonds	$ 21,081	$ 17,725
Stocks	7,935	8,352
Mortgage loans, net of allowance	1,985	1,892
Owner occupied real estate, at cost (less accumulated depreciation of $431 and $457 as of December 31, 2021 and 2020, respectively)	341	404
Cash, cash equivalents and short-term investments	558	1,187
Other invested assets	6,372	5,357
Total invested assets	$ 38,272	$ 34,917
Premiums in course of collection	4,449	4,182
Accrued investment income	164	135
Corporate-owned life insurance	1,657	1,580
Deferred federal income tax asset	1,747	1,990
Other assets	1,416	963
Total admitted assets	$ 47,705	$ 43,767
Liabilities and surplus		
Liabilities		
Losses and loss expense reserves	$ 16,628	$ 14,792
Unearned premiums	8,447	7,972
Accrued expenses and taxes, other than federal income taxes	791	803
Agents' security compensation plan reserve	993	1,085
Other liabilities	2,824	2,630
Total liabilities	$ 29,683	$ 27,282
Surplus		
Surplus notes, net of unamortized issue discount of $9 as of December 31, 2021 and 2020	$ 3,545	$ 3,545
Unassigned surplus	14,477	12,940
Total surplus	$ 18,022	$ 16,485
Total liabilities and surplus	$ 47,705	$ 43,767

Certification

I, Jodi Abbate, VP, Controller, do hereby certify that the foregoing is a true and correct statement of the statutory balance sheet of said Corporation as of December 31, 2021 and 2020 to the best of my knowledge and belief.

Jodi Abbate

Jodi Abbate

NOTARIAL SEAL STATE OF OHIO

ANDREW SWARTZEL
NOTARY PUBLIC • STATE OF OHIO
Comm. No. 2021-RE-839107
My Commission Expires Oct. 24, 2026

County of FRANKLIN

3-22-2022

Nationwide

General Application

Nationwide Mutual Insurance Company
1100 Locust, Dept. 2006
Des Moines, IA 50391-2006
Phone: 866-387-0457
Email: bondcomm@nationwide.com

Bond Number: 7901123418

AGENT NATIONWIDE SALES SOLUTIONS INC ADDRESS 1200 LOCUST ST DEPT 2010, DES MOINES, IA 50309-3052

1. Name of Applicant F2G Inc FED ID#_____

   Address 506 Carnegie Center 102, 102, Princeton, NJ 08540

2. Type of Bond NV Pharmaceutical Wholesaler - $25,000

3. Amount of Bond $ 25,000.00

4. To Whom Payable Nevada State Board of Pharmacy

INDEMNITY AGREEMENT

The undersigned applicant and indemnitors (collectively referred to as "Indemnitors") hereby request Nationwide Mutual Insurance Company (collectively referred to as "Company") to become surety for the above bond(s), or any bond(s) in substitution for or in succession of the said bond(s). The Indemnitors certify that the information and statements provided to the Company for the purpose of securing this bond(s) are true and correct and further jointly and severally agree:

1. the Company is authorized and empowered, without notice to or knowledge of the Indemnitors, to assent to any change whatsoever in the bond(s), to execute or consent to the execution of any continuations, extensions, renewals, enlargements, modifications, changes, or alterations of the bond(s) and to execute any substitute or substitutes therefor, with the same or different conditions, provisions, and obligees and with the same or larger or smaller penalties, it being expressly understood and agreed that the indemnitors shall remain bound under the terms of this Agreement even though any such asset by the Company does or may substantially increase the liability of said Indemnitors.
2. that the Company is hereby authorized to make any inquiry as may be necessary from financial institutions, persons, firms, credit reporting agencies and other entities in order to confirm and verify information provided to the Company by the indemnitors as an inducement for the issuance of the bond(s) or for the continuance of such bond(s).
3. to pay to the Company the usual annual premium until such time as the Company has been provided with satisfactory and conclusive evidence that all liability under the bond(s) has been terminated and no further liability exists.
4. to perform all the conditions of such bond(s) and to indemnify and save the Company harmless from any and all liability, demands, losses, costs, damages and expenses, including attorney and counsel fees, which the Company may sustain or incur by reason of or in consequence of the execution of such bond(s) by the Company, or incurred in obtaining a release of liability or evidence of termination under such bond(s) or incurred by the company in enforcing any provision of this agreement.
5. that upon demand by the Company for any reason whatsoever, to deposit funds with the Company in an amount sufficient to satisfy any claim against the Company by reason of such bond(s).
6. that the Company shall have the exclusive right to adjust, settle or compromise any claim under such bond(s) unless one or more of the Indemnitors shall, in writing, request the Company to litigate such claim and shall deposit immediately with the Company collateral satisfactory to the Company in kind and amount.
7. that the itemized statement of loss and expense incurred by the Company, sworn to by an officer of the Company, shall be prima facie evidence of the fact and extent of the liability of the Indemnitors to the Company.
8. that the Company may decline to become surety on any bond(s), and in case it does acts surety the Company shall have the right to withdraw or cancel any bond(s) whenever it shall see fit; and in any event the Company shall not be required to disclose the reason upon which its action is based and shall not be responsible for any loss or damage that may be sustained by reason of such action.
9. that in the event of any payment by the Company, the indemnitors shall pay the Company interest on such amounts at the maximum legal rate from the date such payments are made.

This agreement of Indemnity shall be deemed effective as of the date of execution of the bond(s) even though it may be signed subsequent to this date.

F2G Inc
(Name of Applicant)

1-4-2023 (Date Signed)	By _____ (Indemnitor)	Francesco Lavino
1-4-2023 (Date Signed)	_____ (Indemnitor)	Francesco Lavino
_____ (Date Signed)	_____ (Indemnitor \ Spouse)	
_____ (Date Signed)	_____ (Indemnitor)	
_____ (Date Signed)	_____ (Indemnitor \ Spouse)	

NOTE: If Applicant or Indemnitor is a corporation, the corporate name must be signed in full, with the officer's name and title on the line below and the seal of the corporation affixed. If a co-partnership, the firm name must be signed and each member of the firm must sign individually.

4K

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Hugel America, Inc. / dba Hugel Aesthetics

Physical Address: 1200 Newport Center Drive, Suite 200

City: Newport Beach State: CA Zip: 92660

Mailing Address (if different from physical address): 1200 Newport Center Drive, Suite 200

City: Newport Beach State: CA Zip: 92660

Telephone: (949) 674-5355 Website: hugel-aesthetics.com

Name of Designated Representative (DR): Angie Wang

Licensing Company Email: statelicense@hugel-aesthetics.co DR Email: angie.wang@hugel-aesthetics.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: Biologics	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Croma USA, Inc. (30%)/Hugel, Inc. (70%)

Corporation/Organization Name: Hugel America, Inc.

Mailing Address: 1200 Newport Center Drive, Suite 200

City: Newport Beach State: CA Zip: 92660

Telephone: (949) 674-5355 Email: statelicense@hugel-aesthetics.com

Contact Person Name: Angie Wang

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Hugel America, Inc. / dba Hugel Aesthetics

Facility Name

James Hartman

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/28/2022

Date

Board Use Only	Date Received: 1.31.23	Amount: 1000.00 CK - 17088

HUGEL

Corporate Information

Hugel America, Inc.
1200 Newport Center Drive, Suite 200
Newport Beach, CA 92660
Phone: (949) 674-5355
Website: www.hugel.co.kr/en
E-mail: quality@hugel-aesthetics.com

FEIN: 36-4909230
State of Formation: DE
Date Incorporated: 08/28/2018

Ownership Information

Hugel America, Inc. is a privately held corporation owned by Hugel Inc., and Croma USA Inc.

Officers

James Hartman, President & COO
Business Address: 1200 Newport Center Drive, Suite 200 Newport Beach, CA 92660
Business Phone: (949) 674-5355
Email: james.hartman@hugel-aesthetics.com
Ownership %: 0

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUGEL AMERICA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HUGEL AMERICA, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6995436 8300

SR# 20223072622

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203996567

Date: 07-25-22

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Wholesale Drug Permit

LICENSE NO. WLS 8118

ISSUE DATE SEPTEMBER 30, 2022

HUGEL AMERICA INC DBA HUGEL AESTHETICS
1200 NEWPORT CENTER DR STE 200
NEWPORT BEACH CA 92660

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION
ANGIE YEN HUNG WANG — EXEMPTEE IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL SEPTEMBER 01, 2023

RECEIPT NUMBER 00726281

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4060 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

9/30/22
9/30/22

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 8118

NAME: HUGEL AMERICA INC DBA HUGEL AESTHETICS

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

1200 NEWPORT CENTER DR STE 200
NEWPORT BEACH CA 92660
ORANGE COUNTY

ISSUANCE DATE

SEPTEMBER 30, 2022

EXPIRATION DATE

SEPTEMBER 1, 2023

CURRENT DATE / TIME

NOVEMBER 4, 2022
11:4:29 AM

LICENSE RELATIONSHIPS

NAME: WANG, ANGIE YEN HUNG

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 26424 **PRIMARY STATUS:** CLEAR

HUGEL

Hugel America, Inc.

Description of Operations

Hugel America, Inc. is a virtual manufacturer of pharmaceutical products located in Newport Beach, CA. Hugel America, Inc. is a privately held corporation owned by Hugel Inc., and Croma USA Inc. Hugel America, Inc.'s biologic product is focused on the treatment of Glabellar (Frown) Lines. Hugel America, Inc.'s product is manufactured by a Contract Manufacturer and will be distributed directly to physician's offices, by a Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:

Hugel, Inc.
23, Geodudanji 1-gil Dongnae-myeon
Chuncheon-si Gangwon-do, South Korea 24398
FDA Establishment #: 3012163998
Contact Person: Sangjun Cho +82.33.815.5207

Hugel, Inc. manufactures Hugel America, Inc.'s product and packages finished product. At no time does Hugel, Inc. own the product, contract with Hugel America, Inc.'s customers, invoice, nor sell Hugel America, Inc.'s product. Hugel America, Inc.'s product is not a Controlled Substances.

Labeler Code:

81165

Third Party Logistics Provider:

For distribution into the commercial supply channels, Hugel America, Inc utilizes the following Third-Party Logistics (3PL) provider to manage the storage and distribution of Hugel America, Inc's product to customers throughout the United States:

Cardinal Health SPS
15 Ingram Blvd, Suite 140
La Vergne, TN 37086
Contact Person: Joel Waymont (615) 720-7255

Hugel America, Inc's Hours of operation are Monday-Friday 9:00am-5:00pm Pacific Standard Time.

From: edrls@fda.hhs.gov
To: sm.kim@hugel.co.kr
Subject: Labeler Code Request Approved
Date: Thursday, November 19, 2020 3:21:21 PM

---

eDRLS - Electronic Drug Registration & Listing System

Current Date: 19-NOV-2020
Labeler DUNS: 695674672
Labeler Name: Hugel, Inc.
Labeler Code Assigned: 81165

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

From: edrls@fda.hhs.gov
To: sm.kim@hugel.co.kr
Subject: Labeler Code Request Approved
Date: Thursday, November 19, 2020 3:21:21 PM

eDRLS - Electronic Drug Registration & Listing System

Current Date: 19-NOV-2020
Labeler DUNS: 695674672
Labeler Name: Hugel, Inc.
Labeler Code Assigned: 81165

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

AMENDMENT TO DISTRIBUTION AGREEMENT

This AMENDMENT to Distribution Agreement (this "Amendment"), effective as of Jan 13, 2022 (the "Amendment Effective Date") is entered into by and between Hugel, Inc., a corporation duly organized and existing under the laws of Korea ("Hugel") with its principal place of business at 17, Samseong-ro 133-gil, Gangnam-gu, Seoul, Korea, 06068 (the "Company") and Hugel America, INC., a corporation duly organized and existing under the laws of Delaware, with its principal place of business at 1200 Newport Center Drive, Suite 200, Newport Beach, CA 92660 (the "Distributor"). Capitalized terms not defined herein have the meanings ascribed to them in the Agreement (as defined below). The Company and the Distributor are referred to herein individually as a "Party," and jointly as the "Parties".

WHEREAS, the Parties previously entered into that certain Distribution Agreement, effective as of October 31st, 2018 (the "Agreement");

WHEREAS, the addresses of the Parties appeared on the Distribution Agreement were changed due to its relocation;

WHEREAS, the Parties hereto desire to amend the Agreement as set forth herein.

NOW, THEREFORE, in consideration of the premises and the mutual agreements contained herein, the following articles shall be amended and/or replaced as below:

1. Preamble shall be replaced with the following:

   This AMENDMENT to Distribution Agreement (this "Amendment"), effective as of Jan 13, 2022 (the "Amendment Effective Date") is entered into by and between Hugel, Inc., a corporation duly organized and existing under the laws of Korea ("Hugel") with its principal place of business at 17, Samseong-ro 133-gil, Gangnam-gu, Seoul, Korea, 06068 (the "Company") and Hugel America, INC., a corporation duly organized and existing under the laws of Delaware, with its principal place of business at 1200 Newport Center Drive, Suite 200, Newport Beach, CA 92660 (the "Distributor"). Capitalized terms not defined herein have the meanings ascribed to them in the Agreement (as defined below). The Company and the Distributor are referred to herein individually as a "Party," and jointly as the "Parties".

2. Article 20.8 Notices to Company and Distributor shall be amended as below:

   Notices to Company shall be addressed to:
   Hugel Inc.
   17, Samseong-ro 133-gil,
   Gangnam-gu, Seoul,
   Korea 06068
   Telephone Number: +82-2-6966-1600
   Facsimile Number:
   Attention: Ji Hoon Sohn
   Email: jhsohn@hugel.co.kr

   Notices to Distributor shall be addressed to:
   Hugel America, Inc.

1200 Newport Center Drive,
Suite 200, Newport Beach,
CA 92660
Telephone number:
Facsimile:
Attention:
E-mail:

Except as expressly modified by this Amendment, all terms and provisions of the Agreement shall remain in full force and effect

IN WITNESS WHEREOF, each of the Parties has executed this Amendment as of the day and year first above written.

Hugel Inc.

By:_____
Name: Jihoon Sohn
Title: CEO

Hugel America, Inc.

By:_____
Name: James Hartman
Title: President and COO

Hugel America, Inc.
Employee Name
Jim Hartman
Stephanie Heller
Angie Wang
Michelle Barrineau
Fran Reid
Ryan Irvine
LeeAn Gomez
Dan Whalen
Grace Battaglia
Samantha Mello
Steven George
Vanessa Spears
Ammar Alwattar
Mckenzie Pfeffer
Abby Simington
Vasantha Pisipati

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Hugel America, Inc.

Physical Address 1200 Newport Center Drive, Suite 200

City Newport Beach State CA Zip 92660

Mailing Address (if different from physical address) 1200 Newport Center Drive, Suite 200

City Newport Beach State CA Zip 92660

Telephone (949) 674-5355 Website hugel-aesthetics.com

Licensing Company Email statelicense@hugel-aesthetics.com

Section 2: Personal Information

First Angie Middle Yen Hung Last Wang

Alias(es, nicknames, name changes, etc.) Yen Hung Wang; Angie Y. Wang

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address 1200 Newport Center Drive, Suite 200

City Newport Beach State CA Zip 92660

Telephone [redacted] Email angie.wang@hugel-aesthetics.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Applicant's initials AW

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of California		8/1990 – 5/1994	
Address	**City**	**State**	**Zip**
110 Sprout Hall	Berkeley	California	94720
Diploma/Degree obtained, if any			
B.A., molecular and cell biology/economics (double major)			

School Name		From - To (MM/YY – MM/YY)	
University of San Francisco		1997-1999	
Address	**City**	**State**	**Zip**
2130 Fulton St.	: San Francisco	CA	94117
Diploma/Degree obtained, if any			
MBA – Emphasis in Marketing			

School Name		From - To (MM/YY – MM/YY)	
University of California		2000	
Address	**City**	**State**	**Zip**
1995 University Ave., Suite 200	Berkley	CA	94704
Diploma/Degree obtained, if any			
Project Management Certification			

School Name		From - To (MM/YY – MM/YY)	
Sanger High School		9/1986-6/1990	
Address	**City**	**State**	**Zip**
1045 N Bethel Ave	Sanger	CA	93657
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/1/2007-Present	[redacted] Genoa Court	Danville	CA	94506
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials AW

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Hugel America, Inc.			July 2021- Present
Business Address	**City**	**State**	**Zip**
1200 Newport Center Drive, Suite 200	Newport Beach	CA	92660
Phone	**Title**	**Number of Employed Hours**	
(949) 674-5355	Vice President of Technical Operations and Supply Chain	800	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
VIVUS, INC.			2014-July 2021
Business Address	**City**	**State**	**Zip**
900 E. Hamilton Ave., Suite 550	Campbell	CA	95008
Phone	**Title**	**Number of Employed Hours**	
	Head/Director, Manufacturing Operations (CMO) and Supply	12K	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		x
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials AW

I, Angie Wang, **certify that as the designated representative for**

Hugel America, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Angie Wang

Print Name (First, Last)

Angie Y. Wang

Original Signature (electronic, copies or stamps not accepted)

28 Sept 2022

Date

Applicant's initials AW

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Angie Wang
Print Name (First, Last)

Angie Y. Wang
Original Signature (electronic, copies or stamps not accepted)

28 Sept 2022
Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

_____ _____
Original Signature **Date**

Subscribed and Sworn to before me this _____ day of _____.

_____
Notary Public Signature

See attached Jurat. DO.

(Seal)

Applicant's initials AW

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 28th day of September, 20 22 by Angie Wang,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal) Signature Dinorah Vidal

ANGIE WANG

Mobile: [redacted]
[redacted]@hotmail.com

Experienced in leading manufacturing/operation and supply chain management teams. Hands on experience in identifying, qualifying, auditing, and managing contract manufacturers, packagers, 3PL, and Wholesalers. Strong experienced in supply planning, new product launch, technical transfers, setting procurement / sourcing strategies and setting business operating processes. Strong interpersonal skills with the ability to lead and influence teams to work positively and collaboratively. Consistently achieving exceed expectations performance rating, department and corporate goals. Experience in working in multicultural companies and teams. Biotech, pharmaceuticals, dermatology pharmaceuticals, and medical device experience includes:

- Mammalian Biopharmaceuticals
- Pharmaceutical & Dermatology
- Medical Device
- Manufacturing Technology Transfer
- Process Development
- Contract Compliance Management
- Direct to Patient Distribution
- Wholesaler Management
- Procurement
- Planning and Scheduling
- Contract Mfg/CMO
- 3PL Management
- High Volume Electronic Mfg
- Strategic Sourcing
- Alliance Management
- Mail Order Pharmacy
- Trade and Distribution
- Customer Service Mgmt
- Continuous Process Improvement
- New Product Introduction (NPI)
- FDA Guidelines/cGMP
- S&OP process
- Global Mfg and Supply Chain
- Project Management
- Patient Assistance Program
- Logistics Management

EMPLOYMENT HISTORY

Hugel America, Inc. - 1200 Newport Center Drive, Suite 200, Newport Beach, CA 92660
Vice President, Technical Operations and Supply Chain **July 2021 - Present**

Responsible for Operations and Supply Chain strategy and execution.

VIVUS, INC., CAMPBELL, CA (900 E. Hamilton Ave., Suite 550, Campbell, CA 95008)
Head/Director, Manufacturing Operations (CMO) and Supply Chain **2014 – July 2021**
Director, Manufacturing Operations (CMO) ***2012 - 2014***

VIVUS is a bio/pharmaceutical company that focuses on commercializing and developing innovative, next-generation therapies to address unmet needs. As Head of Manufacturing Operations and Supply Chain, responsibilities include overseeing and managing the API supply, (contract) manufacturing operations, supply planning, 3PL/Customer Service, wholesaler network, logistics, and alliance management. Work with internal and external teams to transit productions from clinical to commercial, support on-going process and quality systems improvements, support clinical requirements, ensure conformance to stability program commitments and supply/licensing agreements, etc. Lead the supplier management team to set KPIs and monitor supplier performance and improvement. Ensure project spends >$75,000 adheres to the company procurement policy and best practice (ie., sourcing, manage RFP process, and internal approval process).

Summary of Achievements and Responsibilities:

- Lead distribution and supply chain efforts to re-launch commercial product purchased from Janssen to Canada Market (new market to Vivus). (i.e., sourcing a 3PL service provider and set up business operating guidelines/processes, establish service contracts with wholesalers/pharmacy chains)
- Successfully completed product transition acquired from Janssen to Vivus systems and supported re-launch activities for the US Market.

- Successfully sourced, defined, and implemented serialization (and VRS) for multiple commercial products and multiple CMOs to comply with DSCSA (Drug Supply Chain Security Act). Consistently achieving implementation ahead of compliance requirement schedule.
- Successfully launched multiple commercial products on time and led cross functional project team to achieve FDA (PAS filing) approval for the Qsymia titration packaging configurations (line extensions).
- Responsible for CMO, 3PL, and Wholesaler management: Manage CMOs to ensure processes/products meet defined specifications; established supplier management team to address and monitor on-going production, process improvements, supplier performance, achieve team alignment, etc.; established performance metrics (KPIs) and business review process with key CMOs; lead and facilitate cross functional and CMOs to resolve on-going manufacturing non-conformances (deviations, CAPA, etc.); Oversee and define 3PL operating processes and customer service; Work closely with Wholesalers (brand managers and buyers) to ensure high service level and minimize returns.
- Created planning and production infrastructure for manufacturing (develop planning/tracking tool, S&OP process, CMO communication, business review, performance metrics (KPIs), etc.).
- Provided manufacturing and inventory analysis to support monthly and quarterly financial filings.
- Lead/Support supplier selection, qualification, and audits (ASQ Certified Quality Auditor).
- Responsible for managing procurement process for spend >$75,000 across the company. In the first 9 months, negotiated savings >25% (contract savings have ranged from 10%-80+%). Drove cost reductions in commercial printing, materials fulfillment, patient discount offer marketing program, REMS program management, 3PL, distribution, transportation, market research projects, Rx data subscriptions, etc..
- Achieved year over year cost savings despite reduction in sales volumes with 3PL services.
- Initiated and implemented a distribution cost reduction program (direct to patient channel) which is projected to reduce cost to patience by >30%.
- Sourced and implemented patient assistance program.
- Support global (Alliances) commercial partners' regulatory filing activities and liaise with CMO to support market launches.
- Responsible for global supply planning and logistics for multiple commercial products.
- Manage contracts with CMO, 3PL (+customer service), Wholesalers, and Alliances to ensure compliance.
- Responsible for supplying clinical programs.
- Consistently achieving defined department budgets goals.

ABBOTT DIABETES CARE, a Division of Abbott Laboratories, Alameda, CA **2006 – 2012**
1360 S Loop Rd, Alameda, CA 94502
*Held a position of **Director of Worldwide Contract Manufacturing** from 2006 – 2010 and **Director of Business Operations from** 2010 – 2012*

Abbott Diabetes Care is a global medical device company that specializes in developing, manufacturing, distributing, and commercializing class 2 and 3 medical devices (glucose monitoring systems). As Director of Worldwide Contract Manufacturing, responsibilities included overseeing 4 device manufacturers and 3 packaging sites located in US, Europe and Asia with an annual through put of 7+ million glucose monitoring systems, implementing and establishing manufacturing capabilities and capacities for commercial and new products, resolve on going tactical materials and quality issues, maintain and report performance reports, minimize distress inventory, improve supply chain efficiencies, interface with internal and external auditors, etc.. As Director of Business Operations, responsibilities included developing, leading, and supporting, various gross margin improvement initiatives and cross functional product development team.

Summary of Achievements:

- Responsible for developing strategies and leading cross functional product development team, outlining and implementing opportunities for margin improvement, and ongoing planning, scheduling monitoring and reporting of the projects to Executive Management. Responsibilities including driving an 80+MM capital and 18MM in direct expense project.

- Initiated, led, and supported various Commercial strategic programs including gross margin improvement initiative to reduce EMEA distress inventory (achieved project goal 30% reduction), Singapore warehouse hub/distribution elimination, and regulatory strategies for China to ensure business continuity.
- Built a team with a strong reputation for on-time execution, drives for results, and work collaboratively with cross functional teams. In 2008, 7 of the 10 team members received at least one Divisional Vice President award for outstanding and significant contributions. For 2009, 8 of the 10 team members received/approved for at least one Divisional Vice President award for outstanding and significant contributions (Two member of the team received 2 DVP awards).
- Successfully launched over 6 products in three years.
- Successfully transferred and exited two manufacturing sites in 2009 (for cost reduction and consolidation purposes). Contributing a total saving of $20+million (or 17%).
- Member of the ADC Supplier Management Core Team that established the supply management team framework and performance rating metrics. Presented supply management topic at American Society for Quality professional organization.
- Created and responsible for a new team of Operations Project Managers to coordinate and manage cross functional operations projects (i.e., cost reduction projects, process improvement projects, product transition from R&D to manufacturing, etc.)
- Significantly improved materials excess/obsolescence by improving the reporting process, product ramp up/ramp down processes at the contract manufacturers.
- Implemented a material reject review process with cross functional teams to reduce compliance risks and visibilities for process improvement opportunities.
- Significantly reduced the number of quality exceptional reports by implementing a formal procedure for routine business driven deviations decisions.
- Consistently met department and project budgets goals.
- Successfully completed and mitigated observations during FDA audits relating to Contract Manufacturing activities.
- Led and supported a cross Abbott Division Supplier Quality Initiatives project.
- Recipient of the President's Award for significant contribution to the Gross Margin Improvement Program.
- Recipient of Divisional Vice President Award for significant contribution and leadership.
- Selected as the division chair for the Employee Giving Campaign. Drove participation rate from 67% to 83%.
- Selected to attend the Operations Leadership Summit, a one-week training program for high performing Abbott Leaders with participants across Abbott business units.
- Selected to attend the Premier League, leadership training for Abbott Diabetes Care for high performing leaders.

VALEANT PHARMACEUTICALS INTERNATIONAL, Costa Mesa, CA **2004 – 2006**
3300 Hyland Avenue, Costa Mesa, CA 92626
Director, Global Procurement (Strategic Sourcing) and
Third Party Supply (Contract Manufacturing and Packaging)

Led the global strategic sourcing team to source and select contract manufacturers and packagers, improved and developed contract manufacturer relations, negotiated supply agreements / consultation agreements / contract amendments in accordance with procurement, sourcing, internal manufacturing, and manufacturing site sales strategies, reduced costs to meet COG goals, facilitated issue resolution, reduced suppliers in the network, and managed supply chain and inventory as part of corporate strategic master plan and Lean Six Sigma initiatives.

- Responsible for 80+ contract manufacturing and packaging sites in the global supply network (for product categories ranged from biopharmaceuticals, pharmaceuticals, medical devices, and 'cosmeceuticals'.
- Completed and began to implement supplier reduction strategies (20% reduction over three years)

- Sourcing team achieved >$1mil savings during 2005 calendar year and was on target to achieve $1mil savings for 2006 calendar year.
- Built a team with a strong reputation for launching projects on time. Hired and managed two project managers to work with various cross-functional teams to successfully sourced and launched new products. Product categories ranged from biologics, Rx/OTC, medical devices, and cosmetics. During 2005 calendar year, the team launched more than 15 new projects with >90% on time delivery.
- Led technical transfer and procurement teams in product (Infergen) and company (Xcel Pharmaceuticals) acquisitions, integration, and contract termination. Infergen is a biologic inject-able product with a development program to launch a pre-filled syringe delivery method.
- Recipient of "Bravo" award (recognition for outstanding achievement and contribution).

CONNETICS CORPORATION, Palo Alto, CA **2001 – 2004**
3290 West Bayshore Road, Palo Alto, California 94303
Sr. Manager, Technical Operations - Contract Manufacturing

Led and managed technology / site transfer projects to contract manufacturers, activities related to production of stability/clinical batches, scale-up, validation, and commercial and physician samples, review and approve contract manufacturers' manufacturing and quality documents, sourcing of packaging materials, site audits, sourcing of contract manufacturing sites for new products, preparing regulatory documentation for regulatory filings to the FDA, negotiating supply agreements and various contract amendments, and product price reduction in accordance with corporate expense and COG reduction goals.

- Worked with cross-functional team to develop and submit four CBE-30 and one PAS supplements to the FDA.
- Managed various R&D studies that relates to customer complaint and process improvement.
- Qualified contract manufacturer to launch multiple pharmaceutical products.
- Reduced the lead-time between production and product release by >25% (successfully met all Sales Operations' distribution requirements).
- Improved contract manufacturer performance to reduce on site oversight (from monthly to quarterly then to half annually).

GENENTECH, INC., 1 DNA WAY, South San Francisco, CA **1994 – 2001**

Joined Genentech in 1994 as a **Biochemical Technician** and advanced to several positions to becoming a **Project Manager**. Received several company awards and successfully completed leadership programs.

ACADEMIC EDUCATION and PROFESSIONAL TRAINING

University of California, Berkeley: Project Management certification

University of San Francisco: MBA – Emphasis in Marketing

University of California, Berkeley: B.A., molecular and cell biology/economics (double major)

Professional Training:

- **American Production Inventory Control Society (APICS):** have taken courses in the certification program (Just-In-Time, Systems and Technology)
- **UCB Extension:** HVAC for electronics and biotechnology industries, business law, Intellectual property law
- **Lean Six Sigma:** leadership training course
- **Continuous Process Improvement and Project Management:** intensive and practical course instructed by Richard Chang and Associates
- **Women-Unlimited:** leadership training program for managers
- **Stanford Executive Program:** leadership training program for Woman Leaders

- **Stanford Executive Program:** Strategies and Leadership in Supply Chain, August 2012
- **ASQ Certified Quality Auditor,** December 2013

PUBLICATIONS:

Santell, L., Ryll,T., Etcheverry,T., Sartoris, M., Dutina, G., Wang, A., Gunson,J., and Warner, T.G.

Metabolic Labeling for Near Online Monitoring of Glycosylation of Recombinant Proteins in Growing Chinese Hamster Ovary Cell Cultures. Glycoconjugate J.14:S120, 1997

Santell, L., Ryll.T., Etcheverry, T., Sartoris, M., Dutina, G., Wang, A., Gunson, J., and Warner, T.G.

Metabolic Labeling for Monitoring Sialylation of Recombinant Proteins in Growing Chinese Hamster Ovary Cell Cultures. FASEB J. 11:A1249, 1997

OTHER BUSINESS VENTURES:

- Managing Partner - Restaurant
- Licensed Real Estate Salesperson/Broker – California Bureau of Real Estate #02022816
- NMLS #2157736

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0828243

Application/License No. _____

Hugel America, Inc. DBA Hugel Aesthetics (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1200 Newport Center, Newport Beach, CA 92660 (Address of Applicant/Principal), as PRINCIPAL, and Harco National Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 4200 Six Forks Road, suite 1400, Raleigh, NC 27609 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 09/29/2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 29th day of September, 20 22.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

Patricia White, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

POWER OF ATTORNEY

Bond # 0828243

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

PAUL JEFFREY HERING, PATRICIA WHITE, MARTA COLLETT, DANIELLE ENRIQUEZ, SANDRA CORONA, SHANNON ALVAREZ, KATHLEEN VANDERSLICE, TIMOTHY MCCLELLAN

San Diego, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2021

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1984 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2021, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC No. 50079016 NEW JERSEY My Comm. Exp. 04-04-2023

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day end year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, September 29, 2022

A00874

Irene Martins, Assistant Secretary

4L

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Marketlab, Inc

Physical Address: 6850 Southbelt Dr.

City: Caledonia State: MI Zip: 49316

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 616-656-2484 Website: www.marketlab.com

Name of Designated Representative (DR): Joshua Lust

Licensing Company Email: regulatoryaffairs@marketlab.com DR Email: josh.lust@marketlab.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		■ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Astellas Pharma US Inc
Address: 1 Astellas Way City: Northbrook State: IL Zip: 60062

Name: McKesson Medical Surgical Inc
Address: 9954 Mayland Drive, Suite 4000 City: Richmond State: VA Zip: 23233

Name: Guerbet Liebel Flarsheim-Coviden
Address: 2111 East Galbraith Road City: Cincinnati State: OH Zip: 45237

Name: Pfizer Inc
Address: 235 East 42nd St. City: New York State: NY Zip: 10017

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Michigan
Parent Company (if any): Ascent Brands, Inc.
Corporation/Organization Name: Marketlab, Inc
Mailing Address: 6850 Southbelt Dr.
City: Caledonia State: MI Zip: 49316
Telephone: 616-656-2484 Email: regulatoryaffairs@marketlab.com
Contact Person Name: Joshua Lust

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Marketlab, Inc

Facility Name

Kerri Milarch

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

1/9/23

Date

Board Use Only	Date Received: 2-6.23	Amount: 1000.00 CK-65|015

marketlab™

Officer List

Tom Hill, Chief Executive Officer

Kerri Milarch, Chief Operating Officer

Fred Vander Molen, Chief Financial Officer

Parent Company: Ascent Brands, Inc. 100% ownership

6850 Southbelt Drive
Caledonia, MI 49316
866-237-3722

5306007155APP22

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

MARKETLAB, INC.
6850 SOUTHBELT DRIVE
CALEDONIA, MI 49316

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BY EMAILING BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
WHOLESALE DISTRIBUTOR LICENSE

MARKETLAB, INC.
6850 SOUTHBELT DRIVE
CALEDONIA, MI 49316

LICENSE NO.
5306007155

EXPIRATION DATE
11/03/2024

22307091111

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN

UNITED STATES OF AMERICA

The State of Michigan

Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

MARKETLAB, INC.

was validly incorporated on November 24 , 1993 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

LICENSING AND REGULATORY AFFAIRS
Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 23rd day of December , 2022.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 22120541009

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.

Establishment Registration & Device Listing

New Search | Back To Search Results

Establishment:
MARKETLAB INCORPORATED
Business Trade Names:
(1) Ascent Brands (2) CeilBlue Medical Supplies (3) Clear Image Devices (4) Cone Instruments (5) Hopkins Medical Products (6) Medi-Nuclear (7) Newmatic Medical (8) Sharn

6850 Southbelt Dr SE
Caledonia, MI 49316
Registration Number: 3003102481
FEI Number*: 3003102481
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2023

Owner/Operator:
MarketLab Incorporated
6850 Southbelt Drive
Caledonia, MI US 49316
Owner/Operator Number: 10034190

Official Correspondent:
Joshua B Lust
6850 Southbelt Drive
Caledonia, MI 49316
Phone: 616-6564631

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated: 02/13/2023
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FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

1 result found for **Establishment Registration or Business**
Trade Name : *marketlab*

New Search[6]

Establishment Name	▲7 ▼8	Registration Number	Current Registration Yr
MARKETLAB INCORPORATED[9]	MI/USA	3003102481	2023
• Tape And Bandage, Adhesive - EyeGard, EyeGuardian[10]			Specification Developer; Complaint File Establishment
• Accessories, Cleaning Brushes, For Endoscope - SheinSelect[11]			Specification Developer; Complaint File Establishment
• Holder, Radiographic Cassette, Wall-Mounted - Clear Image Devices[12]			Manufacturer; Complaint File Establishment
• Support, Patient Position - Clear Image Devices[13]			Manufacturer; Complaint File Establishment
• Pediatric Position Holder - Pedia-Pose[14]			Manufacturer; Complaint File Establishment

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6. ../cfrl/rl.cfm
7. ../cfrl/rl.cfm?start_search=1&establishmentName=marketlab®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&Proprietary
8. ../cfrl/rl.cfm?start_search=1&establishmentName=marketlab®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&Proprietary
9. ./rl.cfm?rid=122716
10. ./rl.cfm?lid=788058&lpcd=KGX
11. ./rl.cfm?lid=788094&lpcd=MNL
12. ./rl.cfm?lid=788095&lpcd=IXY
13. ./rl.cfm?lid=788096&lpcd=CCX
14. ./rl.cfm?lid=788927&lpcd=PRN
15. ./rl.cfm

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FDA

U.S. Food and Drug Administration

10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

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6. ../cfrl/rl.cfm
7. ../cfrl/rl.cfm?
   start_search=1&establishmentName=marketlab®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&Proprietary
8. ../cfrl/rl.cfm?
   start_search=1&establishmentName=marketlab®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&Proprietary
9. ./rl.cfm?rid=122716
10. ./rl.cfm?lid=788058&lpcd=KGX
11. ./rl.cfm?lid=788094&lpcd=MNL
12. ./rl.cfm?lid=788095&lpcd=IXY
13. ./rl.cfm?lid=788096&lpcd=CCX
14. ./rl.cfm?lid=788927&lpcd=PRN
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Client#: 164838 WINDGRO

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Linda DeVries	
EPIC Insurance Midwest 560 5th Street, Suite 202 Grand Rapids, MI 49504	PHONE (A/C, No, Ext): 616-600-9659	FAX (A/C, No):
	E-MAIL ADDRESS: certificatesgrr@epicbrokers.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : The Cincinnati Insurance Company	10677
INSURED Marketlab, Inc. 6850 Southbelt Dr Caledonia MI 49316	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			EPP0137075	05/15/2022	05/15/2023	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$500,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			EPP0137075	05/15/2022	05/15/2023	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			EPP0137075	05/15/2022	05/15/2023	EACH OCCURRENCE	$10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$10,000,000
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		X	EWC0491963	05/15/2022	05/15/2023	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A					E.L. EACH ACCIDENT	$500,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

For Informational Purposes

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

David J. Hop

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LDE01

Marketlab, Inc Site Employee List

Name
Abts, Josh
Acey (Riesch), Hailey
Adcock (Hite), Tiffany
Alfonso-Nieves, Marisleysis
Allen, Stuart A.
Almanza, Laura
Ambs, Susan M.
Anderson, Julie
Anes, Megan
Anthony, Dee A.
Applegate, Jamie
Baker (Gomez), Eva
Barbee, Stacy
Beecher, Nate
Benish, Matt J.
Benites, Jenive
Binns, Rob A.
Bixby, Stephanie C.
Borders, Melissa E.
Bowen, Jody
Bowen, Marybeth
Boynton, Kyle
Bradfield, Scott
Brand, James E.
Bredeweg, Chris
Buljko, Lana
Cardoso, Levis
Carroll, Katie J.
Chojnacki, Justin M.
Conn, David
Conway, Andy
Corrigan, Adam
Cover, Tyler J.
Cranmer, Amber
Crews, Kate
Cruz-Diaz, Maria L.
Culver (Steffes), Stacy M.
Davenport, Sarah
DeGraaf, Dante
Denhof, Andrew
Deshane, Daniel J.
DeVrou, Amy R.
DeVrou, Natasha A.
Dewindt, Char

Diciolla, Carlo
Dougherty, Todd M.
Everhart, Lizette
Faragalli, Susan E.
Fennema, Valerie
Fitzpatrick, Joy
Froneberger, Dave
Garbacik, Matt J.
Garbacik, Stacey
Garcia, Benito
Garcia, Idriss
Garcia, Victoria E.
Gargano, Zach
Golden, Craig
Griffith, Josiah
Guerrero, Fernando
Guillen, Maria
Guss (Medvich), Hayley A.
Harney, Patricia
Harrell, Mark
Harrison, Christian D.
Hearst (Hearst), Michael S.
Heinricher, Judson J.
Henning, Katie
Herdegen, Ginny
Hershey, Jordyn
Hickman, Dwight
Higgs (Lemon), Kristina
Hight, Ron C.
Hill, Tom A.
Hoda, Parker
Hoogerhyde, Brent
Howard, Annette M.
Hrubesky, Jennifer
Huffman, Brett
Jackson, Savannah L.
Jensen, Krista
Jewell, Sarah
Jones, Carrie A.
Jordan, Brandon L.
Kadwell, Lee
Kaeding, Bob J.
Kahle, Bill
Kammeraad, Scott
Karegeya, Dancille
Keith, Jen S.
Kelly, Robert E.

Kenney, Drew
Knorr, Heather
Kozeny, Bray J.
Krhovsky, Mark J.
Kulp, Karl
Labrecque, Andre
Langejans, Scott
Langendorfer, Jill C.
Lenting, David
Lesinski, Brendan
Lust, Josh B.
Lynn (Mrs Vicki Faught), Vicki
Macdonald, Gina K.
Mahoney, Kevin P.
Maldonado, Diani A.
Martinez, Alex
Mathis, Judith
Mazzotta, Andrew
Mejias, Jose
Mejias-matos, Maria D.
Melinn, Kate E.
Merrick, Kelsey
Milarch, Kerri B.
Miller, Alexandra
Mize, Daniel
Moon, Dale
Mooney, Ellen M.
Moore, Erin
Morrow, Jerry
Moynihan, Dan R.
Mugridge, Carrie
Munger, Scott
Murphy-barnard, Kimmy
Myers, Dawn
Narvaiz, Raymond D.
Natera, Braulio
Norcross (Johnson), Patricia D.
Nugent, Scott
Odean, Cory A.
Oestreich (Cook), Susan L.
Oosterhouse, Charles
Orkis, Ben J.
Orkis (Saylor), Natalie R.
Orzechowski, Todd
Palmbos, Gregg
Pederson, Katie
Perez, Roberto

Perez-Lopez, Sandra
Perry, Ross
Peters, Brenda
Pfenninger, Kenneth
Ponne, Jill
Puro, Megan
Ramos, Mirian Y.
Rivera, Carlos J.
Robirds, Pete
Rodriguez, Luisa F.
Rosa, Jess
Rosendall, Randy A.
Rounds, Melissa
Rumney, Jeanette
Russell, Ashlee
Salas, Sandra
Sallis III, LaPlace
Schaeppi, Honor R.
Schaetzke, Sheila J.
Schmidt, Corey B.
Scurlock, Chelsea
Shoemaker, Joel
Shotts, Macey
Simmons, Antonia L.
Smith, Brendyn
Smith, Jovanna
Smith, Ken J.
Snyder, Colton
Sosna, Valerie
Staehle, Sam P.
Staley, Jeremy J.
Stanowski, Kristie A.
Stibich (Giorgia Gorski Vitorino), Gio
Swartwood, Lauren
Tafelsky, Sarah L.
Tanis, Ed
Taylor, Tratrick
Terrell, Rocky
Thatcher Jr., Brian K.
Thome, Dan J.
Thul, Tanner J.
Tuffelmire, Caleb J.
Vander Kuyl, Ben
Vander Molen, Fred J.
Vanliere, Brandon
Verra, Terri
Vestal, Amy

Wallace, Bryce M.
Ward, Scott
Waters, Misty
Weidenbach, Diana
West, Connor J.
Westphal, Tatyana
Yeomans, Mary
Youngblood, Lynn

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Marketlab, Inc

Pharmacy/Wholesaler License # (if applicable): In Process

Physical Address: 6850 Southbelt Dr.

City: Caledonia State: MI Zip: 49316

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 616-656-2484 Website: www.marketlab.com

Licensing Company Email: regulatoryaffairs@marketlab.com

Section 2: Personal Information

First: Joshua Middle: Benjamin Last: Lust

Alias(es, nick[redacted]hanges, etc.): Josh

Date of Birth[redacted] SSN or ITIN[redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Nellie Rd

City: Hopkins State: MI Zip: 49328

Telephone[redacted] Email: josh.lust@marketlab.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.020)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
East Kentwood High School			
Address	**City**	**State**	**Zip**
6230 Kalamazoo Ave SE	Kentwood	MI	49508
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Grand Rapids Community College			
Address	**City**	**State**	**Zip**
143 Bostwick Avenue	Grand Rapids	MI	49503
Diploma/Degree obtained, if any			
AAS, Chemical Technology			

School Name		From - To (MM/YY – MM/YY)	
Ferris State University			
Address	**City**	**State**	**Zip**
1201 S State St.	Big Rapids	MI	49307
Diploma/Degree obtained, if any			
BS, Quality Engineering			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/09 to current	[redacted] Nellie Rd	Hopkins	MI	49328
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in [illegible] pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in Nevada activity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Marketlab, Inc		09/22 to current	
Business Address	City	State	Zip
6850 Southbelt Dr.	Caledonia	MI	49316
Phone	Title	Number of Employed Hours	
616-656-4631	Sr. Director QA/RA & Product Development	160 hrs	
Description of Duties			
Responsible for the oversight of implementing and executing inspection, testing, and evaluation methods to ensure that products adhere closely to company standards.			

Business Name		From - To (MM/YY – MM/YY)	
Marketlab, Inc		9/20 to 9/22	
Business Address	City	State	Zip
6850 Southbelt Dr.	Caledonia	MI	49316
Phone	Title	Number of Employed Hours	
616-656-4631	Director QA/RA & Product Development	4160 hrs	
Description of Duties			
Responsible for implementing and executing inspection, testing, and evaluation methods to ensure that products adhere closely to company standards.			

Business Name		From - To (MM/YY – MM/YY)	
Ranir LLC		02/15 to 9/20	
Business Address	City	State	Zip
4701 East Paris Ave.	Grand Rapids	MI	49512
Phone	Title	Number of Employed Hours	
616- 698-8880	Senior Quality & Regulatory Affairs Manager	8320 hrs	
Description of Duties			
Responsible for implementing and executing inspection, testing, and evaluation methods to ensure that products adhere closely to company standards.			

Business Name		From - To (MM/YY – MM/YY)	
Aspen Surgical		11/11 to 02/15	
Business Address	City	State	Zip
6945 Southbelt Dr	Caledonia	MI	49316
Phone	Title	Number of Employed Hours	
616- 698-7100	Quality Manager	6240 hrs	
Description of Duties			
Responsible for implementing and executing inspection, testing, and evaluation methods to ensure that products adhere closely to company standards.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Joshua Lust, **certify that as the designated representative for**

Marketlab, Inc,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JBL I am at least 21 years of age;
3. JBL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JBL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JBL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JBL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JBL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Joshua Lust
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09 JAN 2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joshua Lust

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09 JAN 2023

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Kent

I, Joshua Lust, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

09 JAN 2023

Date

Subscribed and Sworn to before me this 9 day of January 2023

Jessica C. Rosa

Notary Public Signature

JESSICA C. ROSA
Notary Public, State of Michigan
County of Eaton
My Commission Expires Nov. 01, 2023
Acting in the County of Kent

JESSICA C. ROSA NOTARY PUBLIC EATON COUNTY, MI (Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Marketlab, Inc MDEG License # (if applicable) In process

Physical Address 6850 Southbelt Drive

City Caledonia State MI Zip 49316

Mailing Address (if different from physical address) Same as above

City State Zip

Telephone 616-656-2484 Website www.marketlab.com

Licensing Company Email regulatoryaffairs@marketlab.com

Section 2: Personal Information

First Joshua Middle Benjamin Last Lust

Alias(es, nicknames, name changes, etc.) Josh

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Nellie Rd

City Hopkins State MI Zip 49328

Telephone [redacted] Email josh.lust@marketlab.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
East Kentwood High School			
Address	**City**	**State**	**Zip**
6230 Kalamazoo Ave SE	Kentwood	MI	49508
Diploma/Degree obtained, if any			
HS Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Grand Rapids Community College			
Address	**City**	**State**	**Zip**
143 Bostwick Avenue	Grand Rapids	MI	49503
Diploma/Degree obtained, if any			
AAS, Chemical Technology			
School Name		**From - To (MM/YY – MM/YY)**	
Ferris State University			
Address	**City**	**State**	**Zip**
1201 S State St.	Big Rapids	MI	49307
Diploma/Degree obtained, if any			
BS, Quality Engineering			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11 /09 to current	[redacted] Nellie Rd	Hopkins	MI	49328
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Marketlab, Inc			09/22 to current	
Business Address		City	State	Zip
6850 Southbelt Dr.		Caledonia	MI	49316
Phone	Title		Number of Employed Hours	
616-656-4631	Sr. Director QA/RA & Product Development		160 hrs	

Description of Duties

Responsible for the oversight of implementing and executing inspection, testing, and evaluation methods to ensure that products adhere closely to company standards.

Business Name			From - To (MM/YY – MM/YY)	
Marketlab, Inc			9/20 to 9/22	
Business Address		City	State	Zip
6850 Southbelt Dr.		Caledonia	MI	49316
Phone	Title		Number of Employed Hours	
616-656-4631	Director QA/RA & Product Development		4160 hrs	

Description of Duties

Responsible for implementing and executing inspection, testing, and evaluation methods to ensure that products adhere closely to company standards.

Business Name			From - To (MM/YY – MM/YY)	
Ranir LLC			02/15 to 9/20	
Business Address		City	State	Zip
4701 East Paris Ave.		Grand Rapids	MI	49512
Phone	Title		Number of Employed Hours	
616- 698-8880	Senior Quality & Regulatory Affairs Manager		8320 hrs	

Description of Duties

Responsible for implementing and executing inspection, testing, and evaluation methods to ensure that products adhere closely to company standards.

Business Name			From - To (MM/YY – MM/YY)	
Aspen Surgical			11/11 to 02/15	
Business Address		City	State	Zip
6945 Southbelt Dr		Caledonia	MI	49316
Phone	Title		Number of Employed Hours	
616- 698-7100	Quality Manager		6240 hrs	

Description of Duties

Responsible for implementing and executing inspection, testing, and evaluation methods to ensure that products adhere closely to company standards.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: N/A

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

20-FEB-2023
Date

I, Joshua Lust, certify that as the MDEG Administrator for

Marketlab, Inc

that I (initial that you have read and meet the following requirements):

1. JBL Have a high school diploma or its equivalent;
2. JBL Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JBL Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JBL Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joshua Lust
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

20 FEB 2023
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Marketlab, Inc

Pharmacy/MDEG/Wholesaler License # (if applicable): In process

Physical Address: 6850 Southbelt Dr.

City: Caledonia State: MI Zip: 49316

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 616-656-2484 Website: www.marketlab.com

Licensing Company Email: regulatoryaffairs@marketlab.com

Section 2: Personal Information

First: Thomas Middle: Allen Last: Hill

Alias(es, nicknames, name changes, etc.): Tom

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Knoll Place Dr SE

City: Grand Rapids State: MI Zip: 49546

Telephone: [redacted] Email: tom.hill@marketlab.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Knoll Place Dr SE	Grand Rapids	MI	49546
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Marketlab, Inc.			Nov 2021 to current
Business Address	**City**	**State**	**Zip**
6850 Southbelt Dr.	Caledonia	MI	49316
Phone	**Title**		
616-656-2484	CEO		

Description of Duties

Senior executive with general management, healthcare, and medical device manufacturing experience ranging from mature multi-billiondollar procurement platforms to boot-strap startups in USA & China

Business Name			From - To (MM/YY – MM/YY)
Direct Supply, Inc.			Jan 1999 to Nov 2021
Business Address	**City**	**State**	**Zip**
7301 W. Champions Way	Milwaukee	WI	53223
Phone	**Title**		
414-708-7479	President, Direct Supply Manufacturing		

Description of Duties

Senior executive with general management, healthcare, and medical device manufacturing experience ranging from mature multi-billiondollar procurement platforms to boot-strap startups in USA & China

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thomas Hill

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9 Jan 2023

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Kent

I, Thomas Hill, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9 Jan 2023

Date

Subscribed and Sworn to before me this 9 day of January 2023

Jessica C. Rosa

Notary Public Signature

JESSICA C. ROSA
Notary Public, State of Michigan
County of Eaton
My Commission Expires Nov. 01, 2023
Acting in the County of Kent

JESSICA C. ROSA NOTARY PUBLIC EATON COUNTY, MI

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Marketlab, Inc

Pharmacy/MDEG/Wholesaler License # (if applicable): In Process

Physical Address: 6850 Southbelt Dr.

City: Caledonia State: MI Zip: 49316

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 616-656-2484 Website: www.marketlab.com

Licensing Company Email: regulatoryaffairs@marketlab.com

Section 2: Personal Information

First: Kerri Middle: Beth Last: Milarch

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Lumina Drive

City: Jenison State: MI Zip: 49428

Telephone: [redacted] Email: kerri.milarch@marketlab.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.170)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.0129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Belding High School			
Address	**City**	**State**	**Zip**
850 Hall St.	Belding,	MI	48809
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Central Michigan University			
Address	**City**	**State**	**Zip**
1200 S Franklin St.	Mt Pleasant	MI	48859
Diploma/Degree obtained, if any			
Bachelors Business			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years, beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/04 to Current	[redacted] Lumina Drive	Jenison	MI	49428
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or in a related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Marketlab, Inc		11/ 21 to Current	
Business Address	**City**	**State**	**Zip**
6850 Southbelt Drive	Caledonia	MI	49316
Phone	**Title**		
414-708-7479	Chief Operating Officer		

Description of Duties

I am a global operations/supply chain management professional with comprehensive experience in establishing multi-portfolio operational and supply chain strategies.

Business Name		From - To (MM/YY – MM/YY)	
Marketlab, Inc		11/09 to 11/21	
Business Address	**City**	**State**	**Zip**
6850 Southbelt Drive	Caledonia	MI	49316
Phone	**Title**		
414-708-7479	Chief Supply Chain Officer		

Description of Duties

I am a global operations/supply chain management professional with comprehensive experience in establishing multi-portfolio operational and supply chain strategies.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kerri Milarch

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/9/23

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Kent

I, Kerri Milarch, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/9/23

Date

Subscribed and Sworn to before me this 9 day of January 2023

Jessica C. Rosa

Notary Public Signature

JESSICA C. ROSA
Notary Public, State of Michigan
County of Eaton
My Commission Expires Nov. 01, 2023
Acting in the County of Kent

JESSICA C. ROSA NOTARY PUBLIC EATON COUNTY, MI

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Marketlab, Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable): In process

Physical Address: 6850 Southbelt Dr.

City: Caledonia State: MI Zip: 49316

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 616-656-2484 Website: www.marketlab.com

Licensing Company Email: regulatoryaffairs@marketlab.com

Section 2: Personal Information

First: Frederick Middle: John Last: Vander Molen

Alias(es, nicknames, name changes, etc.): Fred

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] 26th Ave NW

City: Grand Rapids State: MI Zip: 49534

Telephone: [redacted] Email: fred.vandermolen@marketlab.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Grandville High School			
Address	**City**	**State**	**Zip**
4700 Canal Ave SW	Grandville	MI	49418
Diploma/Degree obtained, if any			
HS Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Davenport University			
Address	**City**	**State**	**Zip**
6191 Kraft Ave SE	Grand Rapids	MI	49512
Diploma/Degree obtained, if any			
BS Accounting			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2013 to current	[redacted]26th Ave NW	Grand Rapids	MI	49534
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Marketlab Inc.			09/2020 to current
Business Address	**City**	**State**	**Zip**
6850 Southbelt Dr.	CALEDONIA	MI	49316
Phone	**Title**		
616-455-7707	Chief Financial Officer		

Description of Duties

A results-driven and exceptional finance executive with progressive experience in corporate accounting, treasury, financial planning and analysis, mergers and acquisitions, cost accounting, training and development, and implementations.

Business Name			From - To (MM/YY – MM/YY)
American Repair Maintenance, LLC			12/2019 to 09/2020
Business Address	**City**	**State**	**Zip**
114 W Savidge St	Spring Lake	MI	49456
Phone	**Title**		
616-450-4124	Chief Financial Officer		

Description of Duties

A results-driven and exceptional finance executive with progressive experience in corporate accounting, treasury, financial planning and analysis, mergers and acquisitions, cost accounting, training and development, and implementations.

Business Name			From - To (MM/YY – MM/YY)
Ranir, LLC			02/2016 to 09/2020
Business Address	**City**	**State**	**Zip**
4701 E Paris Ave SE	Grand Rapids	MI	49512
Phone	**Title**		
616-698-8880	Corporate Controller		

Description of Duties

A results-driven and exceptional finance executive with progressive experience in corporate accounting, treasury, financial planning and analysis, mergers and acquisitions, cost accounting, training and development, and implementations.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Frederick Vander Molen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01-09-2023

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Kent

I, Frederick Vander Molen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

01-09-2023

Date

Subscribed and Sworn to before me this 9 day of January 2023

Jessica C. Rosa

Notary Public Signature

JESSICA C. ROSA
Notary Public, State of Michigan
County of Eaton
My Commission Expires Nov. 01, 2023
Acting in the County of Kent

JESSICA C. ROSA NOTARY PUBLIC EATON COUNTY, MI

(Seal)

DocuSign Envelope ID: 9C976E1B-83F4-42F6-8975-419D09FE38EB

TRAVELERS

Travelers Casualty and Surety Company of America

License No. _____

RIDER

To be attached to and form part of Bond No. **106060898**.

Issued on behalf of **Sharn, Inc.** as Principal, and in favor of **Nevada State Board of Pharmacy** as Obligee.

It is agreed that:

☒ 1. The Surety hereby gives its consent to change the Name:

from: **Sharn, Inc.**

to: **Marketlab, Inc.**

☐ 2. The Surety hereby gives its consent to change the Address:

from: _____

to: _____

☐ 3. The Surety hereby gives its consent to change the _____:

from: _____

to: _____

This rider shall become effective as of **1/18/2023**

PROVIDED, however, that the liability of the Surety under the attached bond as changed by this rider shall not be cumulative.

Signed, sealed and dated **1/18/2023**.

Travelers Casualty and Surety Company of America

By: _____
Linda DeVries
Attorney-in-Fact

Accepted: **Nevada State Board of Pharmacy**
Obligee

By: _____

or **Marketlab, Inc.**
Principal

By: _____
DocuSigned by:
5A8489F1CFDB44A...

S-4111 (8/66)

DocuSign Envelope ID: 9C976E1B-83F4-42F6-8975-419D09FE38EB

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Linda DeVries** of **GRAND RAPIDS** , **Michigan** , their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **18th** day of **January** , **2023** .

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

Bureau of Professional Licensing

Inspection History

License & Contact Information

License Holder: Market Lab Inc.
License Type: Wholesale Distributor Application
License #: 5306007155APP22
License Status: License Issued
Site Address: 6850 Southbelt Drive, Caledonia, MI 49316
Contact Name / Type:
Contact Phone / Email:

List of All Inspections To-Date

Date	Inspection Type	Result	Inspector
11/03/2022	Wholesale Distributor Application Inspection	Pass	John Carlson

Inspection & Checklist Details

11/03/2022 Wholesale Distributor Application Inspection - PASS

Date	Inspection Type	Result	Inspector
11/03/2022	Wholesale Distributor Application Inspection	Pass	John Carlson

Overall Inspection Comment: On-site inspection with Jill Langendorfer and Jessica Rosa. Copies of policies obtained and reviewed. Picture of quarantine area taken an uploaded. Security system reviewed.

CHECKLIST NAME: Wholesale Dist Inspection

Checklist Item	Status
Inspection Information **County:** Kent **If required, is the Pharmacist in Charge or Facility Manager the same individual listed in MIPLUS:** Yes **Prelicensure:** ☒	Yes
Is facility of suitable size to facilitate cleaning, maintenance and proper operations? **Comment:** Reviewed physical areas of building.	Yes
Storage areas provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment and security conditions? **Comment:** Yes. Policies attached also.	Yes
Quarantine area for storage of outdated, damaged, deteriorated, misbranded, or adulterated prescription drugs or drugs sealed in secondary containers? **Comment:** Yes, Photo taken. Observed receiving area.	Yes
Is facility maintained and in a clean and orderly condition?	Yes
Is facility free from infestation by insects, rodents, birds or vermin of any kind?	Yes
Access from the outside of the facility is kept to a minimum and well-controlled?	Yes
Outside perimeter of the facility is well-lighted?	Yes
Entry into areas where prescription drugs are held is limited to authorized personnel?	Yes
Facilities equipped with an alarm system to detect any entry after hours?	Yes
Facilities equipped with a security system to provide protection against theft and diversion?	Yes
Computers and electronic records kept under security to prevent tampering with the records?	Yes
Prescription drugs stored at appropriate temperatures and under appropriate conditions in accordance with label requirements?	Yes

Outside shipping containers visually examined upon receipt to prevent acceptance of contaminated drugs?	Yes
Outgoing shipments inspected to identify drugs and to ensure drugs have not been damaged in storage or held under improper conditions?	Yes
Inventories and records of all transactions regarding receipt and distribution or other disposition of prescription drugs have been established and are maintained?	Yes
Records include source of drugs, including name and principle address of seller or transferor and address of location from which drugs were shipped?	Yes
Records include identity and quantity of drugs received and distributed or disposed of?	Yes
Records include dates of receipt and distribution or other disposition of the drugs?	Yes
Inventories and records available for inspection for a period of two years after disposition of drugs?	Yes
Written policies and procedures maintained and enforced for receipt, security, storage, inventory and distribution of prescription drugs?	Yes
Procedure whereby the oldest approved stock of a prescription drug product is distributed first?	Yes
Procedures for handling recalls and withdrawals of prescription drugs at the request of the food and drug administration, the board, or other federal, state, or local law enforcement agency or other government agency?	Yes
Procedures to ensure that distributors prepare for, protect against, and handle any crisis that affects security or operation of any facility in the event of strike, fire, flood, other natural disaster, or other emergency situations?	Yes
Procedures to ensure that any outdated prescription drugs are segregated from other drugs and either returned to manufacturer or destroyed?	Yes
List is maintained of officers, directors, managers, and other persons who are in charge of wholesale drug distribution, storage, and handling which also describes their duties and a summary of their qualifications?	Yes
All employees have sufficient education, training, and experience to perform their assigned functions in a manner that assures that the drug product, quality, safety and security is maintained at all times?	Yes
Wholesaler distributor only supplies, distributes, sells, offers for sala, barters, or otherwise transfers drugs to persons who are licensed by the board or to persons who are licensed to prescribe drugs only?	Yes
Comments/Additional Violations	Yes

Comment: On-site inspection with Jill Langendorfar and Jessica Rosa. Copies of policies obtained and reviewed. Picture of quarantine area taken an uploaded. Security system reviewed.

4M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: PHOENIX ASSURANCE, LLC

Physical Address: 4755 SOUTHPOINT DRIVE, SUITE 101

City: MEMPHIS State: TN Zip: 38118

Mailing Address (if different from physical address): 4750 PLEASANT HILL ROAD

City: MEMPHIS State: TN Zip: 38118

Telephone: 901-368-8940 Website: WWW.PHOENIXASSURANCE3PL.COM

Name of Designated Representative (DR): YERRITT LONG

Licensing Company Email: LICENSING4755@PA3PL.COM DR Email: YLONG@PA3PL.COM

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others:THIRD PARTY LOGISTICS

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A	N/A	N/A	N/A	N/A
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		N/A		
Reason/Charge				
N/A				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
N/A			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

N/A

Rita Parker

Original Signature (electronic, copies or stamps not accepted)

01/03/2023

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: BAXTER HEALTHCARE
Address: 4801 SOUTH MENDENHALL ROAD City: MEMPHIS State: TN Zip: 38118
Name: ABBOTT
Address: 10 SOUTHGATE ROAD City: SCARBOROUGH State: MA Zip: 04074
Name: N/A
Address: N/A City: N/A State: N/A Zip: N/A
Name: N/A
Address: N/A City: N/A State: N/A Zip: N/A

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any): N/A
Corporation Name: N/A
Mailing Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A
Contact Person Name: N/A
Date of SEC Registration: N/A | SEC Registration Number: N/A | Stock Exchange Symbol: N/A

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: TENNESSEE
Parent Company (if any): N/A
Corporation/Organization Name: PHOENIX ASSURANCE, LLC
Mailing Address: 4750 PLEASANT HILL ROAD
City: MEMPHIS State: TN Zip: 38118
Telephone: 901-368-8940 Email: LICENSING4755@PA3PL.COM
Contact Person Name: RITA PARKS

Section 6: Partnership

Partnership Name: N/A
Mailing Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A
Contact Person Name: N/A

Section 7: Sole Owner

Owner's Name: N/A
Business Name: N/A
Business Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

PHOENIX ASSURANCE, LLC

Facility Name

RITA PARKS

Print Name of Authorized Person Submitting Application

Rita Parks

Original signature of Authorized Person (copies or stamps not accepted)

01/03/2023

Date

Board Use Only	Date Received: 1.5.23	Amount: 1,000 cc 1/27/23

Phoenix Assurance LLC

Warehouse/Distribution

4755 SOUTHPOINT DR, SUITE 101
MEMPHIS, TN 38118

Phoenix Assurance LLC - Officers

Phoenix Assurance LLC is:

- a Limited Liability Company registered in the State of Tennessee
- located at 4750 Pleasant Hill Road, Memphis, TN 38118
- Federal Employer Identification (FEI) number is 83-2706107
- State of Incorporation - Delaware

Hulesy Britt – President / Managing Partner – 50%

Business:

4750 Pleasant Hill Road
Memphis, TN 38118
901-368-8942
hbritt@pa3pl.com

Residence:

[redacted]Martin Luther King, Jr. Ave. #465
Memphis, TN 38103
[redacted]

Rita Parks - Vice President / Managing Partner – 50%

Business:

4750 Pleasant Hill Road
Memphis, TN 38118
901-368-8944
rparks@pa3pl.com

Residence:

P.O. Box [redacted]
Corinth, MS 38835-0303
[redacted]

Tyler Kattawar – Chief Operating Officer

Business:

4105 S. Mendenhall Road
Memphis, TN 38115-5927
901-603-7539
tkattawar@kpowergl.com

Residence:

c/o [redacted] Courts
Meadow Cove
Collierville, TN 38017
[redacted]

Drug Establishments Current Registration Site

Share Tweet LinkedIn Email Print

New Search

Search Results for **Phoenix Assurance, LLC**

CSV Excel

Filter: 4750

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Phoenix Assurance, LLC	1039451	087115284	RELABEL;	4750 Pleasant Hill Road, Memphis, Tennessee (TN) 38118, United States (USA)	12/31/2023

Showing 1 to 1 of 1 entries (filtered from 3 total entries)

Previous 1 Next

Data Current through: Thursday, Jan 12, 2023

Return to Drug Firm Annual Registration Status Home Page

Rita Parks Southpoint

From: edrls@fda.hhs.gov
Sent: Friday, June 11, 2021 6:09 AM
To: Rita Parks
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 11-JUN-2021
Labeler DUNS: 118105743 — Changed to 118774171 (D+B error caused change)
Labeler Name: Phoenix Assurance, LLC
Labeler Code Assigned: 82025

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

Drug Establishments Current Registration Site

New Search (default.cfm)

Search Results for **phoenix assurance**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Phoenix Assurance, LLC	1039451	118774171	RELABEL;	4755 Southpoint Drive Suite 101, Memphis, Tennessee (TN) 38118, United States (USA)	12/31/2023
Phoenix Assurance, LLC	1039451	087115284	RELABEL;	4750 Pleasant Hill Road, Memphis, Tennessee (TN) 38118, United States (USA)	12/31/2023
Phoenix Assurance, LLC	1039451	118774169	RELABEL;	4835 Mendenhall Road South, Memphis, Tennessee (TN) 38141, United States (USA)	12/31/2023
Phoenix Assurance, LLC	3023239120	106462017	RELABEL;	22150 Goldencrest Dr., Moreno Valley, California (CA) 92553-9117, United States (USA)	12/31/2023

Showing 1 to 4 of 4 entries
Previous1Next
Data Current through: Thursday, Mar 2, 2023

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Phoenix Assurance, LLC
4755 Southpoint Drive
Memphis, TN 38118

License/Registrations/Permits List

State	License #	Issued	Expires	Status
ALABAMA	196244	06/15/2022	12/31/2022	ACTIVE/NO DISCIPLINE
ALASKA	196560	06/14/2022	06/30/2024	ACTIVE/NO DISCIPLINE
ARIZONA	L000344	08/04/2022	10/31/2023	ACTIVE/NO DISCIPLINE
ARKANSAS	WD05690	05/09/2022	12/31/2022	ACTIVE/NO DISCIPLINE
COLORADO	TPLP.0000030	05/10/2022	10/31/2022	ACTIVE/NO DISCIPLINE
CONNECTICUT	CSW.0005087	05/24/2022	06/30/2023	ACTIVE/NO DISCIPLINE
INDIANA	94000228A	07/19/2022	09/30/2024	ACTIVE/NO DISCIPLINE
KANSAS	23-117714	04/21/2022	06/30/2023	ACTIVE/NO DISCIPLINE
KENTUCKY	TPL00414	04/22/2022	06/30/2023	ACTIVE/NO DISCIPLINE
LOUISIANA	10634	06/28/2022	12/31/2022	ACTIVE/NO DISCIPLINE
MINNESOTA	900191	06/10/2022	10/31/2022	ACTIVE/NO DISCIPLINE
MISSISSIPPI	18503/16.3a	05/26/20222	12/31/2022	ACTIVE/NO DISCIPLINE
MISSOURI	2022020345	06/07/2022	10/31/2023	ACTIVE/NO DISCIPLINE
MONTANA	PHA-WDD-LIC-88763	08/16/2022	11/30/2022	ACTIVE/NO DISCIPLINE
NEW HAMPSHIRE	07488	05/04/2022	06/30/2024	ACTIVE/NO DISCIPLINE
NEW MEXICO	WD00013171	07/21/2022	12/31/2023	ACTIVE/NO DISCIPLINE
NORTH CAROLINA	1673	05/17/2022	12/31/2022	ACTIVE/NO DISCIPLINE
NORTH DAKOTA	TPL488	06/15/2022	06/30/2023	ACTIVE/NO DISCIPLINE
OHIO	0170000091	06/22/2022	06/30/2023	ACTIVE/NO DISCIPLINE
OKLAHOMA	88-L-7445	06/02/2022	06/30/2023	ACTIVE/NO DISCIPLINE
OREGON	DDA-0000583	08/08/2022	09/30/2023	ACTIVE/NO DISCIPLINE
PENNSYLVANIA	3000010404	06/06/2022	06/30/2023	ACTIVE/NO DISCIPLINE
TENNESSEE	0000006943	08/23/2021	08/31/2023	ACTIVE/NO DISCIPLINE
VERMONT	159.0000180	06/22/2022	07/31/2023	ACTIVE/NO DISCIPLINE
WEST VIRGINIA	3PL0000387	05/19/2022	06/30/2024	ACTIVE/NO DISCIPLINE

30241

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000006943
EXPIRATION DATE: 08/31/2023

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
THIRD PARTY LOGISTICS
PHOENIX ASSURANCE LLC

COMMISSIONER OF HEALTH

COPY

RITA PARKS
PHOENIX ASSURANCE LLC
4755 SOUTHPOINT DR
MEMPHIS TN 38118-7523

12707713
30241

State of Tennessee
Department of Health

TENNESSEE BOARD OF PHARMACY
THIRD PARTY LOGISTICS
PHOENIX ASSURANCE LLC
4755 SOUTHPOINT DR
MEMPHIS TN 38118

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000006943
EXPIRATION DATE: 08/31/2023

ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

COMMISSIONER

PHOENIX ASSURANCE

02 March 2023

Phoenix Assurance, LLC
4755 Southpoint Drive, Suite 101
Memphis, Tn 38118

Dear Nevada State Board of Pharmacy,

Please find a list of employees below for Phoenix Assurance, LLC, 4755 Southpoint Drive, Suite 101, Memphis, TN 38118:

Hulesy Britt-President

Rita Parks- Vice President

Yerritt Long- Senior Facility Manager/ Designated Representative

Sid Hurt- Warehouse Supervisor

Antwain Pullium- Material Handler

Romero Irby-Material Handler

If you have any questions please contact,

Rita Parks
[redacted]
Rparks@pa3pl.com

Client#: 1843041 PHOENASS3

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/26/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Shonda Smith
USI Insurance Services LLC /CL 5100 Poplar Avenue, #1200 Memphis, TN 38137 901 766-5990	PHONE (A/C, No, Ext): 901-255-3912 FAX (A/C, No): 610-362-8621 E-MAIL ADDRESS: Shonda.Smith@usi.com

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Phoenix Assurance LLC 4750 Pleasan Hill Rd. Memphis, TN 38118	INSURER A : Liberty Mutual Fire Insurance Company	23035
	INSURER B : Argonaut Insurance Company	19801
	INSURER C : Aspen Specialty Insurance Company	10717
	INSURER D : Atlantic Specialty Insurance Company	27154
	INSURER E : Evanston Insurance Company	35378
	INSURER F : North River Insurance Company	21105

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			BKS2359595191	05/08/2022	05/08/2023	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$500,000
							MED EXP (Any one person)	$15,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			USO2359595191	05/08/2022	05/08/2023	EACH OCCURRENCE	$4,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$4,000,000
	DED X RETENTION $10,000							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			XWS2359595191	05/08/2022	05/08/2023	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A					E.L. EACH ACCIDENT	$500,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$500,000
B	WHL - Primary			ASLU0005402LGW01	01/22/2022	01/22/2023	$10,000,000	
C	WHL - $10M X $10M			1M00KNM22	01/22/2022	01/22/2023	$10M X $10M	
D	WHL - $30M X $20M			7900323140001	01/22/2022	01/22/2023	$30M X $20M	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

E.) Pollution # MKL2ENV102817: 06/01/2022 - 06/01/2023 $2,000,000 Limit

F.) Errors & Omission/ Professional Liability -#9242366028 11/12/2021 - 11/12/2022 $5,000,000 Limit

Re Locations: 4755 Southpoint Dr Memphis 38118 and 4835 S Mendenhall Rd Memphis 38141

CERTIFICATE HOLDER

Insured's Copy

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kenneth Gaylor

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LEPEP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB11499808958

Application/License No. WH00238

PHOENIX ASSURANCE, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 4750 PLEASANT HILL RD, MEMPHIS, TN, 38118 (Address of Applicant/Principal), as PRINCIPAL, and Philadelphia Indemnity Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Bala Plaza, Suite 100 BALA CYNWYD PA 19004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on Mar 01, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 03rd day of March, 20 23.

APPLICANT/PRINCIPAL
PHOENIX ASSURANCE, LLC
COMPANY

Authorized Representative

SURETY
Philadelphia Indemnity Insurance Company

Surety Company's Representative

John D. Weisbrot, Attorney-in-fact
print name

PHILADELPHIA INDEMNITY INSURANCE COMPANY ★ CORPORATE SEAL ★ 1927 ★ PENNSYLVANIA

SIGNED and SEALED in the presence of:

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Witness

Countersigned by:

Nevada Resident Agent

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY**, the Company, a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint JOHN D. WEISBROT, MELISSA L. MCDADE OR STEVEN M. VARGA, its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **$50,000,000.**

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified with facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICERS THIS 5TH DAY OF MARCH, 2021.

(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**, that the seal affixed to said instrument is the Corporate seal of said Company, that the said Corporate Seal and his signature were duly affixed.

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Montgomery County
My commission expires November 3, 2024
Commission number 1366394
Member, Pennsylvania Association of Notaries

Notary Public

residing at Bala Cynwyd, PA

My commission expires: November 3, 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 03rd day of March, 2023.

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

To verify the bond please visit https://www.suretybond.org/validate/?code=eklX2Qld2JB1kJA1IWXA17Dg&transaction=XFkG0VQV16cwhcQwRcVVdJCQ

PHILADELPHIA INDEMNITY INSURANCE COMPANY

Statutory Statements of Admitted Assets, Liabilities and Capital and Surplus
(in thousands, except par value and share amounts)

Admitted Assets		
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
Mortgage loans	[illegible]	[illegible]
Real estate	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
Receivables for securities sold	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
Premiums receivable, agents' balances and other receivables	[illegible]	[illegible]
Reinsurance recoverable on paid loss and loss adjustment expenses	[illegible]	[illegible]
Accrued investment income	[illegible]	[illegible]
Receivable from affiliates	8,144	-
Federal income taxes receivable	111,943	118,139
Net deferred tax assets	9,953	[illegible]
Other assets	[illegible]	[illegible]
Total admitted assets	$ 10,699,044	$ [illegible]

Liabilities and Capital and Surplus

Liabilities		
Unpaid loss and loss adjustment expenses	$ 5,436,808	$ 5,218,304
Unearned premiums	1,658,339	1,582,116
Reinsurance payable on paid loss and loss adjustment expenses	35,820	30,398
Ceded reinsurance premiums payable	130,474	108,936
Commissions payable, contingent commissions and other similar charges	228,628	214,389
Federal income taxes payable	-	8,480
Funds held	77,317	77,256
Payable to affiliates	19,465	18,486
Provision for reinsurance	471	87
Payable for securities purchased	19,045	17,820
Accrued expenses and other liabilities	47,213	32,170
Total liabilities	7,653,580	7,308,443
Capital		
Common stock, par value of $10 per share; 1,000,000 shares authorized, 450,000 shares issued and outstanding	4,500	4,500
Surplus:		
Gross paid-in and contributed surplus	386,071	386,071
Unassigned surplus	2,654,893	2,236,134
Total surplus	3,040,964	2,622,205
Total capital and surplus	3,045,464	2,626,705
Total liabilities and capital and surplus	$ 10,699,044	$ 9,935,147

The undersigned, being duly sworn, says: That she is the Executive Vice President and Chief Financial Officer of Philadelphia Indemnity Insurance Company; that said Company is a corporation duly organized in the state of Pennsylvania, and licensed and engaged in the State of Pennsylvania and has duly complied with all the requirements of the laws of the said State applicable of the said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under the Act of Congress. And that to the best of her knowledge and belief the above statement is a full, true and correct statement of

Attest.

DocuSigned by:
Karen Gilmer-Pauciello
Karen Gilmer-Pauciello, EVP & CFO

Sworn to before me this 2nd day of June 2022.

Kimberly Kessleski, Notary

Commonwealth of Pennsylvania - Notary Seal
Kimberly A. Kessleski, Notary Public
Montgomery County
My commission expires December 18, 2024
Commission number 1245769
Member, Pennsylvania Association of Notaries

PHILADELPHIA

BOND RIDER

Bond No: PB11499808958

Principal: Phoenix Assurance, LLC

Obligee: The State of Nevada and to the Nevada State Board of Pharmacy

Surety: Philadelphia Indemnity Insurance Company

Effective: 03/03/2023

It is agreed that: Adding Three Locations:
4755 Southpoint Drive, Memphis, TN 38118
4835 S Mendenhall Rd., Memphis, TN 38141
22150 Goldencrest Drive, Moreno Valley, CA 92553

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or warranties of the above mentioned bond, other than stated as above. Provided, however, that the liability of the company under the attached bond as changed by this order shall not be cumulative.

Signed this 3rd **day of** March **. 20** 23 .

Principal:

By: _____
Principal Signature

Philadelphia Indemnity Insurance Company

By: _____
John D. Weisbrot, **Attorney in Fact**

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That PHILADELPHIA INDEMNITY INSURANCE COMPANY, a Pennsylvania corporation, does hereby constitute and appoint JOHN D. WEISBROD, MELISSA L. MCDADE, OR STEVEN M. MARGA, its true and lawful Attorney-in-Fact, with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business, and to bind the Company thereby, in an amount not to exceed **$50,000,000.**

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 4th of November, 2016:

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company (1) to appoint Attorneys-in-Fact and authorize the Attorneys-in-Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE, THIS 5TH DAY OF MARCH, 2021.

(Seal)

Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**, that the seal affixed to said instrument is the Corporate seal of said Company, that the said Corporate Seal and his signature were duly affixed.

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Montgomery County
My commission expires November 3, 2024
Commission number 1226304
Member, Pennsylvania Association of Notaries

Notary Public

residing at Bala Cynwyd, PA

My commission expires November 3, 2024

I, Edward Savago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 3rd day of March 20 23

Edward Savago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

PHILADELPHIA INDEMNITY INSURANCE COMPANY

Statutory Statements of Admitted Assets, Liabilities and Capital and Surplus

(in thousands, except per share and share amounts)

Admitted Assets		
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

RITA PARKS
4750 PLEASANT HILL ROAD
MEMPHIS, TN 38118

March 15, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0520746

Issuance Date: 03/15/2023
Copies Requested: 1

Document Receipt

Receipt # : 007904016 — Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3847050193 — $20.00

Regarding: **Phoenix Assurance, LLC**

Filing Type:	Limited Liability Company - Domestic	Control # :	990901
Formation/Qualification Date:	10/19/2018	Date Formed:	10/19/2018
Status:	Active	Formation Locale:	TENNESSEE
Duration Term:	Perpetual	Inactive Date:	
Business County:	SHELBY COUNTY		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Phoenix Assurance, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 059433633

Maria Herrera

From: Amanda Owens <aowens@pa3pl.com>
Sent: Wednesday, March 8, 2023 11:22 AM
To: Maria Herrera
Subject: Re: Nevada Out-of-State Wholesaler Application-Phoenix Assurance, LLC
Attachments: 3-21-22 - TN - Certificate of Existence - Phoenix Assurance LLC (1).pdf

Follow Up Flag: Follow up
Flag Status: Completed

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good Morning Maria,

Thank you for taking the time to review Phoenix Assurance, LLC, 4755 Southpoint Drive, Suite 101, Memphis, TN 38118 Wholesale/MDEG License Application. I am responding to a request for additional information.

- Rita Parks residence address is in Corinth, MS. However, our facility is right on the Tennessee/Mississippi state line and Rita Parks residence is less than 75 miles from the 4755 Southpoint Drive, Suite 101, Memphis, TN 38118 facility. Rita is physically present in the facility for day-to-day operations. This has been Rita Parks daily commute for more than 15 years and is very common for this area.
- I have attached a current certificate of existence from Tennessee.

If you have any questions, please let me know.

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Wednesday, March 8, 2023 11:40 AM
To: Rita Parks <rparks@pa3pl.com>; Licensing4755 <Licensing4755@pa3pl.com>
Subject: Nevada Out-of-State Wholesaler Application-Phoenix Assurance, LLC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler PHOENIX ASSURANCE, LLC

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 4755 SOUTHPOINT DR, SUITE 101,

City MEMPHIS State TN Zip 38118

Mailing Address (if different from physical address) 4750 PLEASANT HILL RD

City MEMPHIS State TN Zip 38118

Telephone 901-368-8940 Website WWW.PHOENIXASSURANCE3PL.COM

Licensing Company Email LICENSING4755PA3PL.COM

Section 2: Personal Information

First YERRITT Middle LEE Last LONG

Alias(es, nicknames, name changes, etc.) -NONE-

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] PLEASANT HILL RD

City MEMPHIS State TN Zip 38118

Telephone 901-368-8943 Email YLONG@PA3PL.COM

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
HEARNE HIGH SCHOOL		1982-1986	
Address	**City**	**State**	**Zip**
1201 W BROWN STREET	HEARNE	TX	77859
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/1996-PRESENT	[redacted]SPLIT OAK DR	MEMPHIS	TN	38118
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
PHOENIX ASSURANCE			May 2019- Present
Business Address	**City**	**State**	**Zip**
4750 PLEASANT HILL RD	MEMPHIS	TN	38118
Phone	**Title**	**Number of Employed Hours**	
901-368-8940	SENIOR DISTRIBUTION MANAGER	8,000	
Description of Duties	LEADS IN THE DEVELOPMENT AND IMPLENTATION OF PROCESSES DESIGNED TO ACHIEVE ORGANIZATIONAL OBJECTIVES, OPERATES MANAGEMENT SYSTEMAND DAILY OPERATION, RESOURCE PLANNING, OPERATIONAL BUDGETS, AND QUALITY REGULATORY MANAGEMENT.		

Business Name			From - To (MM/YY – MM/YY)
HIKMA PHARMACEUICALS USA INC.,			2011-2019
Business Address	**City**	**State**	**Zip**
4750 PLEASANT HILL RD	MEMPHIS	TN	38118
Phone	**Title**	**Number of Employed Hours**	
901-368-8940	SENIOR DISTIBUTION MANAGER	18,000	
Description of Duties	ENSURE REGULATORY COMPLIANCE. RESPONSIBLE FOR OPERATIONS PERSONAL TRAINING AND MANAGEMENT.		

Business Name			From - To (MM/YY – MM/YY)
BAXTER HEALTHCARE			2006-2011
Business Address	**City**	**State**	**Zip**
4750 PLEASANT HILL RD	MEMPHIS	TN	38118
Phone	**Title**	**Number of Employed Hours**	
901-368-8940	OPERATION SUPERVISOR	12,500	
Description of Duties	IMPLEMENT POLICIES AND PROCEDURES TO ENSURE MAXIMUM PRODUCTIVITY. ASSIGN WORK DUTIES AND SCHEDULES TO ENSURE EFFICIENCY AND MAXIMUM PRODUCTIVITY.		

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**	**Number of Employed Hours**	
N/A	N/A	N/A	
Description of Duties	N/A		

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**	**Number of Employed Hours**	
N/A	N/A	N/A	
Description of Duties	N/A		

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address		**City**	**State** / **Zip**
N/A		N/A	N/A / N/A
Phone	**Title**		**Number of Employed Hours**
N/A	N/A		N/A
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address		**City**	**State** / **Zip**
N/A		N/A	N/A / N/A
Phone	**Title**		**Number of Employed Hours**
N/A	N/A		N/A
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address		**City**	**State** / **Zip**
N/A		N/A	N/A / N/A
Phone	**Title**		**Number of Employed Hours**
N/A	N/A		N/A
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address		**City**	**State** / **Zip**
N/A		N/A	N/A / N/A
Phone	**Title**		**Number of Employed Hours**
N/A	N/A		N/A
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address		**City**	**State** / **Zip**
N/A		N/A	N/A / N/A
Phone	**Title**		**Number of Employed Hours**
N/A	N/A		N/A
Description of Duties			
N/A			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A	N/A	N/A	N/A	N/A
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		N/A		
Reason/Charge				
N/A				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
N/A			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

1-3-23
Date

I, YERRITT LONG, **certify that as the designated representative for**

PHOENIX ASSURANCE, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. X I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

YERRITT LONG
Print Name (First, Last)

Yerritt Long
Original Signature (electronic, copies or stamps not accepted)

1-3-23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

YERRITT LONG

Print Name (First, Last)

Yerritt Long

Original Signature (electronic, copies or stamps not accepted)

1·3·23

Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Shelby

I, Yerritt Long, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Yerritt Long

Original Signature

1·3·23

Date

Subscribed and Sworn to before me this 3rd day of Jan 2023

Notary Public Signature

K. J. MARTIN
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY
MY COMMISSION EXPIRES 5-6-2023
(Seal)

YERRITT L. LONG
[redacted] Split Oak Drive Memphis, TN 38118
[redacted]

SUMMARY OF QUALIFICATIONS:

Highly experienced professional with more than 20 years working in the Distribution Industry in the supervisor or management position with a proven record of administration and interaction within the discipline.

Experience includes: strategic planning, project management, production, knowledge of FDA regulations, current Good Manufacturing Practices (cGMP), Standard Operating Procedures (SOP), statistical process control, DEA Regulations, and the development of control plans.

PROFESSIONAL EXPERIENCE:

Phoenix Assurance, LLC, Memphis, TN **May 2019 – Present**

Senior Distribution Manager

- Leads or participates in the development and implementation of processes designed to achieve organizational objectives (cost, service, regulatory compliance)
- Operates the Delivery Management System and daily delivery operations to include but not limited to order fulfillment, fleet/carrier management, pick-up and returned goods processing, and compliance operations.
- Responsible for Distribution Management of Controlled Substances.
- Resource planning based on projected delivery volumes.
- Development and administration of operational budgets for assigned departments.
- Manage and administer staffing requirements to include but not limited to analyze resource requirements, employee coaching and development, develop performance indicators and ensure standards are met.
- Customer integration and vendor management.
- Responsible for overseeing customer item master information in Synapse (Warehouse Management System)

Hikma Pharmaceuticals USA Inc., Memphis, TN **2011 to May 2019**
[f/k/a West-Ward Pharmaceuticals Corp., f/k/a Baxter Healthcare]

The Memphis, TN facility served as a distribution hub for Hikma manufacturing sites.

Senior Distribution Manager

- Management of all warehouse functions related to receiving and distribution.
- Responsible for Distribution Management of Controlled Substances.
- Ensured regulatory compliance with FDA, DEA, OSHA/TOSHA, State Boards of Pharmacy, NABP CTPAT, as directed by the Quality Department.
- Ensured internal distribution systems were in control and that appropriate policies and procedures were in place and met regulatory requirements.
- Responsible for Operations personnel training and management.

Baxter Healthcare, Memphis, TN **2006 to 2011**

Anesthesia and Critical Care Operation Supervisor

- Supervise and manage shipping and receiving departments
- Assign work duties to employees to ensure efficiency and maximum productivity.
- Implement policies and procedures to ensure maximum productivity.
- Incorporated Six Sigma experiences, training, and support throughout the Operations System.

YERRITT L. LONG
[redacted]Split Oak Drive Memphis, TN 38118
[redacted]

Baxter Healthcare, Memphis, TN **1991 to 2006**

International Group Leader/Operations, Baxter Export

- Supervise and manage air shipments, ocean shipments, and the receiving department.
- Assign work duties and schedules to employees to ensure efficiency and maximum productivity
- Contribute to developing and implementing new policies and procedures to increase productivity and profitability.
- Conduct staff meetings to communicate operation needs, concerns, and goals.
- Train employees for processes and procedures.
- Assist in evaluating employee performance, by communicating key information regarding yearly performance.
- Assist in analyzing productivity and product information to identify trends and provide forecasting necessary for adequate staffing.
- Received and stored product loads.
- Employee forklift trainer emphasizing safety procedures.

Professional Development

- Coaching, Mentoring, Team Building Skills
- Global Business Practice Standards
- Electronic Media Use
- Protecting Trade Secrets
- Leadership and Development
- Preventing Discrimination and Harassment for Employees

Awards

Employee of the Year – Baxter Healthcare

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG PHOENIX ASSURANCE, LLC MDEG License # (if applicable) _____

Physical Address 4755 SOUTHPOINT DRIVE SUITE 101

City MEMPHIS State TN Zip 38118

Mailing Address (if different from physical address) 4750 PLEASANT HILL ROAD

City MEMPHIS State TN Zip 38118

Telephone 9013688940 Website N/A

Licensing Company Email LICENSING4755@PA3PL.COM

Section 2: Personal Information

First RITA Middle POTTS Last PARKS

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] PLEASANT HILL ROAD

City MEMPHIS State TN Zip 38118

Telephone 901-368-8944 Email RPARKS@PA3PL.COM

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF MISSISSIPPI		1980-1985	
Address	**City**	**State**	**Zip**
UNIVERSITY CIRCLE	UNIVERSITY	MS	38677
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE BIOLOGY			
School Name		From - To (MM/YY – MM/YY)	
ALCORN HIGH SCHOOL			
Address	**City**	**State**	**Zip**
8 COUNTY ROAD 254	GLEN	MS	38846
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			
School Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			
School Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			
School Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/1993-PRESENT	[redacted]COUNTY ROAD[redacted]	CORINTH	MS	38834
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
PHOENIX ASSURANCE, LLC			05/2019-PRESENT
Business Address	**City**	**State**	**Zip**
4750 PLEASANT HILL ROAD	MEMPHIS	TN	38118
Phone	**Title**	**Number of Employed Hours**	
901-368-8940	VICE-PRESIDENT	15,000	
Description of Duties			
DIRECT, CONTROL, AND IMPLEMENT ALL REGULATORY ACTIVITIES			

Business Name			From - To (MM/YY – MM/YY)
HIKMA PHARMACEUTICALS USA INC.			2011-2019
Business Address	**City**	**State**	**Zip**
4750 PLEASANT HILL ROAD	MEMPHIS	TN	38118
Phone	**Title**	**Number of Employed Hours**	
9013688940	QUALITY/REGULATORY MANAGER	MORE THAN 15,000	
Description of Duties			
MANAGEMENT OF ALL QUALITY FUNCTIONS RELATED TO RECEIVING AND DISTRIBUTION			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**	**Number of Employed Hours**	
N/A	N/A	N/A	
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**	**Number of Employed Hours**	
N/A	N/A	N/A	
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A		
Phone	**Title**	**Number of Employed Hours**	
N/A	N/A	N/A	
Description of Duties			
N/A			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**	**Number of Employed Hours**	
N/A	N/A	N/A	
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**	**Number of Employed Hours**	
N/A	N/A	N/A	
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**	**Number of Employed Hours**	
N/A	N/A	N/A	
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**	**Number of Employed Hours**	
N/A	N/A	N/A	
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**	**Number of Employed Hours**	
N/A	N/A	N/A	
Description of Duties			
N/A			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A	N/A	N/A	N/A	N/A

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	N/A

Reason/Charge
N/A

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
N/A

Provide explanation below:

N/A

Rita Parker
Original Signature (electronic, copies or stamps not accepted)

3/2/2023
Date

I, RITA PARKS, **certify that as the MDEG Administrator for**

PHOENIX ASSURANCE, LLC,

that I (initial that you have read and meet the following requirements):

1. RP Have a high school diploma or its equivalent;
2. RP Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. RP Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. RP Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RITA PARKS
Print Name (First, Last)

Rita Parks
Original Signature (electronic, copies or stamps not accepted)

3/2/2023
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler PHOENIX ASSURANCE, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 4755 SOUTHPOINT DRIVE, SUITE 101

City MEMPHIS State TN Zip 38118

Mailing Address (if different from physical address) 4750 PLEASANT HILL ROAD

City MEMPHIS State TN Zip 38118

Telephone 901-368-8940 Website WWW.PHOENIXASSURANCE3PL.COM

Licensing Company Email LICENSING4755@PA3PL.COM

Section 2: Personal Information

First RITA Middle POTTS Last PARKS

Alias(es, nicknames, name changes, etc.) RITA DENELL PARKS RITA POTTS

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] COUNTY ROAD [redacted]

City CORINTH State MS Zip 38835

Telephone 901-368-8944 Email RPARKS@PA3PL.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF MISSISSIPPI		1980-1985	
Address	**City**	**State**	**Zip**
UNIVERSITY CIRCLE	UNIVERSITY	MS	38677
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE-BIOLOGY			
School Name		**From - To (MM/YY – MM/YY)**	
ALCORN HIGH SCHOOL		1968-1974	
Address	**City**	**State**	**Zip**
8 COUNTY ROAD 254	GLEN	MS	38846
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			
School Name		**From - To (MM/YY – MM/YY)**	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			
School Name		**From - To (MM/YY – MM/YY**	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02-93-PRESENT	[redacted]COUNTY ROAD[redacted]	CORINTH	MS	38834
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
PHOENIX ASSURANCE, LLC			05-19-PRESENT	
Business Address		**City**	**State**	**Zip**
4750 PLEASANT HILL ROAD		MEMPHIS	TN	38118
Phone	**Title**			
901-368-8944	VICE-PRESIDENT QUALITY/REGULATORY MANAGER			
Description of Duties				
DIRECT, CONTROL, AND IMPLEMENT ALL REGULATORY ACTIVITIES				

Business Name			From - To (MM/YY – MM/YY)	
HIKMA PHARMACEUTICALS USA INC.				
Business Address		**City**	**State**	**Zip**
4750 PLEASANT HILL ROAD		MEMPHIS	TN	38118
Phone	**Title**			
901-368-8940	QUALITY/REGULATORY MANAGER			
Description of Duties				
MANAGEMENT OF ALL QUALITY FUNCTIONS RELATED TO RECEIVING AND DISTRIBUTION				

Business Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Business Address		**City**	**State**	**Zip**
N/A		N/A	N/A	N/A
Phone	**Title**			
N/A	N/A			
Description of Duties				
N/A				

Business Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Business Address		**City**	**State**	**Zip**
N/A		N/A	N/A	N/A
Phone	**Title**			
N/A	N/A			
Description of Duties				
N/A				

Business Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Business Address		**City**	**State**	**Zip**
N/A		N/A	N/A	N/A
Phone	**Title**			
N/A	N/A			
Description of Duties				
N/A				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A	N/A	N/A	N/A	N/A
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		N/A		
Reason/Charge				
N/A				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
N/A			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

01/03/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RITA PARKS

Print Name (First, Last)

Rita Parks

Original Signature (electronic, copies or stamps not accepted)

01/03/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Shelby

I, Rita Parks, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Rita Parks

Original Signature

01/03/2023

Date

Subscribed and Sworn to before me this 3rd day of Jan 2023

Notary Public Signature

K. J. MARTIN
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY
MY COMMISSION EXPIRES 5-8-2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler PHOENIX ASSURANCE, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 4755 SOUTHPOINT DRIVE, SUITE 101

City MEMPHIS State TN Zip 38118

Mailing Address (if different from physical address) 4750 PLEASANT HILL ROAD

City MEMPHIS State TN Zip 38118

Telephone 901-368-8940 Website WWW.PHOENIXASSURANCE3PL.COM

Licensing Company Email LICENSING4755@PA3PL.COM

Section 2: Personal Information

First HULESY Middle _____ Last BRITT

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] MARTIN LUTHER KING JR AVE [redacted]

City MEMPHIS State TN Zip 38103

Telephone [redacted] Email HBRITT@PA3PL.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✔	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✔	
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✔	

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF MEMPHIS		1994-1998	
Address	**City**	**State**	**Zip**
101 WILDER TOWER	MEMPHIS	TN	38152
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
TREZEVANT HIGH SCHOOL			
Address	**City**	**State**	**Zip**
3350 NORTH TREZEVANT STREET	MEMPHIS	TN	38127
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/19-PRESENT	[redacted]MARTIN LUTHER KING JR AVE[redacted]	MEMPHIS	TN	38103
02/15-09/19	[redacted]SOUTH MAIN STREET[redacted]	MEMPHIS	TN	38103
01/07-02/15	[redacted]SHOEMAKER COURT[redacted]	MEMPHIS	TN	38103
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
PHOENIX ASSURANCE, LLC			05/19-PRESENT	
Business Address		**City**	**State**	**Zip**
4750 PLEASANT HILL ROAD		MEMPHIS	TN	38118
Phone	**Title**			
901-368-8940	PRESIDENT			

Description of Duties

Developing and implementing quality policies and procedures, ensuring quality inspections of prescription drugs are processed and in compliance with procedures; ensuring suspicious &/or potentially illegitimate prescription drug products are quarantined and appropriate notifications to the FDA are completed as required; ensuring inventory of all drug products, including controlled substances, are accurate and in the state of control.

Business Name			From - To (MM/YY – MM/YY)	
HIKMA PHARMEUTICALS USA INC.				
Business Address		**City**	**State**	**Zip**
4750 PLEASANT HILL ROAD		MEMPHIS	TN	38118
Phone	**Title**			
901-368-8940	FACILITY OPERATIONS MANAGER			

Description of Duties

Highly experienced professional with more than 20 years working in the Distribution Industry in the supervisor or management position with a proven record of administration and interaction within the discipline. Experience includes: strategic planning, project management, production, knowledge of FDA regulations,current Good Manufacturing Practices (cGMP), Standard Operating Procedures (SOP), statistical process control, DEA Regulations, and the development of control plans.

Business Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Business Address		**City**	**State**	**Zip**
N/A		N/A	N/A	N/A
Phone	**Title**			
N/A	N/A			

Description of Duties

N/A

Business Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Business Address		**City**	**State**	**Zip**
N/A		N/A	N/A	N/A
Phone	**Title**			
N/A	N/A			

Description of Duties

N/A

Business Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Business Address		**City**	**State**	**Zip**
N/A		N/A	N/A	N/A
Phone	**Title**			
N/A	N/A			

Description of Duties

N/A

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A	N/A	N/A	N/A	N/A
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		N/A		
Reason/Charge				
N/A				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
N/A			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

12/30/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

HULESY BRITT

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/30/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Shelby

I, Hulesy Britt, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/30/22

Date

Subscribed and Sworn to before me this 30 day of Dec. 2022

Notary Public Signature

K. J. MARTIN
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY
MY COMMISSION EXPIRES 5-
(Seal)

4N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02999	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Radius Health, Inc.

Physical Address: 22 Boston Wharf Road, 7th Floor

City: Boston State: MA Zip: 02210

Mailing Address (if different from physical address): 22 Boston Wharf Road, 7th Floor

City: Boston State: MA Zip: 02210

Telephone: (617) 551-4000 Website: www.radiuspharm.com/

Name of Designated Representative (DR): Aidan Kelly

Licensing Company Email: statelicensing@radiuspharm.com DR Email: jtavernese@radiuspharm.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Pharmacies, Specialty Distributors,		☒ Others: Virtual Manufacturer

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): See Attached Ownership Info - Multiple Parent Companies

Corporation/Organization Name: Radius Health, Inc.

Mailing Address: 22 Boston Wharf Road, 7th Floor

City: Boston State: MA Zip: 02210

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Radius Health, Inc.
Facility Name

Mark Conley
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/16/2022
Date

✓ PROCESSED 1.5.2023 S

Board Use Only	Date Received: 1.5.23	Amount: 1,000	Check # 17379

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
250 WASHINGTON STREET BOSTON, MA 02108

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000757	01/04/2023	01/04/2024	Virtual Drug Manufacturers

ISSUED TO

RADIUS HEALTH, INC.
22 BOSTON WHARF ROAD
7TH FLOOR
BOSTON, MA 02210
ATTN: MARK CONLEY CHIEF FINANCIAL OFFICER

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

RENEWAL

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000757	01/04/2023	01/04/2024	Virtual Drug Manufacturers

ISSUED TO

RADIUS HEALTH, INC.
22 BOSTON WHARF ROAD
7TH FLOOR
BOSTON, MA 02210
ATTN: MARK CONLEY CHIEF FINANCIAL OFFICER

RENEWAL

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RADIUS HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RADIUS HEALTH, INC." WAS INCORPORATED ON THE FOURTH DAY OF FEBRUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4499595 8300

SR# 20223164903

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204074544

Date: 08-03-22

Radius®

Description of Facility

Radius Health, Inc. is a "virtual manufacturer". Radius Health, Inc. does not handle, store or ship commercial product from its headquarters in Boston, MA (it is used exclusively for office space). Radius Health, Inc. uses a contract manufacturer to produce our product and a third party distributor to manage the storage and distribution of our products.

Contract Manufacturer Information

We are using the following contract manufacturers to produce our product, Abaloparatide:

Vetter Pharma Fertigung GmbH & Co. KG
Mooswiesen 2
88214 Ravensburg, Germany
FDA Establishment No. 3005987757

Contact: Robert Hohne
Phone Number: +49-(0)751-3700-1743
Fax: +49-(0)751-3700-5031
Email: robert.hoehne@vetter-pharma.com

Vetter Pharma International GmbH manufactures Radius Health, Inc. product and packages finished product. At no time does Vetter Pharma International GmbH own the product, contract with Radius Health, Inc. customers, invoice nor sell a Radius Health, Inc. product.

Third Party Logistics Information

We are utilizing ICS as the Third Party Logistics provider to manage the storage and distribution of Radius Health, Inc. products to Wholesalers, Specialty pharmacies, Hospitals, Specialty Distributors, Hospitals, Long-term care, Mail Order, Clinics and Retailers. ICS is located at 420 International Blvd., Suite 500, Brooks, KY 40109. Our hours of operation are 8:00 a.m. – 5:00 p.m. EST, Monday through Friday.

Product

Abaloparatide – NDC: 70539-001-01	Abaloparatide – NDC: 70539-001-02
Abaloparatide – NDC: 70539-001-99	Abaloparatide – NDC: 70539-001-98

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through October 28, 2022

You have searched Finished drug products

Search Results: *'70539'*

Back to Search Page () | Search Again ()

CSV | Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date
+ Tymlos	70539-001-02	2000 ug/mL	INJECTION, SOLUTION	SUBCUTANEOUS	NDA208743	Radius Health, Inc.	70539-001	abaloparatide	ABALOPARATIDE	HUMAN PRESCRIPTION DRUG	05/01/2017	N/A
+ Tymlos	70539-001-98	2000 ug/mL	INJECTION, SOLUTION	SUBCUTANEOUS	NDA208743	Radius Health, Inc.	70539-001	abaloparatide	ABALOPARATIDE	HUMAN PRESCRIPTION DRUG	05/01/2017	N/A

Showing 1 to 2 of 2 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Radius

Ownership Info

Radius Health, Inc.
22 Boston Wharf Road, 7th Floor
Boston, MA 02210
617-551-4000

Radius Health, Inc. is a privately owned company. Radius owners are:

50% - Gurnet Point Capital - 55 Cambridge Parkway Ste. 401, Cambridge, MA 02142
50% - Patient Square Capital - 2884 Sand Hill Road #100, Menlo Park, CA 94025

Officers

Scott Briggs, Chief Executive Officer
Business Address: 22 Boston Wharf Road, 7th Floor Boston, MA 02210
Phone: (617) 551-4000

Mark Conley, Chief Financial Officer
Business Address: 22 Boston Wharf Road, 7th Floor Boston, MA 02210
Phone: (617) 551-4000

Chhaya Shah, Chief Business Officer
Business Address: 550 E Swedesford Road, Suite 225, Wayne, PA 19087
Phone: (617) 551-4000

Kim Clarke, Vice President and General Counsel
Business Address: 22 Boston Wharf Road, 7th Fl., Boston, MA 02110
Phone: (617) 551-4000

Ed Cinca, Chief Commercial Officer
Business Address: 22 Boston Wharf Road, 7th Fl., Boston, MA 02110
Phone: (617) 551-4000

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Radius Health, Inc.

Pharmacy/Wholesaler License # (if applicable) WH02999

Physical Address 22 Boston Wharf Road, 7th Floor

City Boston State MA Zip 02210

Mailing Address (if different from physical address) 22 Boston Wharf Road, 7th Floor

City Boston State MA Zip 02210

Telephone (617) 551-4000 Website www.radiuspharm.com/

Licensing Company Email statelicensing@radiuspharm.com

Section 2: Personal Information

First Aidan Middle Patrick Last Kelly

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 22 Boston Wharf Road

City Boston State MA Zip 02210

Telephone (617) 551-4000 Email statelicensing@radiuspharm.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Merrimack College		09/2011 - 05/2015	
Address	City	State	Zip
315 Turnpike St.	North Andover	MA	01845
Diploma/Degree obtained, if any			
BS - Business Administration			
School Name		From - To (MM/YY – MM/YY)	
Duxbury High School		09/2007 - 05/2011	
Address	City	State	Zip
71 Aiden St.	Duxbury	MA	02332
Diploma/Degree obtained, if any			
High School Degree			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/21 - Current	[redacted] 3rd Street	Medford	MA	02155
From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/15 - 08/21	[redacted] Manning St.	Medford	MA	02155
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Radius Health, Inc.			06/2018 - Current
Business Address	**City**	**State**	**Zip**
22 Boston Wharf Road, 7th Floor	Boston	MA	02210
Phone	**Title**	**Number of Employed Hours**	
(617) 551-4000	Corporate Controller	10000	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A	N/A	N/A	N/A	N/A
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		N/A		
Reason/Charge				
N/A				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
N/A			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

N/A

Attorney
Original Signature (electronic, copies or stamps not accepted)

3/2/23
Date

I, Aidan Kelly, **certify that as the designated representative for**

Radius Health, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AK I am at least 21 years of age;
3. AK I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AK I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Aidan Kelly
Print Name (First, Last)

AKelly
Original Signature (electronic, copies or stamps not accepted)

3/2/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Aidan Kelly

Print Name (First, Last)

AKelly

Original Signature (electronic, copies or stamps not accepted)

3/2/23

Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Suffolk

I, Aidan Kelly, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

AKelly

Original Signature

3/2/23

Date

Subscribed and Sworn to before me this 2nd day of March 2023.

Rosemarie DiGregorio

Notary Public Signature

ROSEMARIE DiGREGORIO
Notary Public
Commonwealth of Massachusetts
My Commission Expires March 13, 2023

(Seal)

Aidan Kelly

[redacted]3rd Street, Medford MA 02155

[redacted]

[redacted]@gmail.com

Education:

Merrimack College, Girard School of Business — North Andover, MA
Master of Science in Accounting — May 2016
Bachelor of Science in Business Administration — May 2015
Concentration: Accounting

Experience

Radius Health, Inc. — Boston, MA
Senior Financial Analyst, FP&A — August 2021-Present

- Partner with cross-functional teams to provide finance guidance for distribution at the product level.
- Monitor and reconcile monthly drug sales with the supply chain team.
- Work closely with the supply chain team to resolve any shipping and distribution issues with the 3PL.
- Create financial presentations for department heads for monthly and quarterly deliverables.
- Drive continuous improvement within the finance organization to streamline processes and improve communication and flow of information to the business.
- Support all financial aspects of the commercial and R&D team, working closely with functional leads during the mid-year budget and forecast planning cycles.
- Analyze budget variances and collaborate with department leaders to understand and drive performance within budget.
- Examine relevant inputs, including open purchase orders, invoices, vendor agreements, business feedback and forecasts to determine appropriate recognition of functional expenses in accordance with US GAAP and company policy.
- Collaborate with Market Access to ensure components contemplated in the gross to net revenue accounting are accurate and complete.

Senior Accountant — June 2018-August 2021

- Assisted with the preparation and review of quarterly Form 10-Q's and annual Form 10-K's to be filed with the Securities and Exchange Commission.
- Responsible for the maintenance of general and subsidiary ledgers for various financial statement line items.
- Performed monthly general ledger procedures including journal entries, supporting schedules, analysis, and documentation.
- Core team member in the implementation and launch of a new ERP and EPM system.
- Key contributor to financial operations improvements, specifically the quarterly accrual process.

Gray, Gray & Gray LLP — Canton, MA
Staff Auditor — September 2016-May 2018

- Worked as a member of a team to perform financial statement, governmental, and employee benefit plan audits as well as compilations and reviews.
- Communicated effectively with clients to obtain necessary documents for the audit, as well as to obtain answers to any questions compiled in relation to the audit.
- Worked in a fast-paced and deadline-oriented environment with a variety of client industries, including non-profit, real estate, and engineering firms.

Computer Skills:

- Proficient in Microsoft Office (Excel, Word), Microsoft Dynamics AX, Oracle Hyperion, Oracle Essbase, ICS Reporting, Blackline Systems, Conga Contracts

Company	Last Name	First Name	Location
Radius Health, Inc.	Adair	Douglas	Remote MA
Radius Health, Inc.	Brownett	Michael	Remote MA
Radius Health, Inc.	Chery	Christopher	Remote MA
Radius Health, Inc.	Conley	Mark	Remote MA
Radius Health, Inc.	Coppa	Melinda	Remote MA
Radius Health, Inc.	Darsney	Kevin	Remote MA
Radius Health, Inc.	DeGregorio	Mary	Remote MA
Radius Health, Inc.	Delano	Molly	Remote MA
Radius Health, Inc.	DiGregorio	Rosemarie	Remote MA
Radius Health, Inc.	Foster	Jon	Remote MA
Radius Health, Inc.	Ghanavizchian	Nasim	Remote MA
Radius Health, Inc.	Guilmain	Mark	Remote MA
Radius Health, Inc.	Haynes	Rupert	Remote MA
Radius Health, Inc.	Helwig	Steven	Remote MA
Radius Health, Inc.	Holdaway	Ethan	Remote MA
Radius Health, Inc.	Holtschlag	Danielle	Remote MA
Radius Health, Inc.	Ikkala	Cole	Remote MA
Radius Health, Inc.	Johnston	Jennifer	Remote MA
Radius Health, Inc.	Kelly	Aidan	Remote MA
Radius Health, Inc.	Lathia	Rohan	Remote MA
Radius Health, Inc.	Leszcynski	Katharine	Remote MA
Radius Health, Inc.	Leung	Amanda	Remote MA
Radius Health, Inc.	Levett	Simon	Remote MA
Radius Health, Inc.	Louro	Dina	Remote MA
Radius Health, Inc.	Mannstadt	Beate	Remote MA
Radius Health, Inc.	Marappan	Ramalingam	Remote MA
Radius Health, Inc.	Marieb	Erica	Remote MA
Radius Health, Inc.	Migliacci	John	Remote MA
Radius Health, Inc.	Mitlak	Bruce	Remote MA
Radius Health, Inc.	Patel	Darshak	Remote MA
Radius Health, Inc.	Petronio	David	Remote MA
Radius Health, Inc.	Pignatiello	James	Remote MA
Radius Health, Inc.	Quirion	Sonia	Remote MA
Radius Health, Inc.	Ross	Allison	Remote MA
Radius Health, Inc.	Ruel	Carl	Remote MA
Radius Health, Inc.	Sander	Nicole	Remote MA

Radius Health, Inc.	Schmalz	Dylan	Remote MA
Radius Health, Inc.	Stuart	Elizabeth	Remote MA
Radius Health, Inc.	Tavernese	John	Remote MA
Radius Health, Inc.	Tebano	Eleni	Remote MA
Radius Health, Inc.	Tomkin	Adam	Remote MA
Radius Health, Inc.	Valentine	Robert	Remote MA
Radius Health, Inc.	Wang	Haoxi	Remote MA
Radius Health, Inc.	Wong	Gina	Remote MA
Radius Health, Inc.	Xian	Deliang	Remote MA
Radius Third Party Workers	Brown	Greg	MA - Boston
Radius Third Party Workers	Owazany	Mike	MA - Boston
Radius Third Party Workers	Roberts	Gail	MA - Boston

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. LPM9402088

Application/License No. _____

Radius Health, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 22 Boston Wharf Road, 7th Fl, Boston, MA 02210 (Address of Applicant/Principal), as PRINCIPAL, and Fidelity and Deposit Company of Maryland (Surety Company), a corporation organized under the laws of the state of IL (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1299 Zurich Way, 5th Floor , Schaumburg, IL 60196-1056 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on December 31, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of December, 2022.

APPLICANT/PRINCIPAL

Radius Health, Inc.

By: _____
Authorized Representative
Mark W. Conley, CFO

SURETY COMPANY

Fidelity and Deposit Company of Maryland

By: _____
Surety Company's Representative

Donna M. Chiancone, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness
Sonia Quiroa, witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Lori N. Baybutt, Witness to Surety

_____
Witness Kevin Baybutt, Witness to Surety

Countersigned by:

_____
Nevada Non-Resident Agent Donna M. Chiancone
NV License # 545412

Bond Number LPM9402088

Obligee Nevada State Board of Pharmacy

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Donna M. Chiancone, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 19th day of June, A.D. 2019.

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray
Vice President

SEAL

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 19th day of June, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2023

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 9th day of December, 2022.

SEAL

Brian M. Hodges, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

THE FIDELITY AND DEPOSIT COMPANY

OF MARYLAND
1299 Zurich Way Schaumburg, IL 60196

Statement of Financial Condition
As Of December 31, 2021

ASSETS

Bonds	$ 237,467,504
Stocks	18,985,762
Cash and Short-Term Investments	7,415,852
Reinsurance Recoverable	25,735,324
Federal Income Tax Recoverable	0
Other Accounts Receivable	24,479,233
TOTAL ADMITTED ASSETS	$ 314,083,675

LIABILITIES, SURPLUS AND OTHER FUNDS

Reserve for Taxes and Expenses		$ 378,101
Ceded Reinsurance Premiums Payable		48,876,599
Remittances and Items Unallocated		0
Payable to parents, subs and affiliates		0
Securities Lending Collateral Liability		0
TOTAL LIABILITIES		$ 49,254,700
Capital Stock, Paid Up	$ 5,000,000	
Surplus	264,828,975	
Surplus as regards Policyholders		264,828,975
TOTAL		$ 314,083,675

Securities carried at $78,561,855 in the above statement are deposited with various states as required by law.

Securities carried on the basis prescribed by the National Association of Insurance Commissioners. On the basis of market quotations for all bonds and stocks owned, the Company's total admitted assets at December 31, 2021 would be $319,561,762 and surplus as regards policyholders $270,307,062.

I, LAURA J. LAZARCZYK, Corporate Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company on the 31st day of December, 2021.

DocuSigned by:
Laura J. Lazarczyk
42DF0DB471374B0...

Corporate Secretary

State of Illinois
City of Schaumburg } SS:

Subscribed and sworn to, before me, a Notary Public of the State of Illinois, in the City of Schaumburg, this 15th day of March, 2022.

RYAN HORGAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 10, 2024

Notary Public

40

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ■ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: STI Pharma, LLC

Physical Address: 32 Blacksmith Road

City: Newtown State: PA Zip: 18940

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 215-710-3270 Website: www.stipharmallc.com

Name of Designated Representative (DR): Anup K. Dam

Licensing Company Email: licensing.sti@qpharmacorp.com DR Email: adam@stipharmallc.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: legend non narcotic	☐ Warehouse
☐ Veterinarians		■ Retail pharmacy wholesale distributor
■ Others: large chain stores		■ Others: virtual manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: AmerisourceBergen
Address: 1 West First Avenue City: Conshohocken State: PA Zip: 19428

Name: McKesson
Address: 6535 State Hwy 161 City: Irving State: TX Zip: 75039

Name: Cardinal
Address: 7000 Cardinal Place City: Dublin State: OH Zip: 43017

Name: Wal Mart
Address: 702 S.W. 8th St. City: Bentonville State: AK Zip: 72716

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any): N/A
Corporation Name: N/A
Mailing Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A
Contact Person Name: N/A

Date of SEC Registration: N/A | SEC Registration Number: N/A | Stock Exchange Symbol: N/A

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A
Parent Company (if any): N/A
Corporation/Organization Name: N/A
Mailing Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A
Contact Person Name: N/A

Section 6: Partnership

Partnership Name: N/A
Mailing Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A
Contact Person Name: N/A

Section 7: Sole Owner

Owner's Name: Anup K. Dam
Business Name: STI Pharma, LLC
Business Address: 32 Blacksmith Road
City: Newtown State: PA Zip: 18940
Telephone: 215-710-3270 Email: adam@stipharmallc.com

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

STI Pharma, LLC

Facility Name

Anup K. Dam

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

10.25.2022

Date

Board Use Only	Date Received: 12-28-22	Amount: 1000.00 CK- 4043

Pennsylvania Department of Health

Drug, Device and Cosmetic Program
Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

- **STI Pharma, LLC** 32 Blacksmith Rd; Newtown, PA 18940
  Certificate(s): **3000009022** issued: 2/19/2013 expires: 3/31/2024; **8000002517** issued: 2/19/2013 expires: 3/31/2024

Back to DD&C Home

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Assembly Version 4.0.18274.4 Database Version Could not retrieve database version. Check that the database is registered as a Data-tier Application.

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T:717-787-1057
dos.pa.gov/BusinessCharities

Regarding: STI Pharma, LLC
Request Type: Certificate of Registration
Request No.: 006846525
Receipt No.: 301692
Filing Type: Foreign Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: November 26, 2008
Status: Active

Issuance Date: December 21, 2022
File No: 0003848872

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

STI Pharma, LLC

is a foreign association duly registered to do business in this Commonwealth as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Certificate of Registration shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF STATE •

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written.

Leigh M. Chapman

Leigh M. Chapman
Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through December 22, 2022

You have searched Finished drug products

Search Results: *'sti pharma'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
+ Arsenic Trioxide	54879-027-11	1 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA209873	STI Pharma LLC	54879-027	Arsenic Trioxide	ARSENIC TRIOXIDE	HUMAN PRESCRIPTION DRUG
+ Betamethasone Valerate	54879-004-60	1 mg/mL	LOTION	CUTANEOUS	ANDA070052	STI Pharma LLC	54879-004	Betamethasone Valerate	BETAMETHASONE VALERATE	HUMAN PRESCRIPTION DRUG
+ Carmustine	54879-036-64		KIT		ANDA209278	STI Pharma LLC	54879-036	Carmustine		HUMAN PRESCRIPTION DRUG
+ CYCLOPHOSPHAMIDE	54879-022-01	50 mg/1	CAPSULE	ORAL	ANDA209872	STI Pharma LLC	54879-022	CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE	HUMAN PRESCRIPTION DRUG
+ CYCLOPHOSPHAMIDE	54879-021-01	25 mg/1	CAPSULE	ORAL	ANDA209872	STI Pharma LLC	54879-021	CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE	HUMAN PRESCRIPTION DRUG
+ Dexamethasone	54879-003-08	.5 mg/5mL	ELIXIR	ORAL	ANDA084754	STI Pharma LLC	54879-003	Dexamethasone	DEXAMETHASONE	HUMAN PRESCRIPTION DRUG
+ Ethambutol Hydrochloride	54879-001-01	100 mg/1	TABLET, FILM COATED	ORAL	NDA016320	STI Pharma LLC	54879-001	Ethambutol Hydrochloride	ETHAMBUTOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
+ Ethambutol Hydrochloride	54879-002-01	400 mg/1	TABLET, FILM COATED	ORAL	NDA016320	STI Pharma LLC	54879-002	Ethambutol Hydrochloride	ETHAMBUTOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
+ Isoproterenol Hydrochloride	54879-039-15	1 mg/5mL	INJECTION, SOLUTION	INTRACARDIAC; INTRAMUSCULAR; INTRAVENOUS; SUBCUTANEOUS	ANDA215542	STI Pharma LLC	54879-039	Isoproterenol Hydrochloride	ISOPROTERENOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
+ Myambutol	68850-010-01	100 mg/1	TABLET, FILM COATED	ORAL	NDA016320	STI Pharma, LLC	68850-010	Ethambutol hydrochloride	ETHAMBUTOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
+ Myambutol	68850-012-01	400 mg/1	TABLET, FILM COATED	ORAL	NDA016320	STI Pharma, LLC	68850-012	Ethambutol hydrochloride	ETHAMBUTOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
+ Myambutol	68850-012-02	400 mg/1	TABLET, FILM COATED	ORAL	NDA016320	STI Pharma, LLC	68850-012	Ethambutol hydrochloride	ETHAMBUTOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
+ Succinylcholine Chloride	54879-037-50	20 mg/mL	INJECTION	INTRAMUSCULAR; INTRAVENOUS	ANDA214308	STI Pharma LLC	54879-037	Succinylcholine Chloride	SUCCINYLCHOLINE CHLORIDE	HUMAN PRESCRIPTION DRUG
+ Succinylcholine Chloride	54879-037-25	20 mg/mL	INJECTION	INTRAMUSCULAR; INTRAVENOUS	ANDA214308	STI Pharma LLC	54879-037	Succinylcholine Chloride	SUCCINYLCHOLINE CHLORIDE	HUMAN PRESCRIPTION DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
+ Thiotepa	54879-014-13	15 mg/15mg	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRACAVITARY; INTRAVENOUS; INTRAVESICAL	ANDA208242	STI Pharma LLC	54879-014	Thiotepa	THIOTEPA	HUMAN PRESCRIPTION DRUG

Showing 1 to 15 of 15 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

STI Pharma, LLC
... a Specialty Pharmaceutical Company

Corporate Officers/Owners List

OFFICER

Anup K. Dam, Chairman and Managing Member
Address: [redacted] Whitman Court, Ivyland, PA 18974

Anup Dam	CEO	
Jeff Weiss	CCO	
John Lazorchak	Head of Finance	
Tyler Kaplan	Commercial Analyst	
Bryan Hallmark	IT Administrator	
Shrikant Dhoke	Director Reg Affairs, Prod Dev & Operations	
Frank Valenti	VP Sales	Office in CA
Julian Long	Financial Analyst	

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: STI Pharma, LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 32 Blacksmith Road

City: Newtown State: PA Zip: 18940

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 215-710-3270 Website: www.stipharmallc.com

Licensing Company Email: licensing.sti@qpharmacorp.com

Section 2: Personal Information

First: Anup Middle: K Last: Dam

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Whitman Court

City: Ivyland State: PA Zip: 18974

Telephone: 215-710-3270 Email: adam@stipharmallc.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Dhaka		1974-1978	
Address	**City**	**State**	**Zip**
Dhaka-1000	Dhaka, Bangladesh	NA	NA
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/13-Current	[redacted] Whitman Ct.	Ivyland	PA	18974
12/89-11/13	[redacted] Brampton Way	Hamilton Square	NJ	08690
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
STI Pharma, LLC			01/08 - Present
Business Address	**City**	**State**	**Zip**
32 Blacksmith Rd	Newtown	PA	18940
Phone	**Title**	**Number of Employed Hours**	
215-710-3276	CEO	6,000+	
Description of Duties			
Overall management			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Anup K Dam, **certify that as the designated representative for**

STI Pharma, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AKD I am at least 21 years of age;
3. AKD I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AKD I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AKD I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AKD I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AKD I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Anup K Dam

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10.25.2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Anup K Dam

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/25/2022

Date

Please have this section completed in the presence of a Notary Public.

State of PENNSYLVANIA, ss. County of BUCKS

I, ANUP DAM, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/25/2022

Date

Subscribed and Sworn to before me this 25 day of OCTOBER.

Notary Public Signature

(Seal)

Stat-Trade, Inc.

ANUP DAM
adam@stipharma.com

EXPERIENCE:

STI PHARMA, LLC

2008- Present **Manager and CEO** **Newtown, Pennsylvania**

STI Pharma, LLC ("STI" or the "Company") is a privately held specialty pharmaceutical company founded in 2008, by Anup Dam, dedicated to the development, acquisition, licensing, and commercialization of high-quality prescription pharmaceutical products. STI has focused on the pharmaceutical market over the last few years with significant success:

- Product portfolios include injectable, solid and liquid dosage forms.
- Established a R&D laboratory capable of developing complex formulations.
- Filed five ANDAs and Two PASs, receiving four approvals to date with two more approvals expected in next 12 months.
- Completed four injectable product launches; expected to launch one injectable by Q1, 2023 and two liquids by end of Q2, 2023

STI's platform is highly scalable; both product acquisition / in-licensing and R&D will be used to create significant long-term growth

- Highly experienced management team in both generic and branded pharmaceuticals
- Highly attractive development pipeline ready to be tech-transfer to CMOs.
- **Capabilities:** Sales and Marketing; Regulatory Affairs; Research & Development Laboratory dedicated to formulation and analytical capabilities.
  Outsourced Activities: Manufacturing; Warehousing (3PL). The product portfolio is manufactured by a mix of high-quality CMOs.

STAT-TRADE, INC. **Morrisville, Langhorne, Pennsylvania**

Stat-Trade, Inc. is a full-service **contract research organization (CRO)** that provides a wide array of clinical development services including clinical trial design and monitoring, data management and biostatistical analyses, report writing, as well as regulatory services to pharmaceutical, biotechnology and medical device companies. The company was founded in 1994. **Stat-Trade** is currently focusing on combining its current CRO business with the **acquisition and marketing of pharmaceutical products. Stat-Trade** is in the process of implementing its proprietary technology, **ClinSmart™System** (Web-based), for post marketing support services focused on new product launches that will

offer clinical and commercial benefits of the products. Utilization of **ClinSmart™System** will result in substantial savings in research and development time, as well as costs of marketing for pharmaceutical, biotechnology and medical device companies.

1998-2007 **President and CEO**
1994-1998 **Director, Research and Development**

- Founded company in 1994.
- Responsible for strategic planning and direction, financing, building technical, management and business/marketing team to execute business plan.
- Responsible for developing business plan and raising capital for company's growth.
- Responsible for focusing company's future direction by restructuring company in three business units: CRO, Pharma and new Technology.
- Responsible for establishing business partnership to execute various projects.
- Develops and directs the professional staff with major emphasis on business development.
- Directed the completion of more than 30 client projects. Clients have included Elan, Pfizer, Bristol-Myers Squibb, Datascope, Integra Life Sciences, Sopherion, Novo Nordisk, Boehringer Ingelheim, Covance, Pharmaceutical Research Associates and Novartis. These projects involved a shorter sales cycle focusing on individual segments of clinical trials and total value ranging from $10,000 to $100,000 each.

CARTER-WALLACE, INC. **Cranbury, New Jersey**

1991-1997 **Director of Statistics**
1990 **Senior Statistician**

Directed and coordinated multidisciplinary groups to provide statistical expertise in support of new drug submissions and marketed drugs. Actively contributed to 5 NDAs in the therapeutic areas of Infectious Diseases, CNS, Dermatology, Allergy/Immunology and Oncology. Provided statistical support for all preclinical and drug development areas. Contributed to the publication of several articles describing the results of Phase III and IV trials in patients with allergies and asthma.

- Responsible for managing and directing the Biostatistics Department through all phases of product development.
- Was lead Analyst in the successful approvals of the first new drug for epilepsy in the 1990's and the first non-steroid nasal spray for allergies ever approved by the FDA.
- Responsible for writing SOPs in multidisciplinary biostatistics and data management areas.
- Made several presentations to FDA, as well as other Clinical Advisory Groups.

G.D. SEARLE (LOREX) **Skokie, Illinois**

1986-1989 **Senior Biostatistician**

Responsible for managing statistical activities, and preparing design, analyses and reports of 15 clinical trials in all Phases of clinical research. Contributed to 3 NDAs in the therapeutic areas of Cardiology, CNS, and Analgesic areas. Was involved in the development global clinical trials with foreign partners. This included determining patients requirements, designing the analysis plan and all data management requirements. Provided statistical expertise to clinical research physician and other scientists. Was involved in a collaborated project funded jointly by G.D. Searle, Abbott Laboratories and NIH.

ENCYCLOPAEDIA BRITANNICA, INC. **Chicago, Illinois**

1982-1985 **Research Editor**

Designed and compiled international (country by country) statistical comparative tables in the areas of economy, health, manufacturing, geography, demography, quality of life and government for the annual volume of Britannica World Data. Wrote more than 5,000 lines for the New Encyclopedia Britannica, 15th Edition.

EDUCATION:

1982-1985 **UNIVERSITY OF ILLINOIS** **Chicago, Illinois**
Master of Biostatistics (Minor in Epidemiology)

1974-1978 **UNIVERSITY OF DHAKA** **Dhaka, Bangladesh**
Master of Statistics (Minor in Demography)

PUBLICATIONS:

Author or co-author of 5 Articles on:

- Maximizing Clinical Development in Biotechnology with the power of the Web
- Statistical techniques on use of change data in clinical research.
- Steroid sparing effect in the management of Asthma.
- Meta-analysis for various studies on seasonal allergic rhinitis.
- Stopping rule approach for a large sepsis clinical trial.

Made several presentations at various professional association meetings.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler STI Pharma

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 32 Blacksmith Road

City Newtown State PA Zip 18940

Mailing Address (if different from physical address) N/A

City N/A State N/A Zip N/A

Telephone 215-710-3270 Website www.stipharmallc.com

Licensing Company Email licensing.sti@qpharmacorp.com

Section 2: Personal Information

First Anup Middle K. Last Dam

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]Whitman Court

City Ivyland State PA Zip 18974

Telephone 215-710-3270 Email adam@stipharmallc.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Dhaka		1974-1978	
Address	**City**	**State**	**Zip**
Dhaka-1000	Dhaka, Bangladesh		
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/13-Current	[redacted] Whitman Ct	Ivyland	PA	18974
12/89-11/13	[redacted]Brampton Way	Hamilton Square	NJ	08690
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
STI Pharma, LLC			01/08-Present
Business Address	**City**	**State**	**Zip**
32 Blacksmith Rd	Newtown	PA	18940
Phone	**Title**		
215-710-3276	CEO		
Description of Duties			
Overall management			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license:		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12-06-2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Anup K. Dam

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/6/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Bucks

I, Anup K Dam, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/6/2023

Date

Subscribed and Sworn to before me this 6 day of December.

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
JOHN BLISS - Notary Public
Montgomery County
My Commission Expires January 19, 2026
Commission Number 1413399

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 13BSBIY9967

Application/License No. _____

STI Pharma, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 32 Blacksmith Road, Newtown, PA 18940 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is P.O. Box 958461, Lake Mary, FL 32795 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on December 7, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

13BSBIY9967

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 7th day of December, 2022.

APPLICANT/PRINCIPAL

STI Pharma, LLC

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Robyn Rost, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness JOHN BLISS

Witness Denise Harkness

SIGNED and SEALED in the presence of:

Witness Karla Luongo

Witness Alexis Miranti

Countersigned by:

Nevada Resident Agent

Commonwealth of Pennsylvania - Notary Seal
JOHN BLISS - Notary Public
Montgomery County
My Commission Expires January 19, 2026
Commission Number 1413399

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: USI INSURANCE SERVICES LLC
Agency Code: 13-655129

- [X] **Hartford Fire Insurance Company,** a corporation duly organized under the laws of the State of Connecticut
- [X] **Hartford Casualty Insurance Company,** a corporation duly organized under the laws of the State of Indiana
- [X] **Hartford Accident and Indemnity Company,** a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company,** a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company,** a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois,** a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest,** a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast,** a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited :
Chris Lepore, Robyn Rost of FLORHAM PARK, New Jersey

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } **ss.** Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of December 7, 2022.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

HARTFORD FIRE INSURANCE COMPANY

Hartford, Connecticut

Financial Statement, December 31, 2021

Statutory Basis

ASSETS

U.S. Government Bonds	$	1,089,309,403
Bonds of Other Governments		176,571,749
State, County and Municipal Bonds		1,218,163,949
Miscellaneous Bonds		5,948,359,415
Stocks		6,205,376,908
Short Term Investments		41,674,986
	$	14,679,456,410
Real Estate	$	315,811,915
Cash		68,217,813
Agents' Balances (Under 90 Day)		3,011,823,597
Other Invested Assets		3,952,823,715
Miscellaneous		3,738,110,067
Total Admitted Assets	$	**25,766,243,517**

LIABILITIES

Reserve for Claims and Claim Expense		$	10,151,924,943
Reserve for Unearned Premiums			2,200,283,164
Reserve for Taxes, License and Fees			45,080,248
Miscellaneous Liabilities			1,625,602,623
Total Liabilities		$	**14,022,890,978**
Capital Paid In	$ 55,320,000		
Surplus	11,688,032,539		
Surplus as regards Policyholders		$	**11,743,352,539**
Total Liabilities, Capital and Surplus		$	**25,766,243,517**

STATE OF FLORIDA
SEMINOLE COUNTY } SS.
CITY OF LAKE MARY

Joelle L. LaPierre, Assistant Vice President and Shelby Wiggins, Assistant Secretary of the Hartford Fire Insurance Company, being duly sworn, each deposes and say that the foregoing is a true and correct statement of the said company's financial condition as of December 31, 2021.

Subscribed and sworn to before me this
25th day of March, 2022.

Joelle L LaPierre
Assistant Vice President

Jessica Cicone
Notary Public

Notary Public State of Florida
Jessica Cicone
My Commission HH 122280
Expires 06/20/2025

Shelby Wiggins
Assistant Secretary

4P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH Pending	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: TriMed, Inc.

Physical Address: 27533 Avenue Hopkins

City: Valencia State: CA Zip: 91355

Mailing Address (if different from physical address): Same as physical address above.

City: State: Zip:

Telephone: 661-255-7406 Website: trimedortho.com

Name of Designated Representative (DR): David H. Medoff

Licensing Company Email: davidmedoff@trimedortho.com DR Email: davidmedoff@trimedortho.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☑ Manufacturer
☐ Practitioners	☐ Controlled Substances	☑ Repacker
☑ Hospitals	☑ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - This facility does not sell, dispense, or distribute any pharmaceutical products; only prescription devices.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

N/A

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): N/A

Corporation/Organization Name: TriMed, Inc.

Mailing Address: 27533 Avenue Hopkins

City: Valencia State: CA Zip: 91355

Telephone: 661-255-7406 Email: davidmedoff@trimedortho.com

Contact Person Name: David H. Medoff

N/A

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration See Attachment A 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment B		

N/A

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment C		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment D	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment E		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment F		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment C	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment G	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ See Attachment H	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). See Attachment I	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

N/A

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

TriMed, Inc.
Facility Name

David H. Medoff
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

04 Jan 2023
Date

Board Use Only	Date Received: 2-21-23	Amount: 1000.00 CK - 11732

Attachment C

Corporation Information

TriMed, Inc.
27533 Avenue Hopkins
Valencia, CA 91355

Corporate Officers:

David Medoff (and Designated Representative/Facility Manager)
CEO
% of ownership: 33.3%

Robert Medoff
Secretary
% of ownership: 33.3%

Lars Tellman
Chief Financial Officer
% of ownership: 33.3%

Enclosed please find a list of all site employees.

Attachment B

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
(775) 850-1440 – (775) 850-1444 – FAX
pharmacy@pharmacy.nv.gov

CERTIFICATE FOR CANCELLATION

Name of Financial Institution (Issuer): _____

Address: _____

City:_____ State:_____ Zip: _____

Name of Applicant/Licensee: _____

Address: _____

City:_____ State:_____ Zip: _____

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: _____

To Beneficiary: Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521
Attn: Executive Secretary

The undersigned, the Executive Secretary for the Nevada State Board of Pharmacy (Board) hereby certifies to the Issuer that:

1. The license for which the Credit was issued has expired, been revoked, been cancelled, or otherwise is no longer in effect, thereby making the cancellation of the Credit appropriate.

2. The Board therefore requests the cancellation of the above-referenced Credit.

THEREFORE, the undersigned has executed and delivered this Certificate of Cancellation on this_____day of_____, 20_____.

NEVADA STATE BOARD OF PHARMACY

By:_____
Larry L. Pinson, Pharm.D.
Executive Secretary

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
TRIMED, INC.
27533 Avenue Hopkins
Santa Clarita, CA 91355
Registration Number: 2031009
FEI Number*: 3001236812
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2023

Owner/Operator:
TRIMED, INC.[6]
27533 Avenue Hopkins
Santa Clarita, CA US 91355
Owner/Operator Number: 9031076[7]

Official Correspondent:
David Medoff
TRIMED, INC.
27533 AVENUE HOPKINS
Santa Clarita, CA 91355
Phone: 661-2557406

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9031076&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9031076&OwnerOperator

Page Last Updated: 12/05/2022

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive Vulnerability Disclosure Policy

U.S. Department of **Health & Human Services**

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9031076&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9031076&OwnerOperator

Maria Herrera

From: Henry, Heather M. <hmhenry@porziolicensing.com>
Sent: Thursday, March 16, 2023 9:57 AM
To: Maria Herrera
Subject: FW: Nevada Out-of-State Wholesaler Application-TriMed, Inc.

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Maria,

I hope you are doing well. I just wanted to follow up on this e-mail below to see if there is any additional clarification on the cities listed. Unfortunately, California does not really make a distinction between Santa Clarita and Valencia and tend to use these interchangeably. Valencia is a neighborhood in Santa Clarita located within Los Angeles County, California. You may find this Wikipedia article helpful: https://en.wikipedia.org/wiki/Valencia,_Santa_Clarita,_California#:~:text=Valencia%20is%20a%20neighborhood%20in%20Santa%20Clarita%20located,the%20city%20of%20Santa%20Clarita%20in%201987.%20

Should you need anything additional to move forward with processing this pending Wholesale Distributor application, please let us know.

Thank you in advance for your time and assistance.

Heather

From: David Medoff <davidmedoff@trimedortho.com>
Sent: Saturday, March 4, 2023 1:06 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>; Henry, Heather M. <hmhenry@porziolicensing.com>
Subject: Re: Nevada Out-of-State Wholesaler Application-TriMed, Inc.

Maria

I am not sure to which two documents you are referring. That being said, in California the community of Valencia is part of the incorporated city of Santa Clarita. In the state of California, the use of Valencia or Santa Clarita on documents is equivalent. It is common practice in California even on legal documents to use either the community designation or the actual city name interchangeably. For instance, Hollywood, CA (which everyone in America knows) is actually part of the city of Los Angeles.

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	TRIMED INC.
Entity No.:	2012285
Registration Date:	05/30/1997
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 15, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 066719428

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

TriMed, Inc.
27533 Avenue Hopkins
Valencia, CA 91355

LICENSE NUMBER: 57520
EXPIRATION DATE: 4/4/2023

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/14/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Millward Agency, Inc. 11142 Highland Blvd Highland UT 84003 License#: 334384	CONTACT NAME: Customer Service PHONE (A/C, No, Ext): 801-216-4545 FAX (A/C, No): 801-216-4275 E-MAIL ADDRESS: certs@millwardagency.com
INSURED MEDD155000 Trimed, Inc. Dba:medpac & Trimed Biotech, Inc. Trimed Latin America, Llc, Trimed Bonalive, Inc. TriMed Latin America, LLC, TriMed BonAlive, Inc. 27533 Avenue Hopkins, 25221 Avenue Tibbitts 25195 Avenue Tibbitts, 25217 Avenue Tibbitts	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Federal Insurance Company — 20281 INSURER B : Chubb Group Of Insurance Companies INSURER C : Hartford Casualty Insurance Company — 29424 INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1390350211 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			36060157	10/14/2022	10/14/2023	EACH OCCURRENCE	$ 1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			73611152	10/14/2022	10/14/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB [X] OCCUR			78191027	10/14/2022	10/14/2023	EACH OCCURRENCE	$ 4,000,000
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			34WBCAA3SX5	5/1/2022	5/1/2023	X PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A						E.L. EACH ACCIDENT	$ 1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$ 1,000,000
B	Products Liability			36060158	10/14/2022	10/14/2023	Occurrence Aggregate Deductible	10,000,000 10,000,000 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

TriMed, Inc
27533 Avenue Hopkins
Santa Clarita CA 91355

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Weston Millward

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The ACORD name and logo are registered marks of ACORD

List of
TriMed employees
01/04/23

Last Name	First Name
Aderangi	Leila
Amos	Jacob
Ashley	Christopher
Ballard	Stephanie
Bhula	Deena
Black	Teresa
Brual	Ariel
Buonavita-Haag (p)	Daniel
Burgos Jr.	Carlos
Cook	Jay
Dauch	Samantha
Denton Jr.	William
Devereaux	Thea
Elzer	Amy
Evangelista Jr.	Reynaldo
Fassett	James
Garcia	Jaime
Garcia	Maria
Gelisanga	Blanca
Gelisanga Jr.	Walter
Gentle	Lyrik
Gonzalez Cota	Ricardo
Guardaro	Marysol
Gunarto (p)	Thomas
Hale	Forrest
Harper	Ashley
Hendrix	Jeffrey
Holcomb	Michael
Hunter	Megan
Huynh	Kevin
Iniguez	Emi
King	Jamie
Lopez	Oscar David
Maccarrone	Charles
Maly	Luke
Mangum	Ashly
Marquez	Angela
McDonald	Makayla
McGuffee	Merrill Allen
Medina	Madelyn
Medoff	David
Medoff	Robert
Medoff	Shayna
Medoff	Yvonne
Medoff (p)	Joshua
Mendoza	Jaqueline
Mendoza	Rachael
Miranda	Kevin
Miranda	Stephanie
Morris	Adam
Morris	Kayla
Mutha	Kinjal
Nandakumar	Divya Raghavi
Orrante (p)	Carolyn
Ostroot	Joo
Parker	Jaimie
Peddi	Sai Charan
Rissler	Megan
Savillo	Celestino
Schulman	Jessica
Schultz	Alyssa
Seilsepour (p)	Hanieh
Shaw	Jennifer
Sheehan	Molly
Soriano	Abraham
Suresh	Deepika
Tassa	Hayley
Tellman	Lars
Theuring	William
Torres	Uriel
Tran	Thang
Trigeuros Jr.	Ricardo
Tsarukian	Narek
Tsarukian	Never "Greg"
Vallejo	Jaime
Viswanathan	Anirudh
Zepeda Jr.	Salvador

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: TriMed, Inc.

Pharmacy/Wholesaler License # (if applicable): Pending

Physical Address: 27533 Avenue Hopkins

City: Valencia State: CA Zip: 91355

Mailing Address (if different from physical address): Same as physical address above.

City: State: Zip:

Telephone: 661-255-7406 Website: trimedortho.com

Licensing Company Email: davidmedoff@trimedortho.com

Section 2: Personal Information

First: David Middle: Harris Last: Medoff

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 27533 Avenue Hopkins

City: Valencia State: CA Zip: 91355

Telephone: 661-255-7406 x110 Email: davidmedoff@trimedortho.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of California, Los Angeles		09/85 - 06/88	
Address	City	State	Zip
405 Hilgard Ave.	Los Angeles	CA	90095
Diploma/Degree obtained, if any			
M.B.A.			

School Name		From - To (MM/YY – MM/YY)	
University of California, Los Angeles		09/75 – 12/79	
Address	City	State	Zip
405 Hilgard Ave.	Los Angeles	CA	90095
Diploma/Degree obtained, if any			
PhD, Engineering equivalent			

School Name		From - To (MM/YY – MM/YY)	
Princeton University		09/67 – 06/72	
Address	City	State	Zip
1 Nassau Hall	Princeton	NJ	08544
Diploma/Degree obtained, if any			
B.A.			

School Name		From - To (MM/YY – MM/YY)	
Lower Merion High School		09/64 – 06/67	
Address	City	State	Zip
315 E. Montgomery Ave	Ardmore	PA	19003
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/07 - 01/23	[redacted] Cedar Ridge Place	Valencia	CA	91381
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
TriMed, Inc.			01/97 - Present	
Business Address		**City**	**State**	**Zip**
27533 Avenue Hopkins		Valencia	CA	91355
Phone	**Title**		**Number of Employed Hours**	
661-255-7406	CEO		Over 6,000	
Description of Duties				
Chief Executive Officer and co-Founder of company. More than 30 years of experience in design, production, promotion of upper and lower extremity orthopedic products.				

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, David Medoff, **certify that as the designated representative for**

TriMed, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

David Medoff
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04 Jan 23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Medoff

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09 Jan 2023

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, David Medoff, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

09 Jan 2023

Date

Subscribed and Sworn to before me this 9 day of January 2023.

Notary Public Signature

CARY SCOTT FRIEDMAN
COMM. #2344524
Notary Public - California
Los Angeles County
My Comm. Expires Jan. 31, 2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG TriMed, Inc. MDEG License # (if applicable) Pending

Physical Address 27533 Avenue Hopkins

City Valencia State CA Zip 91355

Mailing Address (if different from physical address) Same as physical address above.

City State Zip

Telephone 661-255-7406 Website trimedortho.com

Licensing Company Email davidmedoff@trimedortho.com

Section 2: Personal Information

First David Middle Harris Last Medoff

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 27533 Avenue Hopkins

City Valencia State CA Zip 91355

Telephone 661-255-7406 x110 Email davidmedoff@trimedortho.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of California, Los Angeles		09/85 - 06/88	
Address	**City**	**State**	**Zip**
405 Hilgard Ave.	Los Angeles	CA	90095
Diploma/Degree obtained, if any			
M.B.A.			

School Name		From - To (MM/YY – MM/YY)	
University of California, Los Angeles		09/75 - 12/79	
Address	**City**	**State**	**Zip**
405 Hilgard Ave.	Los Angeles	CA	90095
Diploma/Degree obtained, if any			
PhD, Engineering equivalent			

School Name		From - To (MM/YY – MM/YY)	
Princeton University		09/67 - 06/72	
Address	**City**	**State**	**Zip**
1 Nassau Hall	Princeton	NJ	08544
Diploma/Degree obtained, if any			
B.A.			

School Name		From - To (MM/YY – MM/YY)	
Lower Merion High School		09/64 - 06/72	
Address	**City**	**State**	**Zip**
315 E. Montgomery Ave	Ardmore	PA	19003
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/07 - 01/23	[redacted] Cedar Ridge Place	Valencia	CA	91381
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
TriMed, Inc.			01/97 - Present	
Business Address		**City**	**State**	**Zip**
27533 Avenue Hopkins		Valencia	CA	91355
Phone	**Title**		**Number of Employed Hours**	
661-255-7406	CEO		Over 6,000	
Description of Duties				
Chief Executive Officer and co-Founder of company. More than 30 years of experience in design, production, promotion of upper and lower extremity orthopedic products.				

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

I, David Medoff, **certify that as the MDEG Administrator for**

TriMed, Inc.,

that I (initial that you have read and meet the following requirements):

1. ___ Have a high school diploma or its equivalent;
2. ___ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ___ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ___ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Medoff
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04 Jan 2023
Date

Board Use Only	Date Received: 2-21-23

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

N/A

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: TriMed, Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable): Pending

Physical Address: 27533 Avenue Hopkins

City: Valencia State: CA Zip: 91355

Mailing Address (if different from physical address): Same as physical address above.

City: State: Zip:

Telephone: 661-255-7406 Website: trimedortho.com

Licensing Company Email: davidmedoff@trimedortho.com

Section 2: Personal Information

First: David Middle: Harris Last: Medoff

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 27533 Avenue Hopkins

City: Valencia State: CA Zip: 91355

Telephone: 661-255-7406 x110 Email: davidmedoff@trimedortho.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Attachment F

Personal History Record Applications

Enclosed please find completed Personal History Record Applications for the 3 individuals owning over 10% of the company, David Medoff, Robert Medoff, and Lars Tellman.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of California, Los Angeles		09/85 - 06/88	
Address	**City**	**State**	**Zip**
405 Hilgard Ave.	Los Angeles	CA	90095
Diploma/Degree obtained, if any			
M.B.A.			

School Name		From - To (MM/YY – MM/YY)	
University of California, Los Angeles		09/75 - 12/79	
Address	**City**	**State**	**Zip**
405 Hilgard Ave.	Los Angeles	CA	90095
Diploma/Degree obtained, if any			
PhD, Engineering equivalent			

School Name		From - To (MM/YY – MM/YY)	
Princeton University		09/67 - 06/72	
Address	**City**	**State**	**Zip**
1 Nassau Hall	Princeton	NJ	08544
Diploma/Degree obtained, if any			
B.A.			

School Name		From - To (MM/YY – MM/YY)	
Lower Merion High School		09/64 - 06/67	
Address	**City**	**State**	**Zip**
315 E. Montgomery Ave	Ardmore	PA	19003
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/07 - 01/23	[redacted]Cedar Ridge Place	Valencia	CA	91381
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
TriMed, Inc.			01/97 - Present
Business Address	**City**	**State**	**Zip**
27533 Avenue Hopkins	Valencia	CA	91355
Phone	**Title**		
661-255-7406	CEO		

Description of Duties

Chief Executive Officer and co-Founder of company. More than 30 years of experience in design, production, promotion of upper and lower extremity orthopedic products.

N/A

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Medoff

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09 Jan 2023

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, David Medoff, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

09 Jan 2023

Date

Subscribed and Sworn to before me this 9 day of January 2023.

Notary Public Signature

CARY SCOTT FRIEDMAN
COMM. #2344524
Notary Public · California
Los Angeles County
My Comm. Expires Jan. 31, 2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: TriMed, Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable): Pending

Physical Address: 27533 Avenue Hopkins

City: Valencia State: CA Zip: 91355

Mailing Address (if different from physical address): Same as physical address above.

City: State: Zip:

Telephone: 661-255-7406 Website: trimedortho.com

Licensing Company Email: davidmedoff@trimedortho.com

Section 2: Personal Information

First: Lars Middle: Gunnar Last: Tellman

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 27533 Avenue Hopkins

City: Valencia State: CA Zip: 91355

Telephone: 661-255-7406 Email: larstellman@trimedortho.com

Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
IHM Business School			
Address	**City**	**State Country**	**Zip**
Fabriksgatan 25	Göteborg	Sweden	412 50
Diploma/Degree obtained, if any			
Diploma in Marketing			

School Name			From - To (MM/YY – MM/YY)
Lund Institude of Technology			
Address	**City**	**State Country**	**Zip**
John Ericssons väg 4	Lund	Sweden	223 62
Diploma/Degree obtained, if any			
Master of Engineering			

School Name			From - To (MM/YY – MM/YY)
Royal Swedish Naval Academy			
Address	**City**	**State Country**	**Zip**
Box 50005	Stockholm	Sweden	SE-104 05
Diploma/Degree obtained, if any			
Officer in the Coast Artillery			

School Name			From - To (MM/YY – MM/YY)
Visby General Grammar School			
Address	**City**	**State Country**	**Zip**
	Visby	Sweden	622 76
Diploma/Degree obtained, if any			
High School Diploma			

N/A

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State Country	Zip
	[redacted]	Falsterbo	Sweden	23940
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
TriMed, Inc.			01/97 - Present
Business Address	**City**	**State**	**Zip**
27533 Avenue Hopkins	Valencia	CA	91355
Phone	**Title**		
661-255-7406	Chief Financial Officer		
Description of Duties			
Chief Financial Officer of the company.			

N/A

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

N/A

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	
Description of Duties		

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Jan 5, 2022
Date

...rtify under penalty of perjury that the information contained in this application is accurate, true and complete ... all material respects. I understand that making any false representation in this application is a crime under ...RS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lars Tellman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Jan 5, 2022

Date

Please have this section completed in the presence of a Notary Public.

State of SWEDEN, ss. ~~County~~ City of MALMÖ

I, LARS GUNNAR TELLMAN, ~~being duly sworn,~~ depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5TH JANUARY 2023

Date

Subscribed and ~~Sworn~~ Affirmed to before me this 5TH day of JANUARY 2023

Notary Public Signature

KRISTIAN JÖNSSON
Notarius Publicus/Notary Public
Malmö, Sverige/Sweden

*CERTIFIED BY SWEDISH DRIV.LIC. NO. 431127-3231, ISSUED FOR MR. LARS GUNNAR TELLMAN.

(Seal)

Exp. no. 230132
Avgift/Fee SEK 300:-

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler TriMed, Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable) Pending

Physical Address 27533 Avenue Hopkins

City Valencia State CA Zip 91355

Mailing Address (if different from physical address) Same as physical address above.

City _____ State _____ Zip _____

Telephone 661-255-7406 Website trimedortho.com

Licensing Company Email davidmedoff@trimedortho.com

Section 2: Personal Information

First Robert Middle J. Last Medoff

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 27533 Avenue Hopkins

City Valencia State CA Zip 91355

Telephone 661-255-7406 Email robertmedoff@trimedortho.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Pennsylvania		09/75 – 05/79	
Address	**City**	**State**	**Zip**
3535 Market Street, Suite 850	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
M.D.			

School Name		From - To (MM/YY – MM/YY)	
University of Pennsylvania		09/72 – 05/75	
Address	**City**	**State**	**Zip**
3535 Market Street, Suite 850	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
B.A/Physics			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/87 – 01/23	[redacted] Ku'ukama Street	Kailua	HI	96734
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
TriMed, Inc.			01/97 - Present
Business Address	**City**	**State**	**Zip**
27533 Avenue Hopkins	Valencia	CA	91355
Phone	**Title**		
661-255-7406	Secretary		
Description of Duties			
Secretary and Co-Founder of the company.			

N/A

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9 Jan 2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Medoff

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9 Jan 2023

Date

Please have this section completed in the presence of a Notary Public.

State of Hawaii, City & ss. County of Honolulu

I, Robert J. Medoff, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9 Jan 2023

Date

Subscribed and Sworn to before me this 9th day of January, 2023.

Notary Public Signature

Notary Public Name: Carson C. Young

My commission expires: March 25, 2026

CARSON C. YOUNG NOTARY PUBLIC No. 18-131 STATE OF HAWAII

01/09/2023 7

Carson C. Young 1st Circuit

Doc. Description: Nevada State Board of Pharmacy Personal History Application - Robert J. Medoff

Notary Signature 01/09/2023 Date

CARSON C. YOUNG NOTARY PUBLIC No. 18-131 (Seal) STATE OF HAWAII

First Citizens Bank

forever first®

IRREVOCABLE STANDBY LETTER OF CREDIT NO. SB96017

February 10, 2023

Beneficiary:
State of Nevada Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

Applicant:
TriMed, Inc.
27533 Ave. Hopkins
Valencia, CA 91355

Ladies And Gentlemen:

We hereby establish our Irrevocable Standby Letter of Credit No. SB96017 in your favor for the account TriMed, Inc. and authorize you to draw on us at sight to the extent of USD25,000.00 (twenty-five Thousand and no/100 U.S. dollars). This Letter of Credit is available for payment upon presentation at our counters of your draft(s) on us when accompanied by the original Letter of Credit.

Drafts must clearly specify the number of this Letter of Credit and be presented not later than February 12, 2024 at the following address: First-Citizens Bank & Trust Company, Attn: International Banking Services-DAC44, 100 East Tryon Road, Raleigh, NC 27603.

All banking charges, other than those of First-Citizens Bank & Trust Company, are for the account of the beneficiary.

This Letter of Credit sets forth in full terms of our undertaking. This undertaking shall not in any way be modified, amended, or amplified by reference to any documents, agreements or contracts referred to herein.

This Letter of Credit is Subject to the International Standby Practices 1998 ("ISP98"), International Chamber of Commerce Publication Number 590.

We engage with you that draft(s) drawn under and in strict compliance with the terms of this Letter of Credit will be duly honored.

This Letter of Credit may be terminated upon the return of the original Letter of Credit, and any amendments thereto, to the issuing bank at the address above, accompanied by a written release from the Beneficiary.

FIRST-CITIZENS BANK & TRUST COMPANY

Tassie F. Curlings

Tassie F. Curlings, AVP
(919)716-7617

4Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Abbott Molecular Inc.

Physical Address: 1015 West Devon Ave

City: Itasca State: IL Zip: 60143

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: 224-667-6100 Website: https://www.abbott.com/

Name of Designated Representative (DR): Meredith Stafford

Licensing Company Email: abbott@pharma.solutions DR Email: meredith.stafford@abbott.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☑ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☑ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Physicians		☐ Others:

Section 2: History of Company Refer to addendum for questions 1-5.	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Refer to the attched addendum responses		
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Refer to the attched addendum responses		
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? Refer to the attched addendum responses		
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Refer to the attched addendum responses		
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Refer to the attched addendum responses		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Name: Abbott Molecular Inc.
Address: 1300 E. Touhy Avenue City: Des Plaines State: IL Zip: 60018
Name: Elitech
Address: 21720 23rd Drive SE, STE 150 City: Bothell State: WA Zip: 98021
Name: Bioview
Address: 44 Manning Road City: Billerica State: MA Zip: 01821
Name: Leica
Address: 1700Lieder Lane City: Buffalo Grove State: IL Zip: 60089

State of Incorporation: Delaware
Parent Company (if any): Abbott Laboratories
Corporation Name: Abbott Molecular Inc.
Mailing Address: 1300 E. Touhy Avenue
City: Des Plaines State: IL Zip: 60018
Telephone: 610-298-5930 Email: abbott@pharma.solutions
Contact Person Name: Janine Walker
Date of SEC Registration: 1929 SEC Registration Number: 0000001800 Stock Exchange Symbol: ABT

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Abbott Molecular Inc.

Facility Name

Jennifer Topor

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

07-SEP-2022

Date

Board Use Only	Date Received: 9-12-22	Amount: 1000.00 CC

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	AMI Based on records available to it and to the best of its knowledge, AMI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, AMI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	AMI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), AMI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott In May 2022, Abbott agreed to enter into a consent decree with the U.S. Food and Drug Administration (FDA) related to its Sturgis, Michigan infant formula plant. The decree is an agreement between FDA and Abbott on the steps necessary to resume production and maintain the

Section 2 Questions	Response
	facility. This is not related to the pharmaceutical industry and does not affect any other Abbott plant or operation, including the operations of the Applicant. *See also* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	AMI/Abbott Based on records available to them and to the best of their knowledge, ALI, AMI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

Obradovich, Dragan

From: Aman, Munaza <Munaza.Aman@illinois.gov>
Sent: Tuesday, February 22, 2022 1:30 PM
To: Obradovich, Dragan
Subject: RE: Letterhead Request

EXTERNAL EMAIL: Only click links or open attachments if you recognize the sender and know the content is safe.

Dragan,

The Department does not regulate OTC drugs or the sale and distribution of medical devices without prescription drugs, other than those considered home medical equipment.

Sincerely,

Munaza Aman
Associate General Counsel
Division of Professional Regulation
Illinois Department of Financial & Professional Regulation
555 W. Monroe St, Suite 500
Chicago, IL 60661

This e-mail is to be construed as an informal statement reflecting the interpretation of the Department on the particular matter you described and is not intended as an official opinion of the State of Illinois. Only the Attorney General of the State of Illinois is empowered to render formal opinions concerning the laws of this State.

From: Obradovich, Dragan <Dragan.Obradovich@abbott.com>
Sent: Tuesday, February 15, 2022 3:10 PM
To: FPR.LMU <FPR.LMU@illinois.gov>
Cc: Veoukas, April T <april.veoukas@abbott.com>; Vrabie, Maria V <maria.vrabie@abbott.com>
Subject: [External] Letterhead Request

Dear Department of Financial and Professional Regulation,

My company is in the process of applying for distribution licenses in various states. We have been requested to obtain and provide a letter from the Department of Financial and Professional Regulation letterhead that states that Illinois does not require companies in the state of Illinois to have a license to warehouse and/or distribute product in or out of the State of Illinois.

Could we obtain a letter on your letterhead that includes the language below or similar language?

"**The Illinois Dept. of Financial and Professional Regulation states that no licensing is required in order to warehouse and/or distribute such product in or out of the State of Illinois. The requirements of licensure and practice are provided by the Act and Rules in Administrative Code, 68 Ill. Adm. Code 1510.10. Definitions of "wholesale distribution" and "prescription drug" do not include medical devices.**"

Please do not hesitate to contact me directly should you have any questions. I greatly appreciate your consideration.

Best Regards,
Dragan

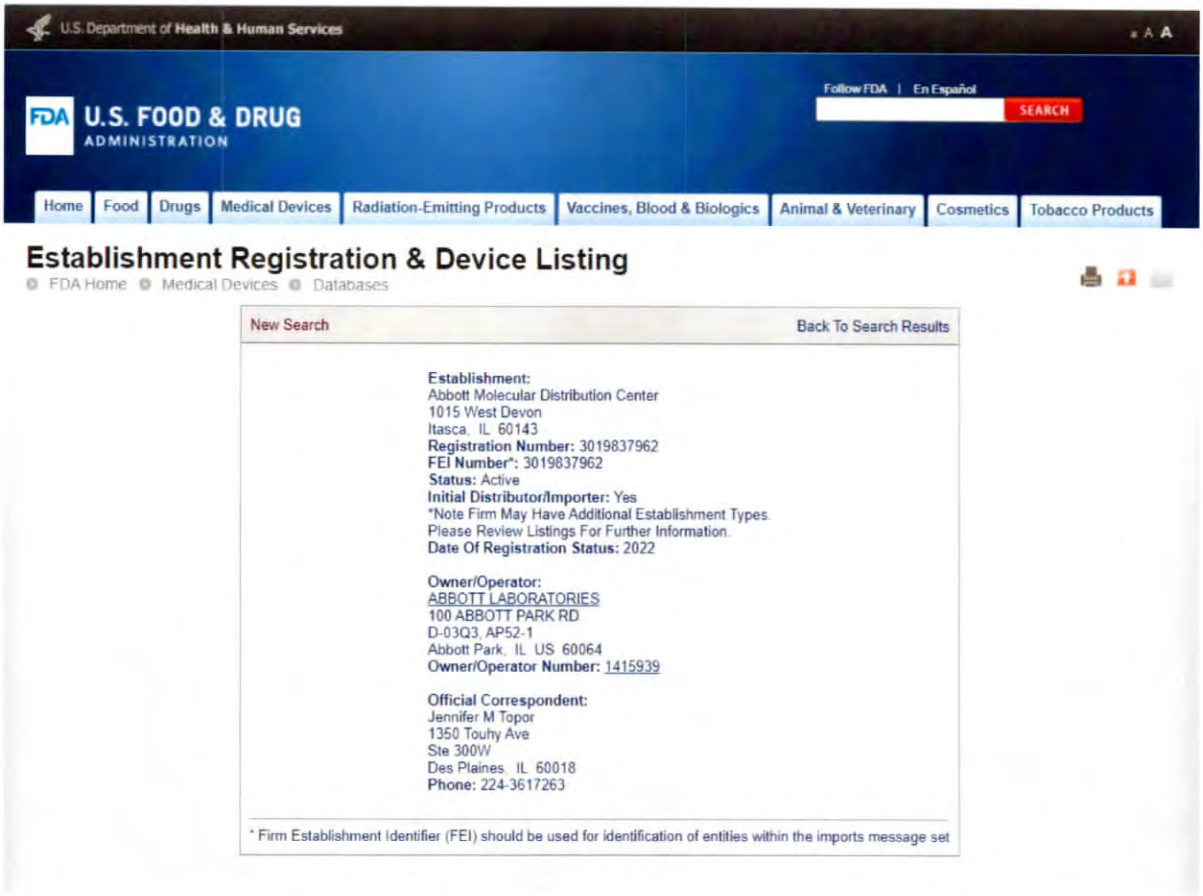
Dragan Obradovich
Regulatory Project Manager
Abbott Quality and Regulatory (AQR)

Abbott
100 Abbott Park Road
Dept. 03Q3, Bldg. AP52
Abbott Park, IL 60064

O: +1 224-667-2388
F: +1-224-668-4422
M: +1-847-772-5397
dragan.obradovich@abbott.com

This communication may contain information that is proprietary, confidential, or exempt from disclosure. If you are not the intended recipient, please note that any other dissemination, distribution, use or copying of this communication is strictly prohibited. Anyone who receives this message in error should notify the sender immediately by telephone or by return e-mail and delete it from his or her computer.

State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.


U.S. Department of Health & Human Services
A A A
FDA U.S. FOOD & DRUG ADMINISTRATION
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Medical Devices
Radiation-Emitting Products
Vaccines, Blood & Biologics
Animal & Veterinary
Cosmetics
Tobacco Products
Establishment Registration & Device Listing
FDA Home
Medical Devices
Databases
New Search
Back To Search Results
Establishment:
Abbott Molecular Distribution Center
1015 West Devon
Itasca, IL 60143
Registration Number: 3019837962
FEI Number*: 3019837962
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types. Please Review Listings For Further Information.
Date Of Registration Status: 2022
Owner/Operator:
ABBOTT LABORATORIES
100 ABBOTT PARK RD
D-03Q3, AP52-1
Abbott Park, IL US 60064
Owner/Operator Number: 1415939
Official Correspondent:
Jennifer M Topor
1350 Touhy Ave
Ste 300W
Des Plaines, IL 60018
Phone: 224-3617263
* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Abbott
D-03Q4, AP52
200 Abbott Park Road
North Chicago, IL 60064

Confidential and Proprietary – Not for Public Disclosure Under FOIA or Otherwise

Re: Officers and directors of Abbott Molecular Inc.

Directors and Officers:

Cienkus, Keith	President
Kaesebier, Tara	Assistant Secretary
McCoy Jr., John	Vice President and Treasurer
Novak, Joseph	Vice President, Taxes
Oosterbaan, Benjamin	Assistant Treasurer
Paik, Jessica	Secretary
Yasger, Paul	Assistant Secretary

CORPORATION SHAREHOLDERS

100% of the stock of **Abbott Laboratories Inc**. owned by Abbott. Abbott is a publicly traded company that is listed on the New York Stock Exchange.

100% of the stock of **Abbott Molecular, Inc.** is owned by Abbott. Abbott is a publicly traded company that is listed on the New York Stock Exchange.

100% of the membership interest in **Abbott Rapid Dx North America, LLC** is owned by Alere US Holdings, LLC, a Delaware limited liability company. 100% of the membership interest of Alere US Holdings, LLC is owned by Alere, Inc., a Delaware corporation. 100% of the stock of Alere, Inc. is owned by Abbott. Abbott is a publicly traded company that is listed on the New York Stock Exchange.

100% of the stock of **Alere San Diego, Inc**. is owned by Alere US Holdings, LLC, a Delaware limited liability company. 100% of the membership interest of Alere US Holdings, LLC is owned by Alere, Inc., a Delaware corporation. 100% of the stock of Alere, Inc. is owned by Abbott. Abbott is a publicly traded company that is listed on the New York Stock Exchange.

100% of the stock of **Inverness Medical LLC** is owned by Alere US Holdings, LLC, a Delaware limited liability company. 100% of the membership interest of Alere US Holdings, LLC is owned by Alere, Inc., a Delaware corporation. 100% of the stock of Alere, Inc. is owned by Abbott. Abbott is a publicly traded company that is listed on the New York Stock Exchange.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABBOTT MOLECULAR INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2260476 8300

SR# 20230543137

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202725173

Date: 02-16-23

ACORD

CERTIFICATE OF LIABILITY INSURANCE

1/1/2024

DATE (MM/DD/YYYY) 12/5/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE — NAIC #
INSURED 1430962 Abbott Molecular Inc. 1300 E Toughy Ave. Des Plaines IL 60018	INSURER A : Old Republic Insurance Company — 24147 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 18065530 **REVISION NUMBER:** XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	N	N	MWZZ 315913 23	1/1/2023	1/1/2024	EACH OCCURRENCE	$ 10,000,000
	X CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
	X Retro Date: 1/1/13						MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 10,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 10,000,000
	X POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$ 10,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident)	$ XXXXXXX
	ANY AUTO						BODILY INJURY (Per person)	$ XXXXXXX
	OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$ XXXXXXX
	HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$ XXXXXXX
								$ XXXXXXX
	UMBRELLA LIAB ☐ OCCUR			NOT APPLICABLE			EACH OCCURRENCE	$ XXXXXXX
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$ XXXXXXX
	DED ☐ RETENTION $							$ XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			NOT APPLICABLE			PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$ XXXXXXX
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ XXXXXXX
							E.L. DISEASE - POLICY LIMIT	$ XXXXXXX

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

18065530
For Information Purposes Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Abbott
D-03Q4, AP52
200 Abbott Park Road
North Chicago, IL 60064

Abbott Molecular Inc. Itasca Employees

Jason Licari

Reece Whitehead

Jason Kovack

Daniel Wienke

Chelsie Crecelius

Eric Majewski

Ronald Reagan

Nick Reed

Raul de la Huerta

Noah Leslie

Zaven Bell

Jose Castro

Patrick Ascuncion

Paul Alcala

Elmer Rodriquez

Brandon Aviles

Gabriel Reyes

Jason Brandt

Fred McGill

Dagoberto Ochoa

Rocco Colella

Christopher Werrbach

Martin Madigan

Matthew Izenstark

Harshol Barot

Greg Spears

Carmen Torres

Julia Strackhouse

Fayth Cherry

Shavon Thomas

Lynette Anderson

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Abbott Molecular Inc. MDEG License # (if applicable) N/A

Physical Address 1015 West Devon Ave

City Itasca State IL Zip 60143

Mailing Address (if different from physical address) N/A

City _____ State _____ Zip _____

Telephone 224-667-6100 Website https://www.abbott.com/

Licensing Company Email abbott@pharma.solutions

Section 2: Personal Information

First Meredith Middle Case Last Stafford

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Par CT.

City Gurnee State IL Zip 60031

Telephone [redacted] Email meredith.stafford@abbott.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 689.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Michigan State University		09/02 - 05/06	
Address	**City**	**State**	**Zip**
426 Auditorium Rd	East Lansing	MI	48824
Diploma/Degree obtained, if any			
Bachelor of Arts, Supply Chain			

School Name		From - To (MM/YY – MM/YY)	
Munising High School		09/98 - 05/02	
Address	**City**	**State**	**Zip**
810 M-28	Munising	MI	49862
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/17 - Current	[redacted] Par CT	Gurnee	IL	60031
02/17 - 06/17	[redacted] Andover Dr.	Gurnee	IL	60031
12/15 - 01/17	[redacted]	Maastrict	Netherlands	6224 KJ
09/15 - 12/15	[redacted] Ibars Villas, Newton Rd	Wexford	Ireland	Y35H0*3
11/13 - 08/15	[redacted] Orchard Ave	Redford City	CA	94061
04/12 - 10/13	[redacted]	Winterthur	Switzerland	8400
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Molecular Diagnostics at Abbott			12/20 - Present	
Business Address		City	State	Zip
1015 W. Devon Ave		Itasca	IL	60143
Phone	Title		Number of Employed Hours	
224-361-7652	Director, Global Distribution		3,990	
Description of Duties				
Receiving, storage and distribution of finished goods, raw material & spare parts for Abbott Molecular				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4NOV22
Date

I, Meredith Stafford, **certify that as the MDEG Administrator for**

Abbott Molecular Inc.,

that I (initial that you have read and meet the following requirements):

1. MS Have a high school diploma or its equivalent;
2. MS Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MS Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MS Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

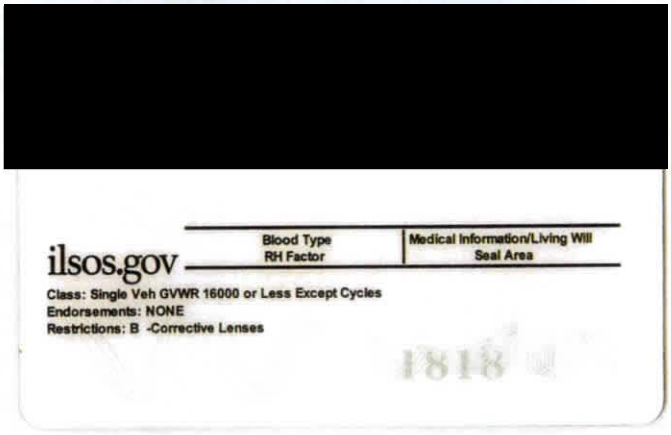
Meredith Stafford
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4NOV22
Date

Board Use Only	Date Received: 11-21-22

ILLINOIS
Jesse White • Secretary of State
DRIVER'S LICENSE
USA
[redacted]


[redacted]
ilsos.gov
Blood Type
RH Factor
Medical Information/Living Will
Seal Area
Class: Single Veh GVWR 16000 or Less Except Cycles
Endorsements: NONE
Restrictions: B -Corrective Lenses
1818

Abbott
D-03Q4, AP52
200 Abbott Park Road
North Chicago, IL 60064

SECTION 4: PUBLICLY TRADED CORPORATION

SEC REGISTRATION
Abbott Laboratories (Abbott) completed its initial public offering in 1929.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D. C. 20549

FORM 10-K

(MARK ONE)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2020 — Commission file number 1-2189

Abbott Laboratories

An Illinois Corporation
100 Abbott Park Road
Abbott Park, Illinois 60064-6400

36-0698440
(I.R.S. employer identification number)
(224) 667-6100
(telephone number)

Securities Registered Pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Shares, Without Par Value	ABT	New York Stock Exchange Chicago Stock Exchange, Inc.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer ☒ Accelerated Filer ☐ Non-Accelerated Filer ☐ Smaller reporting company ☐
Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the 1,727,625,764 shares of voting stock held by nonaffiliates of the registrant, computed by reference to the closing price as reported on the New York Stock Exchange, as of the last business day of Abbott Laboratories' most recently completed second fiscal quarter (June 30, 2020), was $157,956,823,602. Abbott has no non-voting common equity. Number of common shares outstanding as of January 31, 2021: 1,771,529,358

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the 2021 Abbott Laboratories Proxy Statement are incorporated by reference into Part III. The Definitive Proxy Statement will be filed on or about March 12, 2021.

PART I

ITEM 1. BUSINESS

GENERAL DEVELOPMENT OF BUSINESS

Abbott Laboratories is an Illinois corporation, incorporated in 1900. Abbott's* principal business is the discovery, development, manufacture, and sale of a broad and diversified line of health care products.

NARRATIVE DESCRIPTION OF BUSINESS

Abbott has four reportable segments: Established Pharmaceutical Products, Diagnostic Products, Nutritional Products, and Medical Devices.

Established Pharmaceutical Products

These products include a broad line of branded generic pharmaceuticals manufactured worldwide and marketed and sold outside the United States in emerging markets. These products are generally sold directly to wholesalers, distributors, government agencies, health care facilities, pharmacies, and independent retailers from Abbott-owned distribution centers and public warehouses, depending on the market served. Certain products are co-marketed or co-promoted with, or licensed from, other companies.

The principal products included in the broad therapeutic area portfolios of the Established Pharmaceutical Products segment are:

- gastroenterology products, including Creon™, for the treatment of pancreatic exocrine insufficiency associated with several underlying conditions, including cystic fibrosis and chronic pancreatitis; Duspatal™ and Dicetel™, for the treatment of irritable bowel syndrome or biliary spasm; Heptral™, Transmetil™, and Samyr™, for the treatment of intrahepatic cholestasis (associated with liver disease) or depressive symptoms; and Duphalac™, for regulation of the physiological rhythm of the colon;
- women's health products, including Duphaston™, for the treatment of many different gynecological disorders; and Femoston™, a hormone replacement therapy for postmenopausal women;
- cardiovascular and metabolic products, including Lipanthyl™ and TriCor™, for the treatment of dyslipidemia; Teveten™ and Teveten™ Plus, for the treatment of essential hypertension, and Physiotens™, for the treatment of hypertension; and Synthroid™, for the treatment of hypothyroidism;
- pain and central nervous system products, including Serc™, for the treatment of Ménière's disease and vestibular vertigo; Brufen™, for the treatment of pain, fever, and inflammation; and Sevedol™, for the treatment of severe migraines; and
- respiratory drugs and vaccines, including the anti-infective clarithromycin (sold under the trademarks Biaxin™, Klacid™, and Klaricid™); and Influvac™, an influenza vaccine.

The Established Pharmaceutical Products segment directs its primary marketing efforts toward building strong brands with key stakeholders, including consumers, pharmacists, physicians, and other healthcare providers. Government agencies are also important customers.

Competition in the Established Pharmaceutical Products segment is generally from other health care and pharmaceutical companies. In addition, the substitution of generic drugs for the brand prescribed and introduction of additional forms of already marketed established products by generic or branded competitors may increase competitive pressures.

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* As used throughout the text of this report on Form 10-K, the term "Abbott" refers to Abbott Laboratories, an Illinois corporation, or Abbott Laboratories and its consolidated subsidiaries, as the context requires.

Diagnostic Products

These products include a broad line of diagnostic systems and tests manufactured, marketed, and sold worldwide. These products are generally marketed and sold directly to blood banks, hospitals, commercial laboratories, clinics, physicians' offices, retailers, government agencies, alternate care testing sites, and plasma protein therapeutic companies from Abbott owned distribution centers, public warehouses or third party distributors.

The principal products included in the Diagnostic Products segment are:

- core laboratory systems in the areas of immunoassay, clinical chemistry, hematology, and transfusion medicine, including the Alinity® family of instruments, ARCHITECT®, ABBOTT PRISM®, and Cell-Dyn®, with assays used for screening and/or diagnosis for cancer, cardiac, metabolics, drugs of abuse, fertility, general chemistries, infectious diseases such as hepatitis and HIV, therapeutic drug monitoring, and a suite of SARS-CoV-2 serology assays;
- molecular diagnostics polymerase chain reaction (PCR) instrument systems, including Alinity® m and m2000™ that automate the extraction, purification, and preparation of DNA and RNA from patient samples, and detect and measure infectious agents including HIV, hepatitis, HPV, sexually transmitted infections, and SARS-CoV-2; and products for oncology with the Vysis® FISH product line of genomic-based tests;
- point of care systems, including the i-STAT® and next-generation i-STAT® Alinity® and cartridges for testing blood gas, chemistry, electrolytes, coagulation and immunoassay;
- rapid diagnostics lateral flow testing products in the area of infectious diseases, including respiratory viruses such as SARS-CoV-2 and influenza, HIV, hepatitis, and tropical diseases such as malaria and dengue fever; molecular point-of-care testing for HIV, including the m-PIMA® HIV-1/2 Viral Load Test, and for SARS-CoV-2 and influenza A & B, RSV and strep A, including the ID NOW® rapid molecular system; cardiometabolic testing, including Afinion® and Cholestech™ platforms and tests; a toxicology business for drug and alcohol testing; and remote patient monitoring and consumer self-testing; and
- informatics and automation solutions for use in laboratories, including laboratory automation systems, the RALS® point of care solution, and AlinIQ®, a suite of informatics tools and professional services.

The Diagnostic Products segment's products are subject to competition in technological innovation, price, convenience of use, service, instrument warranty provisions, product performance, laboratory efficiency, long-term supply contracts, and product potential for overall cost-effectiveness and productivity gains. Some products in this segment can be subject to rapid product obsolescence or regulatory changes. Although Abbott has benefited from technological advantages of certain of its current products, these advantages may be reduced or eliminated as competitors introduce new products.

Nutritional Products

These products include a broad line of pediatric and adult nutritional products manufactured, marketed, and sold worldwide. These products are generally marketed and sold directly to consumers and to institutions, wholesalers, retailers, health care facilities, government agencies, and third-party distributors from Abbott-owned distribution centers or third-party distributors.

The principal products included in the Nutritional Products segment are:

- various forms of prepared infant formula and follow-on formula, including Similac®*, Similac Pro-Advance®*, Similac® Advance®, Similac® Advance® Non-GMO, Similac Pro-Sensitive®*, Similac Sensitive®, Similac Sensitive® Non-GMO, Go&Grow by Similac®*, Similac® NeoSure®, Similac® Organic, Similac® Special Care®, Similac Total Comfort®*, Similac® For Supplementation, Isomil® Advance®, Isomil®, Alimentum®, Gain™, Grow™, Similac En Mei Li™, and Eleva™;
- adult and other pediatric nutritional products, including Ensure®, Ensure Plus®, Ensure® Enlive®, Ensure® (with NutriVigor®), Ensure® Max Protein, Ensure® High Protein, Glucerna®, Glucerna Hunger Smart®, ProSure™, PediaSure®, PediaSure SideKicks®, PediaSure® Peptide, EleCare®, Juven®, Abound™, Pedialyte® and Zone Perfect®; and

- nutritional products used in enteral feeding in health care institutions, including Jevity®, Glucerna® 1.2 Cal, Glucerna® 1.5 Cal, Osmolite®, Oxepa®, Freego™ (Enteral Pump) and Freego™ sets, Nepro®, and Vital®.

* These products are available with 2'-FL HMO (Human Milk Oligosaccharide) in several markets.

Primary marketing efforts for nutritional products are directed toward consumers or to securing the recommendation of Abbott's brand of products by physicians or other health care professionals. In addition, certain nutritional products sold as Similac®, Gain™, Grow™, Eleva™, PediaSure®, PediaSure SideKicks®, Pedialyte®, Ensure®, Zone Perfect®, and Glucerna® are also promoted directly to the public by consumer marketing efforts in select markets where appropriate.

Competition for nutritional products in the segment is generally from other diversified consumer and health care manufacturers. Competitive factors include consumer advertising, formulation, packaging, scientific innovation, price, retail distribution, and availability of product forms. A significant aspect of competition is the search for ingredient innovations. The introduction of new products by competitors, changes in medical practices and procedures, and regulatory changes can result in product obsolescence. In addition, private label and local manufacturers' products may increase competitive pressure.

Medical Devices

These products include a broad line of rhythm management, electrophysiology, heart failure, vascular and structural heart devices for the treatment of cardiovascular diseases, and diabetes care products for people with diabetes, as well as neuromodulation devices for the management of chronic pain and movement disorders. Medical devices are manufactured, marketed and sold worldwide. In the United States, depending upon the product, medical devices are generally marketed and sold directly to wholesalers, hospitals, ambulatory surgery centers, physicians' offices, and distributors from Abbott-owned distribution centers and public warehouses. Outside the United States, sales are made either directly to customers or through distributors, depending on the market served.

The principal products included in the Medical Devices segment are:

- rhythm management products, including Assurity MRI® and Endurity MRI® pacemaker systems; Ellipse®, Fortify Assura®, and Gallant™ implantable cardioverter defibrillators and Gallant and Quadra Assura MP® implantable cardioverter defibrillator with cardiac resynchronization therapy and MultiPoint® Pacing technology; and Confirm Rx® implantable cardiac monitor;
- electrophysiology products, including the TactiCath® family of ablation catheters and FlexAbility® irrigated ablation catheters; Ampere® RF ablation generator; EnSite® family of cardiac mapping systems; and the Advisor® HD Grid mapping catheter;
- heart failure related products, including the HeartMate™ left ventricular device family and the CardioMEMS® HF System pulmonary artery sensor, a heart failure monitoring system;
- vascular products, including the XIENCE™ family of drug-eluting coronary stent systems developed on the Multi-Link Vision® platform; StarClose SE® and Perclose ProGlide® vessel closure devices, TREK® coronary balloon dilatation products, Hi-Torque Balance Middleweight Universal II® guidewires, Supera® Peripheral Stent System, a peripheral vascular stent system; Acculink®/Accunet® and Xact®/Emboshield NAV6®, carotid stent systems; and the OPTIS® integrated system with the Dragonfly OPTIS® imaging catheter and PressureWire® fractional flow reserve measurement systems;
- structural heart products, including MitraClip®, a percutaneous mitral valve repair system; Trifecta® Valve with Glide™ Technology, a surgical tissue heart valve; Portico® transcatheter aortic heart valve; Regent™ mechanical heart valve; Amplatzer® PFO occluders; Amplatzer Amulet® occluder devices; the Tendyne® Transcatheter Mitral Valve Implantation (TMVI) system; and the TriClip® Transcatheter Tricuspid Valve Repair System;
- continuous glucose and blood glucose monitoring systems, including test strips, sensors, data management decision software, and accessories for people with diabetes, under the FreeStyle® brand such as the FreeStyle Libre® system; and

- neuromodulation products, including spinal cord stimulators Proclaim® Elite and Proclaim® XR Recharge-free implantable pulse generators (IPG) and Prodigy MRI® IPG, each with BurstDR® stimulation, and Proclaim® DRG IPG, a neurostimulation device designed for dorsal root ganglion therapy, for the treatment of chronic pain disorders; and the Infinity® Deep Brain Stimulation System with directional lead technology for the treatment of movement disorders.

These products are subject to competition in technological innovation, price, convenience of use, service, product performance, long-term supply contracts, and product potential for overall cost-effectiveness and productivity gains. Some products in this segment can be subject to rapid product obsolescence or regulatory changes. Although Abbott has benefited from technological advantages of certain of its current products, these advantages may be reduced or eliminated as competitors introduce new products.

INFORMATION WITH RESPECT TO ABBOTT'S BUSINESS IN GENERAL

Sources and Availability of Raw Materials

Abbott purchases, in the ordinary course of business, raw materials and supplies essential to Abbott's operations from numerous suppliers in the United States and around the world. There have been no recent significant availability problems or supply shortages for raw materials or supplies.

Patents, Trademarks, and Licenses

Abbott is aware of the desirability for patent and trademark protection for its products. Accordingly, where possible, patents and trademarks are sought and obtained for Abbott's products in the United States and countries of interest to Abbott. Abbott owns or has licenses under a substantial number of patents and patent applications. Principal trademarks and the products they cover are discussed in the Narrative Description of Business on pages 1 through 4. These, and various patents which expire during the period 2021 to 2041, in the aggregate, are believed to be of material importance in the operation of Abbott's business. Abbott believes that no single patent, license, or trademark is material in relation to Abbott's business as a whole.

Seasonal Aspects, Customers, and Renegotiation

There are no significant seasonal aspects to Abbott's business. Abbott has no single customer that, if the customer were lost, would have a material adverse effect on Abbott. No material portion of Abbott's business is subject to renegotiation of profits or termination of contracts at the election of a government.

Environmental Matters

Abbott believes that its operations comply in all material respects with applicable laws and regulations concerning environmental protection. Regulations under federal and state environmental laws impose stringent limitations on emissions and discharges to the environment from various manufacturing operations. Abbott's capital and operating expenditures for pollution control in 2020 were not material and are not expected to be material in 2021.

Abbott has been identified as one of many potentially responsible parties in investigations and/or remediations at several locations in the United States, including Puerto Rico, under the Comprehensive Environmental Response, Compensation, and Liability Act, commonly known as Superfund. Abbott is also engaged in remediation at several other sites, some of which are owned by Abbott, in cooperation with the Environmental Protection Agency or similar agencies. While it is not feasible to predict with certainty the final costs related to those investigations and remediation activities, Abbott believes that such costs, together with other expenditures to maintain compliance with applicable laws and regulations concerning environmental protection, should not have a material adverse effect on Abbott's financial position, cash flows, or results of operations.

Human Capital

The sustainability of Abbott's business depends on attracting, engaging and developing talented people with diverse backgrounds who share Abbott's mission to help people live their healthiest possible lives. Abbott provides its employees opportunities to grow and develop their careers, market competitive compensation and benefit programs, and the satisfaction of being part of a global company dedicated to improving health in more than 160 countries.

As of December 31, 2020, Abbott employed approximately 109,000 people, 70% of whom were employed outside of the U.S. Women represented 47% of Abbott's U.S. workforce, 45% of its global workforce, and 39% of its managers.

Health and Safety

The health, safety and wellness of its employees is an Abbott priority embedded at every level of its business. Abbott's integrated Environmental, Health and Safety organization governs health, safety and wellness at Abbott's facilities. Abbott also maintains global policies and standards for managing employee health and safety.

Abbott takes a holistic approach to employee well-being. Abbott's global wellness programs are designed to meet the unique needs of employees across businesses and geographies and offer a wide range of programs, including supporting the mental, financial and physical health of employees and their families. For example, for over 20 years, Abbott has annually offered Exercise Across Abbott, which is a four-week physical wellness program that encourages employees to team up with colleagues and track how many minutes they exercise each day. Over 22,000 Abbott employees across 72 countries took part in 2020.

During the COVID-19 pandemic, Abbott has taken aggressive steps to limit exposure and enhance the safety of facilities for its employees, including implementing mandatory temperature screening and social distancing, providing and requiring the use of personal protective equipment, and at most U.S. facilities, onsite COVID-19 testing.

Talent Management

Abbott has an integrated global talent management process that is designed to identify and assess talent across the organization and provide equal and consistent opportunities for employees to develop their skills. All levels of employees participate in Abbott's annual performance management process to create development plans that support their particular career objectives, and Abbott provides a broad range of training, mentoring and other development opportunities to help its employees meet these objectives. The board of directors conducts an annual Talent Management Review, focusing on development of talent, diversity, and succession planning for critical positions. Similar reviews take place at every level of Abbott to develop talent and diversity across the organization.

Diversity and Inclusion

Abbott is committed to developing a workplace that is inclusive for all. Abbott ties executive compensation to human capital management, including diversity outcomes, to sustain an inclusive culture and the fair and balanced treatment of Abbott's employees.

Abbott's employee networks play an important role in building an inclusive culture across all Abbott operations. A member of Abbott's senior management serves as a sponsor for each of these networks, helping to align their objectives with Abbott's business strategies. Abbott has ten such networks, which are: Advancing Professionals Network (supporting early career employees), Asian Leadership and Cultural Network, Black Business Network, Flex Network (employees with part-time and flexible schedules), LA VOICE Network (supporting Hispanic and Latino employees), People with Disabilities Network, PRIDE (supporting LGBTQ employees), Veterans Network, Women Leaders of Abbott, and Women in STEM.

Abbott offers professional development programs, which provide recent college graduates the opportunity to rotate through different areas of Abbott, often with the chance to work outside their home country. In 2020, 52% of the participants were women. Also, Abbott hosts hundreds of college students for paid internships. In 2020, 55% of the U.S. interns were women and 39% were minorities. Further, Abbott has operated a STEM internship program for high school students in the U.S. since 2012. The program's objective is to increase the number of students pursuing STEM-related careers and contribute to a more diverse talent pipeline for Abbott. In 2020, 58% of the STEM interns were women and 71% were minorities.

Compensation and Benefits

Abbott is committed to building, retaining, and motivating a diverse talent pipeline that can meet the current and future needs of its businesses. To that end, Abbott provides market competitive compensation, healthcare benefits, pension and/or retirement savings plans, and several programs to facilitate employees building an ownership stake in Abbott, including a global long-term incentive program for employees generally beginning at the manager level. Abbott also has procedures and processes focused on providing employees equitable compensation, regardless of race or gender or other personal characteristics.

Regulation

The development, manufacture, marketing, sale, promotion, and distribution of Abbott's products are subject to comprehensive government regulation by the U.S. Food and Drug Administration (FDA) and similar international regulatory agencies. Government regulation by various international, supranational, federal and state agencies addresses (among other matters) the development and approval to market Abbott's products, as well as the inspection of, and controls over, research and laboratory procedures, clinical investigations, product approvals and manufacturing, labeling, packaging, supply chains, marketing and promotion, pricing and reimbursement, sampling, distribution, quality control, post-market surveillance, record keeping, storage, and disposal practices. In addition, Abbott's clinical laboratories and associated testing services are subject to comprehensive government regulation, including registration, certification, and licensure, by federal, state, and local agencies, such as the Centers for Medicare & Medicaid Services, the Drug Enforcement Administration, the Substance Abuse and Mental Health Services Administration, and their respective foreign counterparts. Certain of these agencies require our clinical laboratories to meet quality assurance, quality control, and personnel standards and undergo inspections.

During the COVID-19 public health emergency, many pandemic-related products (including diagnostic tests) were authorized by regulators for emergency use solely during the pandemic. In addition, many governments enacted policies to expedite or promote access to health care in order to slow or stop the spread of the virus. Examples include expansion of telehealth coverages and increased reimbursements for diagnostic testing. It is uncertain when the public health emergency will end and to what extent these policies will continue or revert back to previous policies.

Abbott's international operations are also affected by trade and investment regulations in many countries. These may require local investment, restrict Abbott's investments, or limit the import of raw materials and finished products.

Abbott's laboratory facilities and home monitoring services, which provide services, related products and medical devices to consumers, are subject to additional laws and regulations applicable to health care providers and suppliers that submit claims for reimbursement to third-party payors. In the United States, Medicare, Medicaid, and other third-party payors may from time to time conduct inquiries, claims audits, investigations, and enforcement actions relating to the claims or enrollment criteria.

Abbott is subject to laws and regulations pertaining to health care fraud and abuse, including state and federal anti-kickback, anti-self-referral, and false claims laws in the United States. Prescription drug, nutrition, and medical device manufacturers such as Abbott are also subject to taxes, as well as application, product, user, establishment, and other fees. Governmental agencies can also invalidate intellectual property rights.

Compliance with these laws and regulations is costly and materially affects Abbott's business. Among other effects, health care regulations and significant changes thereto (such as the introduction of the Medical Device Regulation and the In Vitro Diagnostic Medical Device Regulation in the European Union) substantially increase the time, difficulty, and costs incurred in developing, obtaining and maintaining approval to market, and marketing newly developed and existing products. Abbott expects this regulatory environment will continue to require significant technical expertise and investment to ensure compliance. Failure to comply can delay the release of a new product or result in regulatory and enforcement actions, the seizure or recall of a product, the suspension or revocation of the authority necessary for a product's production and sale, suspension or revocation of billing privileges, and other civil or criminal sanctions, including fines and penalties. Similarly, compliance with the laws and regulations governing clinical laboratories and testing services requires specialized expertise. Failure to comply with these regulatory requirements can result in sanctions, including suspension, revocation, or limitation of a laboratory's certification, which is necessary to conduct business, as well as significant fines or criminal penalties.

Abbott's business can also be affected by ongoing studies of the utilization, safety, efficacy, and outcomes of health care products and their components that are regularly conducted by industry participants, government agencies, and others. These studies can call into question the utilization, safety, and efficacy of previously marketed products. In some cases, these studies have resulted, and may in the future result, in the discontinuation of marketing of such products in one or more countries, and may give rise to claims for damages from persons who believe they have been injured as a result of their use.

Access to human health care products continues to be a subject of investigation and action by governmental agencies, legislative bodies, and private organizations in many countries. A major focus is cost containment. Efforts to reduce health care costs are also being made in the private sector, notably by health care payors and providers, which have instituted various cost reduction and containment measures. Abbott expects insurers and providers will continue attempts to reduce the cost or utilization of health care products. Many countries control the price of health care products directly or indirectly, through reimbursement, payment, pricing, or coverage limitations. Budgetary pressures on health care payors may also heighten the scope and severity of pricing pressures on Abbott's products for the foreseeable future. In the United States, the federal government regularly evaluates reimbursement for medical devices, diagnostics, supplies, and other products, as well as the procedures in which these products may be used. The government follows a diagnosis-related group (DRG) payment system for certain institutional services provided under Medicare or Medicaid and has implemented a prospective payment system (PPS) for services delivered in hospital outpatient, nursing home, and home health settings. DRG and PPS entitle a health care facility to a fixed reimbursement based on the diagnosis and/or procedure rather than actual costs incurred in patient treatment, thereby increasing the incentive for the facility to limit or control expenditures for many health care products. Other payment methodology changes have been proposed and implemented from time to time. For example, Medicare implemented a competitive bidding system for certain durable medical equipment (including diabetes products), enteral nutrition products, and supplies. Additionally, the Protecting Access to Medicare Act established a new payment system for clinical laboratory tests in 2018.

The Patient Protection and Affordable Care Act (the Affordable Care Act) includes provisions known as the Physician Payments Sunshine Act, which requires manufacturers of drugs, devices, and medical supplies covered under Medicare and Medicaid to record any transfers of value to physicians and teaching hospitals and to report this data to the Centers for Medicare & Medicaid Services for subsequent public disclosure. In October 2018, the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act significantly expanded the types of healthcare providers for which reporting is required, beginning with reports filed in 2022. Similar reporting requirements have also been enacted on the state level domestically, and an increasing number of governments worldwide either have adopted or are considering similar laws requiring transparency of interactions with health care professionals. Failure to report appropriate data may result in civil or criminal fines and/or penalties.

Policy changes or implementation of new health care legislation could result in significant changes to health care systems. In the United States, this could include potential modification, including expansion or repeal of all or parts of the Affordable Care Act.

The regulation of data privacy and security, and the protection of the confidentiality of certain personal information (including patient health information, financial information and other sensitive personal information), is increasing. For example, the European Union, various other countries, and various U.S. states (e.g., California) have enacted stricter data protection laws that contain enhanced financial penalties for noncompliance. Similarly, the U.S. Department of Health and Human Services has issued rules governing the use, disclosure, and security of protected health information, and the FDA has issued further guidance concerning cybersecurity for medical devices. In addition, certain countries have issued or are considering "data localization" laws, which limit companies' ability to transfer protected data across country borders. Failure to comply with data privacy and security laws and regulations can result in business disruption and enforcement actions, which could include civil or criminal penalties. Transferring and managing protected information will become more challenging as laws and regulations are enacted or amended, and Abbott expects there will be increasing complexity in this area.

Governmental cost containment efforts also affect Abbott's nutritional products business. In the United States, for example, under regulations governing the federally funded Special Supplemental Nutrition Program for Women, Infants, and Children, all states must have a cost containment program for infant formula. As a result, through competitive bidding states obtain rebates from manufacturers of infant formula whose products are used in the program.

Abbott expects debate to continue at all government levels worldwide over the manufacture, quality assurance requirements, marketing authorization processes, post-market surveillance requirements, availability, method of delivery, and payment for health care products and services, as well as data privacy and security. Abbott believes that future legislation and regulation in the markets it serves could affect the timing and expense associated with bringing health care products or services to market, access to health care products and services, increase rebates, reduce prices or reimbursements or the rate of price increases for health care products and services, change health care delivery systems, create new fees and obligations for the pharmaceutical, nutrition, diagnostic, and medical device industries, or require additional reporting and disclosure. It is not possible to predict the extent to which Abbott or the health care industry in general might be affected by the matters discussed above.

INTERNET INFORMATION

Copies of Abbott's Annual Report on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K, and amendments to those reports filed or furnished pursuant to Section 13(a) or 15(d) of the Securities Exchange Act of 1934 are available free of charge through Abbott's investor relations website (*www.abbottinvestor.com*) as soon as reasonably practicable after Abbott electronically files the material with, or furnishes it to, the Securities and Exchange Commission (the Commission). These reports and other information are also available, free of charge, at www.sec.gov.

Abbott's corporate governance guidelines, outline of directorship qualifications, code of business conduct and the charters of Abbott's audit committee, compensation committee, nominations and governance committee, and public policy committee are all available on Abbott's investor relations website (*www.abbottinvestor.com*).

ITEM 1A. RISK FACTORS

In addition to the other information in this report, the following risk factors should be considered before deciding to invest in any of Abbott's securities. Additional risks and uncertainties not presently known to Abbott, or risks Abbott currently considers immaterial, could also affect Abbott's actual results. Abbott's business, financial condition, results of operations, or prospects could be materially adversely affected by any of these risks.

Business and Operational Risks

Abbott may acquire other businesses, license rights to technologies or products, form alliances, or dispose of or spin-off businesses, which could cause it to incur significant expenses and could negatively affect profitability.

Abbott may pursue acquisitions, licensing arrangements, and strategic alliances, or dispose of or spin-off some of its businesses, as part of its business strategy. Abbott may not complete these transactions in a timely manner, on a cost-effective basis, or at all, and may not realize the expected benefits. If Abbott is successful in making an acquisition, the products and technologies that are acquired may not be successful or may require significantly greater resources and investments than originally anticipated. Abbott may not be able to integrate acquisitions successfully into its existing business or transition disposed businesses efficiently, and could incur or assume significant debt and unknown or contingent liabilities. Abbott could also experience negative effects on its reported results of operations from acquisition or disposition-related charges, amortization of expenses related to intangibles and charges for impairment of long-term assets. These effects could cause a deterioration of Abbott's credit rating, result in increased borrowing costs and interest expense, and decrease liquidity.

Abbott depends on sophisticated information technology systems and maintains protected personal data, and a cyber attack or other breach affecting these information technology systems or protected data could have a material adverse effect on Abbott's results of operations.

Similar to other large multi-national companies, the size and complexity of the information technology systems on which Abbott relies for both its infrastructure and products makes them susceptible to a cyber attack, malicious intrusion, breakdown, destruction, loss of data privacy, or other significant disruption. These systems have been and are expected to continue to be the target of malware and other cyber attacks. In addition, third party hacking attempts may cause Abbott's information technology systems and related products, protected data, or proprietary information to be compromised or stolen. A significant attack or other disruption could result in adverse consequences, including increased costs and expenses, manufacturing challenges or disruption, problems with product functionality, damage to customer relations, lost revenue, and legal or regulatory penalties.

Abbott also collects, manages and processes protected personal data, including protected health information, in connection with certain medical products and service offerings. Abbott is subject to certain regional and local data protection laws that prohibit or restrict the transfer of protected data across country borders. For additional information concerning data privacy and security regulation, see the discussion in "Regulation" under Item 1. "Business." A breach of protected personal information could result in adverse consequences, including regulatory inquiries or litigation, increased costs and expenses, reputational damage, lost revenue, and fines or penalties.

Abbott invests in its systems and technology and in the protection of its products and data to reduce the risk of an attack or other significant disruption, and monitors its systems on an ongoing basis for any current or potential threats and for changes in technology and the regulatory environment. There can be no assurance that these measures and efforts will prevent future attacks or other significant disruptions to any of the systems on which Abbott relies or that related product issues will not arise in the future. Similarly, there can be no assurance that third party information technology providers with whom Abbott contracts will not suffer a significant attack or disruption that impacts customers like Abbott. Any significant breach, attack or other disruption involving Abbott's systems or products could have a material adverse effect on Abbott's business.

Abbott's research and development efforts may not succeed in developing commercially successful products and technologies, which may cause Abbott's revenue and profitability to decline.

To remain competitive, Abbott must continue to launch new products and technologies. To accomplish this, Abbott commits substantial efforts, funds, and other resources to research and development. A risk of failure is inherent in the research and development of new products and technologies. Abbott must make ongoing substantial expenditures without any assurance that its efforts will be commercially successful. Failure can occur at any point in the process, including after significant funds have been invested.

Promising new products and technologies may fail to reach the market or may only have limited commercial success because of efficacy or safety concerns, failure to achieve positive clinical outcomes, inability to obtain necessary regulatory approvals, limited scope of approved uses, excessive costs to manufacture, failure to establish or maintain intellectual property rights, or infringement of the intellectual property rights of others. Even if Abbott successfully develops new products or enhancements or new generations of Abbott's existing products, they may be quickly rendered obsolete by changing customer preferences, changing industry or regulatory standards, or competitors' innovations. Innovations may not be accepted quickly in the marketplace because of, among other things, entrenched patterns of clinical practice or uncertainty over third-party reimbursement. Abbott cannot state with certainty when or whether any of its products under development will be launched, whether it will be able to develop, license, or otherwise acquire compounds or products, or whether any products will be commercially successful. Failure to launch successful new products or technologies, or new indications or uses for existing products, may cause Abbott's products or technologies to become obsolete, causing Abbott's revenues and operating results to suffer.

The manufacture of many of Abbott's products is a highly exacting and complex process, and if Abbott or one of its suppliers encounters problems manufacturing products, Abbott's business could suffer.

The manufacture of many of Abbott's products is a highly exacting and complex process, due in part to strict regulatory requirements. Problems may arise during manufacturing for a variety of reasons, including equipment malfunction, failure to follow specific protocols and procedures, problems with raw materials, natural disasters, and environmental factors. In addition, single suppliers are currently used for certain products and materials. If problems arise during the production of a lot or batch of product, those products may have to be discarded. If problems are not discovered before the product is released to the market, recall and product liability costs may also be incurred. Any of these events could, among other things, lead to increased costs, lost revenue, damage to customer relations, time and expense spent investigating the cause and, depending on the cause, similar losses with respect to other lots, batches or products. To the extent Abbott or one of its suppliers experiences significant manufacturing problems, this could have a material adverse effect on Abbott's revenues and profitability.

Abbott has significant indebtedness, which could adversely affect its business, including decreasing its business flexibility.

As of December 31, 2020, Abbott's consolidated indebtedness was approximately $18.7 billion. This consolidated indebtedness could have the effect, among other things, of reducing Abbott's flexibility to respond to changing business and economic conditions, and reducing funds available for working capital, capital expenditures, acquisitions, and other general corporate purposes.

Further, Abbott may be required to raise additional financing for working capital, capital expenditures, future acquisitions or other general corporate purposes. Abbott's ability to arrange additional financing or refinancing will depend on, among other factors, Abbott's financial position and performance, as well as prevailing market conditions and other factors beyond Abbott's control. Consequently, Abbott cannot assure that it will be able to obtain additional financing or refinancing on terms acceptable to Abbott or at all, which could adversely impact Abbott's ability to make scheduled payments with respect to its consolidated indebtedness and its profitability and financial condition.

Additionally, further borrowing could cause a deterioration of Abbott's credit ratings. Abbott's credit ratings reflect each credit rating agency's then opinion of Abbott's financial strength, operating performance, and ability to meet its debt obligations. Adverse changes in Abbott's credit ratings may result in increased borrowing costs for future long-term debt or short-term borrowing facilities and may limit financing options, including access to the unsecured borrowing market. Abbott may also be subject to additional restrictive covenants that would reduce flexibility.

Legal and Regulatory Risks

Abbott is subject to numerous governmental regulations and it can be costly to comply with these regulations and to develop compliant products and processes.

Abbott's products are subject to rigorous regulation by the FDA and numerous international, supranational, federal, and state authorities. The process of obtaining regulatory approvals to market a drug, medical device, or diagnostic product can be costly and time-consuming, and approvals might not be granted for future products, or additional indications or uses of existing products, on a timely basis, if at all. Delays in the receipt of, or failure to obtain, approvals for future products, or new indications and uses, could result in delayed realization of product revenues, reduction in revenues, and substantial additional costs.

In addition, no assurance can be given that Abbott will remain in compliance with applicable FDA and other regulatory requirements once approval or marketing authorization has been obtained for a product. These requirements include, among other things, regulations regarding manufacturing practices, product labeling, and advertising and postmarketing reporting, including adverse event reports and field alerts. Many of Abbott's facilities and procedures and those of Abbott's suppliers are subject to ongoing regulation, including periodic inspection by the FDA and other regulatory authorities. Abbott must incur expense and spend time and effort to ensure compliance with these complex regulations. Possible regulatory actions for non-compliance could include warning letters, fines, damages, injunctions, civil penalties, recalls, seizures of Abbott's products, and criminal prosecution.

These actions could result in, among other things, substantial modifications to Abbott's business practices and operations; refunds, recalls, or seizures of Abbott's products; a total or partial shutdown of production in one or more facilities while Abbott or Abbott's suppliers remedy the alleged violation; the inability to obtain future pre-market approvals or marketing authorizations; and withdrawals or suspensions of current products from the market. Any of these events could disrupt Abbott's business and have a material adverse effect on Abbott's revenues, profitability and financial condition.

Laws and regulations affecting government benefit programs could impose new obligations on Abbott, require Abbott to change its business practices, and restrict its operations in the future.

Abbott's industry is subject to various international, supranational, federal, and state laws and regulations pertaining to government benefit program reimbursement, price reporting and regulation, and health care fraud and abuse, including anti-kickback and false claims laws, and international and individual state laws relating to pricing and sales and marketing practices. Violations of these laws may be punishable by criminal and/or civil sanctions, including, in some instances, substantial fines, imprisonment, and exclusion from participation in government health care programs, including Medicare, Medicaid, and Veterans Administration health programs in the U.S. These laws and regulations are broad in scope and they are subject to evolving interpretations, which could require Abbott to incur substantial costs associated with compliance or to alter one or more of its sales or marketing practices. In addition, violations of these laws, or allegations of such violations, could disrupt Abbott's business and result in a material adverse effect on Abbott's revenues, profitability, and financial condition.

Changes in the health care regulatory environment may adversely affect Abbott's business.

Both in the U.S. and internationally, government authorities may enact changes in regulatory requirements, make legislative or administrative reforms to existing reimbursement programs, make adverse decisions relating to Abbott's products' coverage or reimbursement, or make changes to patient access to health care, all of which could adversely impact the demand for and usage of Abbott's products or the prices that Abbott's customers are willing to pay for them.

Further, in the U.S., a number of the provisions of the Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 address access to health care products and services. These provisions may be modified, expanded, repealed, or otherwise invalidated, in whole or in part. Future rulemaking could affect rebates, prices or the rate of price increases for health care products and services, or required reporting and disclosure. Abbott cannot predict the timing or impact of any future rulemaking or changes in the law.

For additional information concerning health care regulation, see the discussion in "Regulation" under Item 1, "Business."

The expiration or loss of patent protection and licenses may affect Abbott's future revenues and operating income.

Many of Abbott's businesses rely on patent and trademark and other intellectual property protection. Although most of the challenges to Abbott's intellectual property have come from other companies, governments may also challenge intellectual property protections. To the extent Abbott's intellectual property is successfully challenged, invalidated, or circumvented or to the extent it does not allow Abbott to compete effectively, Abbott's businesses could suffer. To the extent that countries do not enforce Abbott's intellectual property rights, Abbott's future revenues and operating income could be reduced. Any material litigation regarding Abbott's patents and trademarks is described in the section captioned "Legal Proceedings."

Significant safety concerns could arise for Abbott's products, which could have a material adverse effect on Abbott's revenues and financial condition.

Health care products typically receive regulatory approval based on data obtained in controlled clinical trials of limited duration. Following regulatory approval, these products will be used over longer periods of time in many patients. Investigators may also conduct additional, and perhaps more extensive, studies. If new safety issues are reported, Abbott may be required to amend the conditions of use for a product. For example, Abbott may be required to provide additional warnings on a product's label or narrow its approved intended use, either of which could reduce the product's market acceptance. If serious safety issues arise with an Abbott product, sales of the product could be halted by Abbott or by regulatory authorities. Safety issues affecting suppliers' or competitors' products also may reduce the market acceptance of Abbott's products.

In addition, in the ordinary course of business, Abbott is the subject of product liability claims and lawsuits alleging that its products or the products of other companies that Abbott promotes have resulted or could result in an unsafe condition for, or injury to, patients. Product liability claims and lawsuits, safety alerts or product recalls, and other allegations of product safety or quality issues, regardless of their validity or ultimate outcome, may have a material adverse effect on Abbott's business and reputation and on Abbott's ability to attract and retain customers. Consequences may also include additional costs, a decrease in market share for the products, lower income or exposure to other claims. Product liability losses are self-insured. Product liability claims could have a material adverse effect on Abbott's profitability and financial condition.

Economic and Industry Risks

Abbott is subject to risks related to public health crises, such as widespread outbreaks of infectious diseases like the COVID-19 pandemic.

As a global healthcare company, public health crises, such as the widespread outbreaks of infectious diseases like the COVID-19 pandemic, may negatively impact Abbott's operations. Health concerns and significant changes in political or economic conditions caused by such outbreaks can cause significant reductions in demand for routine diagnostic testing and medical device procedures or increased difficulty in serving customers, disrupt manufacturing and supply chains, and negatively affect our operations as well as the operations of our suppliers, distributors and other third-party partners. Furthermore, such widespread outbreaks may impact the broader economies of affected countries, including negatively impacting economic growth, the proper functioning of financial and capital markets, foreign currency exchange rates, and interest rates.

With regard to the COVID-19 pandemic, the FDA issued Emergency Use Authorizations (EUAs) for several COVID-19 related products in 2020, including Abbott diagnostic tests. EUAs are authorized for the duration of the COVID-19 public health emergency unless sooner terminated or revoked. Abbott is actively pursuing the FDA's customary regulatory approval process for these diagnostic tests which has uncertainty as discussed in "*Abbott is subject to numerous governmental regulations and it can be costly to comply with these regulations and to develop compliant products and processes.*" in "Legal and Regulatory Risks" under "Item 1A. Risk Factors."

Due to the unpredictability of the duration and impact of the current COVID-19 pandemic, the extent to which the COVID-19 pandemic will have a material effect on Abbott's business, financial condition or results of operations is uncertain. A more detailed discussion on the impact of the COVID-19 pandemic on Abbott's business is contained in the "Financial Review" section in Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations of this report.

Abbott is subject to cost containment efforts that could cause a reduction in future revenues and operating income.

In the United States and other countries, Abbott's businesses have experienced downward pressure on product pricing. Cost containment efforts by governments and private organizations are described in greater detail in the section captioned "Regulation." To the extent these cost containment efforts are not offset by greater patient access to health care or other factors, Abbott's future revenues and operating income will be reduced.

Competitors' intellectual property may prevent Abbott from selling its products or have a material adverse effect on Abbott's future profitability and financial condition.

Competitors may claim that an Abbott product infringes their intellectual property. Resolving an intellectual property infringement claim can be costly and time consuming and may require Abbott to enter into license agreements. Abbott cannot guarantee that it would be able to obtain license agreements on commercially reasonable terms. A successful claim of patent or other intellectual property infringement could subject Abbott to significant damages or an injunction preventing the manufacture, sale or use of affected Abbott products. Any of these events could have a material adverse effect on Abbott's profitability and financial condition.

New products and technological advances by Abbott's competitors may negatively affect Abbott's results of operations.

Abbott's products face intense competition from competitive products. Competitors' products may be safer, more effective, more effectively marketed or sold, or have lower prices or superior performance features than Abbott's products. Abbott cannot predict with certainty the timing or impact of the introduction of competitors' products.

Fluctuation in foreign currency exchange rates may adversely affect our financial statements and Abbott's ability to realize projected sales and earnings.

Although Abbott's financial statements are denominated in U.S. dollars, a significant portion of Abbott's revenues and costs are realized in other currencies. Sales outside of the United States in 2020 made up approximately 62 percent of Abbott's net sales. Abbott's profitability is affected by movement of the U.S. dollar against other currencies. Fluctuations in exchange rates between the U.S. dollar and other currencies may also affect the reported value of Abbott's assets and liabilities, as well as its cash flows. Some foreign currencies are subject to government exchange controls. While Abbott enters into hedging arrangements to mitigate some of its foreign currency exposure, Abbott cannot predict with any certainty changes in foreign currency exchange rates or its ability to mitigate these risks.

Information on the impact of foreign exchange rates on Abbott's financial results is contained in the "Financial Review — Results of Operations" section in Item 7, Management's Discussion and Analysis of Financial Condition and Results of Operations of this report. A discussion of the steps taken to mitigate the impact of foreign exchange is contained in Item 7A, Quantitative and Qualitative Disclosures about Market Risk in Abbott's 2020 Form 10-K. Information on Abbott's hedging arrangements is contained in Note 12 to the consolidated financial statements in this report.

Deterioration in the economic condition and credit quality of certain countries may negatively affect Abbott's results of operations.

Unfavorable economic conditions in certain countries may increase the time it takes to collect outstanding trade receivables. Financial instability and fiscal deficits in these countries may result in additional austerity measures to reduce costs, including health care. Deterioration in the quality of sovereign debt, including credit downgrades, could increase Abbott's collection risk where a significant amount of Abbott's receivables in these countries are with governmental health care systems or where Abbott's customers depend on payment by government health care systems.

The international nature of Abbott's business subjects it to additional business risks that may cause its revenue and profitability to decline.

Abbott's business is subject to risks associated with managing a global supply chain and doing business internationally. Sales outside of the United States in 2020 made up approximately 62 percent of Abbott's net sales. Additional risks associated with Abbott's international operations include:

- differing local product preferences and product requirements;

- trade protection measures, including tariffs, import or export licensing requirements, and changes to international trade agreements;
- difficulty in establishing, staffing, and managing operations;
- differing labor regulations;
- potentially negative consequences from changes in or interpretations of tax laws;
- political and economic instability, including sovereign debt issues;
- restrictions on local currency conversion and/or cash extraction;
- price controls, limitations on participation in local enterprises, expropriation, nationalization, and other governmental action;
- inflation, recession, and fluctuations in interest rates;
- diminished protection of intellectual property; and
- potential penalties or other adverse consequences for violations of anti-corruption, anti-bribery, and other similar laws and regulations, including the Foreign Corrupt Practices Act and the U.K. Bribery Act.

Events contemplated by these risks may, individually or in the aggregate, have a material adverse effect on Abbott's revenues and profitability.

Other factors can have a material adverse effect on Abbott's future profitability and financial condition.

Many other factors can affect Abbott's profitability and its financial condition, including:

- changes in or interpretations of laws and regulations, including changes in accounting standards, taxation requirements, product marketing application standards, product labeling standards, source and use laws, and environmental laws;
- differences between the fair value measurement of assets and liabilities and their actual value, particularly for pensions, retiree health care, stock compensation, intangibles, goodwill, and contingent consideration; and for contingent liabilities such as litigation, the absence of a recorded amount, or an amount recorded at the minimum, compared to the actual amount;
- changes in the rate of inflation (including the cost of raw materials, commodities, and supplies), interest rates, market value of Abbott's equity investments, and the performance of investments held by Abbott or Abbott's employee benefit trusts;
- changes in the creditworthiness of counterparties that transact business with or provide services to Abbott or Abbott's employee benefit trusts;
- changes in business, economic, and political conditions, including: war, political instability, terrorist attacks, the threat of future terrorist activity and related military action; global climate, extreme weather and natural disasters; the cost and availability of insurance due to any of the foregoing events; labor disputes, strikes, slow-downs, or other forms of labor or union activity; and pressure from third-party interest groups;
- changes in Abbott's business units and investments and changes in the relative and absolute contribution of each to earnings and cash flow resulting from evolving business strategies, changing product mix, changes in tax laws or tax rates both in the U.S. and abroad and opportunities existing now or in the future;
- changes in the buying patterns of a major distributor, retailer, or wholesale customer resulting from buyer purchasing decisions, pricing, seasonality, or other factors, or other problems with licensors, suppliers, distributors, and business partners; and
- legal difficulties, any of which could preclude or delay commercialization of products or adversely affect profitability, including claims asserting statutory or regulatory violations, and adverse litigation decisions.

CAUTIONARY STATEMENT REGARDING FORWARD-LOOKING STATEMENTS

This Form 10-K contains forward-looking statements that are based on management's current expectations, estimates, and projections. Words such as "expects," "anticipates," "intends," "plans," "believes," "seeks," "estimates," "forecasts," variations of these words, and similar expressions are intended to identify these forward-looking statements. Certain factors, including but not limited to those identified under "Item 1A. Risk Factors" of this Form 10-K, may cause actual results to differ materially from current expectations, estimates, projections, forecasts, and from past results. No assurance can be made that any expectation, estimate, or projection contained in a forward-looking statement will be achieved or will not be affected by the factors cited above or other unknown or future events. Abbott undertakes no obligation to release publicly any revisions to forward-looking statements as the result of subsequent events or developments, except as required by law.

ITEM 1B. UNRESOLVED STAFF COMMENTS

None.

ITEM 2. PROPERTIES

As of December 31, 2020, Abbott owned or leased properties totaling approximately 43 million square feet, of which approximately 65% is owned by Abbott. Abbott's principal corporate offices are located in Illinois and are owned by Abbott.

Abbott operates 93 manufacturing facilities globally. Abbott's facilities are deemed suitable and provide adequate productive capacity. The manufacturing facilities are used by Abbott's reportable segments as follows:

Reportable Segments	Manufacturing Sites
Medical Devices	27
Diagnostic Products	24
Established Pharmaceutical Products	28
Nutritional Products	14
Worldwide Total	93

Abbott's research and development facilities in the United States are primarily located in California, Illinois, Minnesota, New Jersey, and Ohio. Abbott also has research and development facilities in various other countries, including China, Colombia, India, Singapore, Spain, and the United Kingdom.

There are no material encumbrances on the properties.

ITEM 3. LEGAL PROCEEDINGS

Abbott is involved in various claims, legal proceedings and investigations. While it is not feasible to predict the outcome of such pending claims, proceedings and investigations with certainty, management is of the opinion that their ultimate resolution should not have a material adverse effect on Abbott's financial position, cash flows, or results of operations.

ITEM 4. MINE SAFETY DISCLOSURES

Not applicable.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only) * If making a change, provide current license number: WH Pending	☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Ethicon, Inc.

Physical Address: 1000 US Highway 202 South

City: Raritan State: NJ Zip: 08869

Mailing Address (if different from physical address): Same as physical address.

City: State: Zip:

Telephone: 513-337-6928 Website: www.ethicon.com

Name of Designated Representative (DR): William Yosh

Licensing Company Email: wyosh@its.jnj.com DR Email: wyosh@its.jnj.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☑ Dangerous Drugs	☑ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☑ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☐ Warehouse
☑ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: repackagers and dentists		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/4/22		KS	Topeka	
Case # 22-260		**Governing, licensing, Arresting Presiding Body/Agency/Court** Kansas Board of Pharmacy		
Reason/Charge Distributing into state without an active license				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity Ethicon, Inc.				

Provide explanation below:

On November 4, 2022, the Kansas Board of Pharmacy issued a Summary Order to Ethicon, Inc. for distributing into the state without an active license. Ethicon paid a civil fine of $5,000.

Original Signature (electronic, copies or stamps not accepted)

10/11/2022
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/11/2022
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: New Jersey

Parent Company (if any): Johnson & Johnson

Corporation Name: Ethicon, Inc.

Mailing Address: 1000 US Highway 202 South

City: Raritan State: NJ Zip: 08869

Telephone: 513-337-6928 Email: wyosh@its.jnj.com

Contact Person Name: William Yosh

Date of SEC Registration: 9/24/1944 | SEC Registration Number: 0000200406 | Stock Exchange Symbol: JNJ

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: See Attachments B and C		
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment D	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment D		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment E	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment F		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - See Attachment D		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment G	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment H	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Ethicon, Inc.
Facility Name

William Yosh
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

10/11/2022
Date

Board Use Only	Date Received: 10-17-22	Amount: 1000.00 CK-9613

800 SW Jackson St., Suite 1414
Topeka, KS 66612

Kansas
Board of Pharmacy

Phone: (785) 296-4056
Fax: (785) 296-8420
pharmacy@ks.gov
www.pharmacy.ks.gov

Alexandra Blasi, Executive Secretary

Laura Kelly, Governor

November 4, 2022

Ethicon, Inc.
1000 US Highway 202 South
Raritan NJ 08869

RE: Case No. 22-260

Attn: William Yosh:

Enclosed you will find a Summary Order issued by the Kansas Board of Pharmacy (Board) in the above-referenced matter. Please read the order in its entirety. In addition, a civil fine has been assessed totaling $5,000. Please submit a check or money order made payable to the Kansas Board of Pharmacy and include your case number in the check memo.

If you disagree with the findings of fact, you have the right to request a hearing. Instructions for filing a written request are included under the "Notices" section of the order. Hearings are held before the full Board during their regularly scheduled quarterly meetings.

According to KSA 65-1627h, the Board is required to recoup the costs of administrative hearings when the decision is adverse to the licensee. These costs may include charges for services rendered by the Board's disciplinary counsel, an administrative law judge, and, if applicable, a court reporter.

If you have any questions, feel free to contact the Board at Pharmacy.Compliance@ks.gov.

Sincerely,

Kansas Board of Pharmacy

Enclosure

Safeguard

Lisa

PORZIO COMPLIANCE SERVICES, LLC **Customer No.:**

Check #: 416
Check Date: 2022-11-17

Vendor ID: 22354

Invoice Number	Invoice Date	Invoice Amount
E111522KS	11/15/2022	5,000.00
	Total	**5,000.00**

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

Porzio Compliance Services, LLC
OPERATING ACCOUNT - OFFICE 09
100 SOUTHGATE PARKWAY, P.O. BOX 1997
MORRISTOWN, NJ 07962-1997

M&T BANK
Manufacturers and Traders Trust Company
Commercial Banking
Buffalo, NY

10 - 4
220

416

11/17/22

PAY ***FIVE THOUSAND AND 00/100 DOLLARS*** **$5,000.00**

TO THE ORDER OF Kansas State Board of Pharmacy
800 SW Jackson St #1414
Topeka, KS 66612

OPERATING ACCOUNT

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800 SW Jackson St., Suite 1414
Topeka, KS 66612

Kansas
Board of Pharmacy

Phone: (785) 296-4056
Fax: (785) 296-8420
pharmacy@ks.gov
www.pharmacy.ks.gov

Alexandra Blasi, Executive Secretary

Laura Kelly, Governor

November 4, 2022

Ethicon, Inc.
1000 US Highway 202 South
Raritan NJ 08869

RE: Case No. 22-260

Attn: William Yosh:

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According to KSA 65-1627h, the Board is required to recoup the costs of administrative hearings when the decision is adverse to the licensee. These costs may include charges for services rendered by the Board's disciplinary counsel, an administrative law judge, and, if applicable, a court reporter.

If you have any questions, feel free to contact the Board at Pharmacy.Compliance@ks.gov.

Sincerely,

Kansas Board of Pharmacy

Enclosure

BEFORE THE KANSAS STATE BOARD OF PHARMACY

In the Matter of	)	
	)	Case No. 22-260
Ethicon, Inc.	)	
	)	
Registration Number 4-119124	)	

SUMMARY ORDER

NOW, on this 4th day of November, 2022, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Secretary, the matter of Ethicon, Inc. ("Applicant"), for application for registration as a manufacturer in the state of Kansas.

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board enters this Summary Order in the above-captioned matter. After reviewing the application materials and being otherwise duly advised in the premises, the Board makes the following findings, conclusions, and order:

FINDINGS OF FACT

1. On October 14, 2022, the Board received Applicant's application for registration as a manufacturer in the State of Kansas ("Applicant's Application").

2. On Applicant's Non-Resident Supplemental S-350 form, Applicant answered "No" to the following question: "Has the facility listed on the application shipped drugs and/or devices into Kansas in the previous 12 months." The form directs that if the applicant answered "yes," the applicant should provide the specific drugs and/or devices sent in, the dates of shipment, and the locations they were sent in Kansas." However, Applicant indicated "See Attachment G."

3. In conjunction with Applicant's Application, Applicant provided requested copies of

shipping records for products shipped into Kansas. Applicant reported shipping into Kansas on 251 unique days during the previous 12-month period.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.S.A. 65-1627(f)(6), the Board may take action against the application of any manufacturer provider upon a finding that the applicant has violated the pharmacy act of the state of Kansas or any regulation adopted by the Board.

3. Pursuant to K.S.A. 65-1643(g), it shall be unlawful for any person to manufacture any drugs or devices without first obtaining a registration from the Board.

4. Applicant's act of operating in Kansas prior to being registered as a manufacturer is a violation of K.S.A. 65-1643(g) and is a basis to take action against Applicant's Application pursuant to K.S.A. 65-1627(f)(6).

ORDER

Based upon the foregoing findings of fact and conclusions of law, Applicant's Application is hereby GRANTED but Applicant is ordered to pay a fine to the Board in the amount of $5,000. Applicant has 30 days from the date of this order to pay the fine and the registration shall be issued upon receipt.

NOTICES

Respondent is hereby notified as follows:

1. Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414,

Topeka, KS 66612-1231, within 15 days after service of this Order. If the outcome of the hearing is adverse to Respondent, costs of the proceedings shall be charged to Respondent.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within 15 days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to K.S.A. 77-613. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

11/4/2022
Date

Alexandra Blasi, JD, MBA
Executive Secretary
Kansas Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 4th day of November, 2022, deposit in business mail a copy of the foregoing Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

Ethicon, Inc.
1000 US Highway 202 South
Raritan NJ 08869

Kansas Board of Pharmacy Staff

Kansas Board of Pharmacy
License Portal

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Facility/Provider Information

Board of Pharmacy Home | License Verification | Exam Scores | Submit a Complaint

The Kansas Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board. Note Pharmacy Technicians issued after January 1, 2019 will now have a 24- prefix for their registration number until they provide proof of passage of the PTCB or ExCPT certification examination.

General

License #:	4-119124	Status:	Active
Name or Business:	Ethicon, Inc.	Issue Date:	11/23/2022
Business Owner:	Ethicon, Inc.		
Address:	1000 US Highway 202 South Raritan, NJ 08869	Expiration Date:	6/30/2023
Classification:	Pharmacy/Facility	On Probation:	No
License Type:	Manufacturer	Discipline on File:	Yes Submit Complaint

Licenses

L/P/R #	Description	Effective	Issued	Expires	Status
4-119124	Manufacturer Permit	11/23/2022	11/23/2022	6/30/2023	Active

Notes

Attachment A

Nature of Business

Ethicon, Inc. (Ethicon) is a manufacturer of prescription drugs and devices. Ethicon's selling location is located in Raritan, NJ. Ethicon will utilize contract and affiliated manufacturers to produce its products and licensed third party logistics providers to warehouse and ship its products. Ethicon will never physically handle products at its Raritan, NJ selling location. Provided below is the information for the physical manufacturers and third party logistics providers.

Physical Manufacturers

Instituto Grifols, S.A.
2 Can Guasch St. Poligono Levante, 08150 Parets Del Valles, Barcelona, Spain
FDA registration #: 3002807257

Omrix Biopharmaceuticals Ltd.
14 Einstein Street, Weizmann Science Part, Nes-Ziona, Israel
FDA registration #: 3008640339

Integra NeuroSciences PR
State Road 402, Km 1.2, PO Box 167, Anasco, PR 00610
FDA registration #: 2648988

Ferrosan Medical Devices A/S
Sydmarken 5, DK-2860 Soeborg, Denmark
FDA registration #: 3008478369

Ethicon, Inc.
Calle Durango No. 2751, Lote Bravo, Ciudad Juarez Chihuahua, MX C.P. 32575, Mexico
FDA registration #: 306638824

Ethicon, Inc.
3348 Pulliam St., San Angelo, TX 76905, US
FDA registration #: 1614993

Ethicon, LLC
475 C Street, Los Frailes Industrial Park, Suite 401, Guaynabo, PR 00969
FDA registration #: 3007791599

Ethicon, LLC
Highway 183 Km. 8.3, San Lorenzo, PR 00754, US
FDA registration #: 2648650

Ethicon SARL
Puits Godet 20, Neuchatel, Ch 2000, Switzerland
FDA registration #: 3003702646

Attachment A

Nature of Business

GMED Healthcare BVBA
European Distribution Centre, Rue Du Luxembourg 5, Courcelles Luxembourg, BE 6180, Belgium
FDA registration #: 3014272734

Johnson & Johnson Do Brasil Ind. Com. De Prod. P/ Saude Ltda
RODOVIA PRESIDENTE DUTRA, KM 154, SAO JOSE DOS CAMPOS Sao Paulo, BR 12240-908, Brazil
FDA registration #: 3004903580

Johnson & Johnson Medical GmbH
Robert-Koch-Strasse 1, Norderstedt Schleswig-Holstein, DE 22851, Germany
FDA registration #: 3002294946

Third Party Logistics Providers

FEDEX SUPPLY CHAIN, INC.
3955 E. Holmes Rd., Suite 300, Memphis, TN 38118

Exel Inc. d/b/a DHL Supply Chain (USA)
9440 South State Route 39, Suite 200, Mooresville, IN 46158

Attachment D

Corporation Information

Corporate Officers

Leslie Storms
President, Ethicon US

Ryan Koors
Vice President of Finance – Ethicon

Nisha Johnson
Worldwide President Ethicon Biosurgery

Board of Directors

Ryan Koors
Thomas Spellman III

Parent Company

Johnson & Johnson
Percent Ownership: 100

*Ethicon, Inc. is wholly-owned by a corporation. As such, a Personal History Record Application is not required.

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

ETHICON, INC.
0100349070

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on September 01, 1987.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JOHNSON & JOHNSON
ONE JOHNSON & JOHNSON PLAZA
NEW BRUNSWICK, NJ 08933-0000

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 23rd day of March, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6129952685

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 2/10/2023

Registration Number: 5000105 **Registered as:** Manufacturer

Name: ETHICON, INC.

DBA:

Address: US HIGHWAY 22, SOMERVILLE, NJ 08876

Original Issue Date: 01/21/2000 **Expiration Date:** 01/31/2024

Current Issue Date: 10/27/2022

Disciplines: No

Additional Registered Addresses:
1000 US HWY 202 S , RARITAN, NJ 08869

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Result

Establishment:
ETHICON, INC.
Business Trade Names:
(1) Ethicon Women's Health & Urology, A Division Of ETHICON INC (2) Gynecare, A Division Of ETHICON INC. (3) Johnson & Johnson Wound Management A Division Of ETHICON INC

1000 Route 202
Raritan, NJ 08869
Registration Number: 3017102971
FEI Number*: 3017102971
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2022

Owner/Operator:
ETHICON INC.[6]
1000 US Highway 202 S.
Raritan, NJ US 08869
Owner/Operator Number: 2210968[7]

Official Correspondent:
Emily Valerio
1000 US Highway 202 S.
Raritan, NJ 08869
Phone: 908-8086306

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2210968&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2210968&OwnerOperator

Page Last Updated: 03/21/2022

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

For Government For Press

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U.S. Department of Health & Human Services

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2210968&OwnerOperator

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)
PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)
EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM) PRINT

Current through March 25, 2022

You have searched Finished drug products

Search Results: *'ETHICON'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
EVARREST	63713-050-24	8.6 mg/cm2, 37.5 [iU]/cm2	PATCH	TOPICAL	BLA125392	Ethicon, Inc.	63713-050	Fibrinogen Human and Human Thrombin	FIBRINOGEN HUMAN; HUMAN THROMBIN	PLASMA DERIVATIVE	03/01/2013	N/A	BLA	2 POUCH in 1 CARTON (63713-050-24) > 1 TRAY in 1 POUCH (63713-050-25) > 52 cm2 in 1 TRAY
EVICEL Fibrin Sealant (Human)	63713-390-11		KIT		BLA125010	Ethicon Inc	63713-390	Fibrinogen Human and Thrombin Human		PLASMA DERIVATIVE	03/21/2013	N/A	BLA	1 KIT in 1 PACKAGE, COMBINATION (63713-390-11) * 1 mL in 1 VIAL, GLASS * 1 mL in 1 VIAL, GLASS

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
EVICEL Fibrin Sealant (Human)	63713-390-55		KIT		BLA125010	Ethicon Inc	63713-390	Fibrinogen Human and Thrombin Human		PLASMA DERIVATIVE	03/21/2013	N/A	BLA	1 KIT in 1 PACKAGE, COMBINATION (63713-390-55) * 5 mL in 1 VIAL, GLASS * 5 mL in 1 VIAL, GLASS
EVICEL Fibrin Sealant (Human)	63713-390-22		KIT		BLA125010	Ethicon Inc	63713-390	Fibrinogen Human and Thrombin Human		PLASMA DERIVATIVE	03/21/2013	N/A	BLA	1 KIT in 1 PACKAGE, COMBINATION (63713-390-22) * 2 mL in 1 VIAL, GLASS * 2 mL in 1 VIAL, GLASS
EVITHROM	63713-460-02	1000 [iU]/mL	LIQUID	TOPICAL	BLA125247	Ethicon Inc	63713-460	Human Thrombin	HUMAN THROMBIN	PLASMA DERIVATIVE	10/27/2007	N/A	BLA	2 mL in 1 VIAL, GLASS (63713-460-02)
thrombin human	63713-461-02	2000 [iU]/2mL	POWDER, FOR SOLUTION	TOPICAL	BLA125247	Ethicon, Inc	63713-461	thrombin human	HUMAN THROMBIN	PLASMA DERIVATIVE	09/19/2009	N/A	BLA	2 mL in 1 VIAL, GLASS (63713-461-02)

Showing 1 to 6 of 6 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Ethicon, Inc.

Physical Address 1000 US Highway 202 South

City Raritan State NJ Zip 08869

Mailing Address (if different from physical address) Same as address above.

City _____ State _____ Zip _____

Telephone 513-337-6928 Website www.Ethicon.com

Licensing Company Email wyosh@its.jnj.com

Section 2: Personal Information

First William Middle Michael Last Yosh

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 1000 US Highway 202 South

City Raritan State NJ Zip 08869

Telephon[redacted] Email wyosh@its.jnj.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials WS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Seton Hall University		1997-2002	
Address	**City**	**State**	**Zip**
400 South Orange Ave	South Orange	NJ	07079
Diploma/Degree obtained, if any			
Master of Business Administration, Management			

School Name		From - To (MM/YY – MM/YY)	
West Virginia University		1993-1995	
Address	**City**	**State**	**Zip**
PO Box 6201	Morgantown	WV	26506
Diploma/Degree obtained, if any			
Bachelor of Arts, Chemistry			

School Name		From - To (MM/YY – MM/YY)	
County College of Morris		1991-1993	
Address	**City**	**State**	**Zip**
214 Center Grove Rd.	Randolph	NJ	07869
Diploma/Degree obtained, if any			
Associate of Science, Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Morris Catholic High School		1985-1989	
Address	**City**	**State**	**Zip**
200 Morris Ave	Denville	NJ	07834
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2006-2022	[redacted]Deer Path Drive	Flanders	NJ	07836
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Ethicon, Inc.			2013- Present	
Business Address		**City**	**State**	**Zip**
1000 US Highway 202 South		Raritan	NJ	08869
Phone	**Title**		**Number of Employed Hours**	
513-337-6928	Ethicon Biologics Staff Quality Engineer		6,000+	
Description of Duties				
See enclosed resume.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

William Gl
Original Signature (electronic, copies or stamps not accepted)

10/11/2022
Date

Applicant's initials CWG

I, William Yosh **, certify that as the designated representative for**

Ethicon, Inc.

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

William Yosh

Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

10/11/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William Yosh
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/11/2022
Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Somerset

I, William Yosh, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/11/2022
Date

Subscribed and Sworn to before me this 11 day of October.

Rosanne H. Pickell
Notary Public Signature

ROSANNE H PICKELL
Notary Public of New Jersey
My Commission Expires
November 5, 2023

(Seal)

Applicant's initials WY

[redacted]Deer Path Drive • Flanders, NJ 07836 • [redacted] • [redacted]@optonline.net

WILLIAM M. YOSH

PHARMACEUTICAL AND MEDICAL DEVICE PROFESSIONAL

MANAGER: Accomplished team leader with experience managing high-performance teams in service-oriented departments.

QUALITY ASSURANCE: Strong compliance background in highly-regulated industries with experience in quality systems.

VALIDATION AND CALIBRATION: Expertise in analytical instrumentation validation, calibration, and maintenance.

WORK EXPERIENCE

ETHICON, INC. (A JOHNSON & JOHNSON COMPANY) — **NOVEMBER 2013 – PRESENT**
RARITAN, NJ

ETHICON BIOLOGICS STAFF QUALITY ENGINEER

Serve as the Designated Respresentative for manufacturer Drug Distribution Licenses in the United States. Develop, manage, and execute processes to acquire/renew United States drug distribution state licenses to ensure continuous supply of Ethicon Medicinal and Biologics products. Partner with Commercial Quality to ensure that third party logistics providers have the applicable distribution drug licenses in each state. Participate in the planning, development, and establishment of any requisite processes to advance the compliance of distributed biologics/medicinal products for Ethicon. Serve as technical SME (Subject Matter Expert) as the point of contact for the development of digital capabilities promoting GxP solutions.

STAFF QUALITY SYSTEMS ENGINEER, WORLDWIDE QUALITY SYSTEMS

Franchise standards process owner for enforcing compliance to applicable product, process, and quality-related standards, including ISO, MDD, GMP, QSR regulations, international standards, as well as internal JNJ Policy, technical, and sector standards. Collaborate SMEs to complete gap assessments and implementation plans to claim compliance with internal and external standards. Lead and participate in communication channels with SMEs and management, including governance councils and status reporting. Maintain Franchise Quality Manuals.

- Franchise process owner for Quality Planning
- Participated in EU MDR implementation activities
- Lead backroom activities during external audits
- Franchise SME for Good Documentation Practices/Data Integrity
- Chaired Ethicon/EES Repack-Relabel Council

SR. QUALITY SYSTEMS ENGINEER, WORLDWIDE QUALITY SYSTEMS

Process owner for the maintenance and renewal of quality certificates (ISO-13485, EU MDD 93/42/ECC Annex II and V), including the preparation of submissions to the Ethicon and Ethicon Endo-Surgery notified bodies. Implemented and maintained intra-company quality agreements between J&J operating companies and international affiliates. Led the integration of new facilities/businesses into the Ethicon Quality Management System. Provided guidance and direction throughout the organization for quality system processes.

- Led global initiative to store employee job descriptions in the franchise learning management system.
- Participated on the franchise UDI implementation team.
- Led the integration of the Minhang, China site into the Ethicon Quality Management System. *Received a J&J Standard of Leadership Award for the project.*
- Improved the intra-company quality agreement process while integrating procedures across the Ethicon, Ethicon-Endo Surgery, and CSS franchises.

[redacted]Deer Path Drive • Flanders, NJ 07836 • [redacted] • [redacted]@optonline.net

WILLIAM M. YOSH

PERKINELMER – ONESOURCE **MARCH 2011 – NOVEMBER 2013**
SHELTON, CT

METROLOGY/VALIDATION SPECIALIST, VALIDATION AND COMPLIANCE SERVICES

Authored protocols relating to the validation, calibration, and maintenance of laboratory equipment and stand-alone computerized systems. Created standard operating procedures in compliance with customer-driven quality systems. Designed and implemented program-specific processes and procedures for document issuance and control, documentation practices, calibration and maintenance program requirements, and deviation management. Managed customer metrology services, including calibration scheduling, data review, deviation investigation, and change management. Participated in internal and external audits. Provided technical and compliance support for all equipment-related issues. Supervised additional staff and provided general compliance oversight for field personnel working in GxP laboratory areas.

MERCK AND CO. (FORMERLY SCHERING –PLOUGH) **APRIL 1997-DECEMBER 2010**
UNION, NEW JERSEY

GROUP LEADER, PHARMACEUTICAL SCIENCES

Supervised, coached, and mentored departmental staff with emphasis on compliance and accountability. Conducted performance reviews and established annual performance objectives. Managed projects pertaining to the calibration, maintenance, and qualification programs across various functional areas. Functioned as departmental liaison and subject matter expert during all internal and external audits. Partnered with Quality Assurance to ensure technical accuracy and compliance of all relevant documentation, protocols, and investigations.

SUPERVISOR, JNQL INSTRUMENT SUPPORT

Coordinated all aspects of the instrument calibration and qualification program. Reviewed all calibration results for compliance with established procedures. Executed technical investigations and implemented corrective/preventive actions as necessary. Supported Quality Assurance as a subject matter expert for instrumentation-related issues. Managed equipment qualification activities, including the development and review of protocols. Prepared and revised departmental standard operating procedures. Developed and reported performance metrics. Participated in internal and external audits.

- Participant in cGMP quality improvement programs for *Calibration, Maintenance,* and *Facilities/Equipment* in support of Consent Decree activities.
- Member of *cGMP Workplan* teams for *Calibration* and *Qualification*. Supported *Lab Operations Workplan* team.
- Member of Qualification Review Boards for both *Analytical Instrumentation* and *Fixed Equipment/Utilities*.

ADDITIONAL WORK EXPERIENCE

SCHERING PLOUGH
Associate Analytical Metrology Specialist, Analytical Development
Instrument Support Analyst, NJQL

TEVA PHARMACEUTICALS
Metrologist, RD/QC

EDUCATION / ACADEMIC INTERESTS

MASTER OF BUSINESS ADMINISTRATION, MANAGEMENT
Seton Hall University, South Orange, NJ

BACHELOR OF ARTS, CHEMISTRY
West Virginia University, Morgantown, WV

ADJUNCT PROFESSOR – MONTCLAIR STATE UNIVERSITY
INFO173 – Spreadsheet Modeling for Business

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Ethicon, Inc. MDEG License # (if applicable) N/A

Physical Address 1000 US Highway 202 South

City Raritan State NJ Zip 08869

Mailing Address (if different from physical address) 1000 US Highway 202 South

City Raritan State NJ Zip 08869

Telephone 513-337-6928 Website www.Ethicon.com

Licensing Company Email wyosh@its.jnj.com

Section 2: Personal Information

First William Middle Michael Last Yosh

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]Deer Path Drive

City Flanders State NJ Zip 07836

Telephone [redacted] Email wyosh@its.jnj.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
Seton Hall University	1997-2002

Address	City	State	Zip
400 South Orange Ave	South Oranage	NJ	07079

Diploma/Degree obtained, if any: Master of Business Administration, Management

School Name	From - To (MM/YY – MM/YY)
West Virginia University	1993-1995

Address	City	State	Zip
PO Box 6201	Morgantown	WV	26506

Diploma/Degree obtained, if any: Bachelor of Arts, Chemistry

School Name	From - To (MM/YY – MM/YY)
County College of Morris	1991-1993

Address	City	State	Zip
214 Center Grove Rd.	Randolph	NJ	07869

Diploma/Degree obtained, if any: Associate of Science, Chemistry

School Name	From - To (MM/YY – MM/YY)
Morris Catholic High School	1985-1989

Address	City	State	Zip
200 Morris Ave	Denville	NJ	07834

Diploma/Degree obtained, if any: High School

School Name	From - To (MM/YY – MM/YY

Address	City	State	Zip

Diploma/Degree obtained, if any:

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2006-2022	[redacted]Deer Path Drive	Flanders	NJ	07836
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Ethicon, Inc.			From - To (MM/YY – MM/YY): 2013-Present
Business Address: 1000 US Highway 202 South	City: Raritan	State: NJ	Zip: 08869
Phone: 513-337-6928	Title: Ethicon Biologics Staff Quality Engineer		Number of Employed Hours: 1,500+
Description of Duties: See enclosed resume.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic copies or stamps not accepted)

1/31/23
Date

I, William Yosh, **certify that as the MDEG Administrator for**

Ethicon, Inc.,

that I (initial that you have read and meet the following requirements):

1. WS Have a high school diploma or its equivalent;
2. WS Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. WS Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. WS Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William Yosh
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/31/23
Date

Board Use Only	Date Received:

[redacted]Deer Path Drive • Flanders, NJ 07836 • [redacted] • [redacted]@optonline.net

WILLIAM M. YOSH

PHARMACEUTICAL AND MEDICAL DEVICE PROFESSIONAL

MANAGER: Accomplished team leader with experience managing high-performance teams in service-oriented departments.

QUALITY ASSURANCE: Strong compliance background in highly-regulated industries with experience in quality systems.

VALIDATION AND CALIBRATION: Expertise in analytical instrumentation validation, calibration, and maintenance.

WORK EXPERIENCE

ETHICON, INC. (A JOHNSON & JOHNSON COMPANY) — **NOVEMBER 2013 – PRESENT**
RARITAN, NJ

ETHICON BIOLOGICS STAFF QUALITY ENGINEER

Serve as the Designated Respresentative for manufacturer Drug Distribution Licenses in the United States. Develop, manage, and execute processes to acquire/renew United States drug distribution state licenses to ensure continuous supply of Ethicon Medicinal and Biologics products. Partner with Commercial Quality to ensure that third party logistics providers have the applicable distribution drug licenses in each state. Participate in the planning, development, and establishment of any requisite processes to advance the compliance of distributed biologics/medicinal products for Ethicon. Serve as technical SME (Subject Matter Expert) as the point of contact for the development of digital capabilities promoting GxP solutions.

STAFF QUALITY SYSTEMS ENGINEER, WORLDWIDE QUALITY SYSTEMS

Franchise standards process owner for enforcing compliance to applicable product, process, and quality-related standards, including ISO, MDD, GMP, QSR regulations, international standards, as well as internal JNJ Policy, technical, and sector standards. Collaborate SMEs to complete gap assessments and implementation plans to claim compliance with internal and external standards. Lead and participate in communication channels with SMEs and management, including governance councils and status reporting. Maintain Franchise Quality Manuals.

- Franchise process owner for Quality Planning
- Participated in EU MDR implementation activities
- Lead backroom activities during external audits
- Franchise SME for Good Documentation Practices/Data Integrity
- Chaired Ethicon/EES Repack-Relabel Council

SR. QUALITY SYSTEMS ENGINEER, WORLDWIDE QUALITY SYSTEMS

Process owner for the maintenance and renewal of quality certificates (ISO-13485, EU MDD 93/42/ECC Annex II and V), including the preparation of submissions to the Ethicon and Ethicon Endo-Surgery notified bodies. Implemented and maintained intra-company quality agreements between J&J operating companies and international affiliates. Led the integration of new facilities/businesses into the Ethicon Quality Management System. Provided guidance and direction throughout the organization for quality system processes.

- Led global initiative to store employee job descriptions in the franchise learning management system.
- Participated on the franchise UDI implementation team.
- Led the integration of the Minhang, China site into the Ethicon Quality Management System. *Received a J&J Standard of Leadership Award for the project.*
- Improved the intra-company quality agreement process while integrating procedures across the Ethicon, Ethicon-Endo Surgery, and CSS franchises.

[redacted] Deer Path Drive • Flanders, NJ 07836 • [redacted] • [redacted]@optonline.net

WILLIAM M. YOSH

PERKINELMER – ONESOURCE **MARCH 2011 – NOVEMBER 2013**
SHELTON, CT

METROLOGY/VALIDATION SPECIALIST, VALIDATION AND COMPLIANCE SERVICES

Authored protocols relating to the validation, calibration, and maintenance of laboratory equipment and stand-alone computerized systems. Created standard operating procedures in compliance with customer-driven quality systems. Designed and implemented program-specific processes and procedures for document issuance and control, documentation practices, calibration and maintenance program requirements, and deviation management. Managed customer metrology services, including calibration scheduling, data review, deviation investigation, and change management. Participated in internal and external audits. Provided technical and compliance support for all equipment-related issues. Supervised additional staff and provided general compliance oversight for field personnel working in GxP laboratory areas.

MERCK AND CO. (FORMERLY SCHERING –PLOUGH) **APRIL 1997-DECEMBER 2010**
UNION, NEW JERSEY

GROUP LEADER, PHARMACEUTICAL SCIENCES

Supervised, coached, and mentored departmental staff with emphasis on compliance and accountability. Conducted performance reviews and established annual performance objectives. Managed projects pertaining to the calibration, maintenance, and qualification programs across various functional areas. Functioned as departmental liaison and subject matter expert during all internal and external audits. Partnered with Quality Assurance to ensure technical accuracy and compliance of all relevant documentation, protocols, and investigations.

SUPERVISOR, JNQL INSTRUMENT SUPPORT

Coordinated all aspects of the instrument calibration and qualification program. Reviewed all calibration results for compliance with established procedures. Executed technical investigations and implemented corrective/preventive actions as necessary. Supported Quality Assurance as a subject matter expert for instrumentation-related issues. Managed equipment qualification activities, including the development and review of protocols. Prepared and revised departmental standard operating procedures. Developed and reported performance metrics. Participated in internal and external audits.

- Participant in cGMP quality improvement programs for *Calibration, Maintenance,* and *Facilities/Equipment* in support of Consent Decree activities.
- Member of *cGMP Workplan* teams for *Calibration* and *Qualification*. Supported *Lab Operations Workplan* team.
- Member of Qualification Review Boards for both *Analytical Instrumentation* and *Fixed Equipment/Utilities*.

ADDITIONAL WORK EXPERIENCE

SCHERING PLOUGH
Associate Analytical Metrology Specialist, Analytical Development
Instrument Support Analyst, NJQL

TEVA PHARMACEUTICALS
Metrologist, RD/QC

EDUCATION / ACADEMIC INTERESTS

MASTER OF BUSINESS ADMINISTRATION, MANAGEMENT
Seton Hall University, South Orange, NJ

BACHELOR OF ARTS, CHEMISTRY
West Virginia University, Morgantown, WV

ADJUNCT PROFESSOR – MONTCLAIR STATE UNIVERSITY
INFO173 – Spreadsheet Modeling for Business

Attachment G - Employee List

Employee	Site Name	Floor Name
ABRAHAM, CINDY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ADAIR, MARTIN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
ADDINO, ANDREW	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
ADOMAKO, TAMMIE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
AFZAL, JAVED	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
AGARWAL, ASHISH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
AJAYI, ADIGUN ANDY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ALESSI, GABRIELE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
ALLIE, TYLER	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
AMAMI, ROYA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - B Wing
AMIN, DHARINI	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
ANDERSON, KYLE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
ANDES, JONATHAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ANDJELIC, SASA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ANTAR, ROBERT	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ANTHONY, MARY JEAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
APONTE, MARIA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
APONTE-SANTA, FRANCISCO	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
APPLING, CELESTINE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ARASTU, AZHAR	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
AUSTIN, PETER	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
AWAN, UMMAR	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
AZIZIGHANNAD, SAMAR	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - B Wing
BACINSKI, KAREEN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
BANAS, CATHIE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
BANAS, CATHIE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
BARGO, PAULO	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
BARNES, PATRICIA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
BARONE, ROBIN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
BASKIN, NATOSHA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
BASTONE, SEBASTIAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
BEAKE, THOMAS	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
BECK, CASSANDRA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
BELLO, ELBA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
BENJAMIN, EBUNOLUWA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
BENKAL VENKANNA, AKHILANAND	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
BET, KELLY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
BHATTACHARYA, MANAS	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
BIDDULPH, SEAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
BILOTTA, JOSEPH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
BLANCO, LUIS	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
BLASIC, BRIAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
BOATENG, BEVERLY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
BOATENG, JUDITH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
BORGIA, MAUREEN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
BORKES, GARY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
BOYLE, LIAM	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
BRAME, JOHN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
BRANDES, AVNER	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
BROADLEY, MARK	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
BROEKER, DAVID	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
BROWN, BARBARA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
BROWN, JACK	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
BRUNETTI, LISA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing

Attachment G - Employee List

BRUNNER, NEAL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
BRYANT, PAUL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
BUITRAGO-SOTO, KATERINE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
BUTLER, MADISON	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
CACACE, MICHAEL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
CAI, QING	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - B Wing
CALL, SARA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
CALLAGHAN, RYAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
CANNARA, ALEXANDER	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
CANTATORE, MICHAEL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - B Wing
CAPERS, ANDREW	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - F Wing
CARDILLO, MELISSA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
CARDINALE, MICHAEL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
CARROCCIA, MARK	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
CARSTENS, RUSSELL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
CASCARELLI, MICHELLE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
CATALDO, DAVID	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
CETTINA, MELINDA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
CHANDONNET, PAUL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
CHANG, CHIAHUA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
CHASTY, CHRIS	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
CHEN, GAOYUAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
CHEN, GLADYS	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
CHEN, JOHN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
CHILA, MATTHEW	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
CHMIELEWSKI, JOSEPH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
CHOHAN, AISHA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
CHOKSI, REYA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
CHOWDHURY, SHAHIDUL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
CHU, VALERIE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
CIARROCCA, SCOTT	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
CICHOCKI, FRANK	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
COHN, SIMON	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
COLLIER, JOHN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
COLON, CESAR	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
CONOVER, THERESA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
CONTRERAS SUAREZ, ALEJANDRA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
COOK, JOSEPH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
CORCORAN, MAURA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
CORIA, ADOLFO VICTOR	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
CORTES-FARFAN, FERNANDO	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - B Wing
COUGHLIN, DANIEL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
CRANDALL, KEVIN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
CRANMER, BRIAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
CUCUL, VERONICA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
DACEY, DENISE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
DALY, IRA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
DANKER III, WALTER	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
DANOWSKI, TONJA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
DAVID-YU, REENA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
DAVIS-FLETCHER, WHITNEY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
DE FREITAS, GISELLE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
DE LARA, RANDOLPH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
DECKER, KELLEN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
DEDANI, RUHEE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
DEFELICE, CHRISTOPHER	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing

Attachment G - Employee List

DELAYO, ANN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
DEMARINIS, ROBERT	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
DESAI, DIPKUMAR	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
DESAI, NAMRATA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
DESAI, PINALBEN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
DESHPANDE, PRASAD	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
DIAS, JOANA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
DIEUVEILLE, ESTIME	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
DIMEO, SUSANNE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
DIMOKA, MARIA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
DIPALMA, DONNA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
DODA, HIDEAKI	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
DOMINGUEZ-COLE, JUNELLE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
DOMITROWSKI, MATTHEW	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
DOMPOR, DOMINIQUE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
DONNERS, JACKIE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
DORIA, BRANDON	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
DOSHI, ISHITA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
DUONG, NGO	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
DYER, ALTHEA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
ECCLES, IAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
ELBERT, KATRIN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ELLIS, CHRISTINA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
ENNIS, JODI	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
EVANS, CELESTE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
EVERETT, JEFFREY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
FADOOL, KAREN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
FAHMY, GEORGE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
FAZEN, DEBBIE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
FEKADU, ERMIAS	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
FILOSA, KRISTEN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
FITCH, SUZANNE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
FLANNELLY, SARA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
FLATLEY, CARL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
FLORES JAQUEZ, JORGE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
FOLEY, MOLLY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
FOSMIRE, CHRISTOPHER	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
FOWLER, MICHELE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
FOX, CHARLOTTE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
FRANCIS, DIANE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
FROME, MARK	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
FUNG, DAISY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - E Wing
FUNG, MITCHELL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
FUSSMAN, ANAT	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
GALLAGHER, KEVIN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
GALLIZZO, LISA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
GANGOLI, GAURAV	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
GAO, HAIQING TONY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
GARCIA, CATALINA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - E Wing
GASIOR, JENNIFER	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
GATSCH, SUZANNA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
GAYLE, PATRICK	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
GHEE JR, VERNON	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
GLENCAMP-DANIEL, KAREN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
GONSKI, TIMOTHY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
GOODING, RICHARD	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing

Attachment G - Employee List

GOPAL, ANANDA SIVASHANMUGAM	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
GORAL, ELIZABETH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
GOYAL, HEENA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
GRAZIANO, GWEN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
GREBECK, HOLLY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
GRECO, JANICE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
GRECZYLO, JOHN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
GRENNAN, DAVID	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
GRIFFITH, KATELYN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
GROSSMAN, FLORENCE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
GRUBBS, RYAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
GUNGOR, OZLEM	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
GUO, XUELIN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - B Wing
GUTIERREZ, LUISA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
GYECSEK, CHARLES	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
HABY, JENNIFER	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
HAMLIN, ERIKA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
HAMMOND, EMILY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
HANDWERGER, CATHERINE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
HATHAWAY, LAUREN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
HENDERSON, GARY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
HERNON, PADRAIG	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
HERTEL, SOPHIA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
HILL, MARTHA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
HLINKA, KATARINA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
HOELPER, HEIDI	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - F Wing
HOGAN, ANNE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
HOLLAND, ALEXANDRA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
HOLLERAN, TIMOTHY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
HOLLOWAY, CAROL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
HONG, ALLEN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - B Wing
HOOPER, RACHEL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
HORNG, JOANNE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
HORTON, RONALD	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
HUANG, WEIMIN MIKE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
HUEZO, CESAR	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
HUFF, MIA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
HULL, RAYMOND	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
HYSKA, JASON	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	Ground Level 1 - H Wing
IANNACONE, JESSICA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
IKHEDALENE, FARID	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ILIE, BOGDAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
IOBST, MATTHEW	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
JACINTO, GABRIEL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
JACOBY, DANIELLE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
JALBOUKH, TAMMY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
JAN, JESSICA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
JANDOLI, SUSAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
JASTI, SRICHAND	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
JENKINS, JANEL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
JERMAN, CYNTHIA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
JHAVERI, PAYAL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
JIMENEZ, LUIS	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor
JOHNSON II, BRUCE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
JOHNSON, DEXTER	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
JOHNSON, NISHA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing

Attachment G - Employee List

JOINER, ARIELL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
JORDAN, GILBERT	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
JOSHI, MAHESH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
JUNICE, PAUL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
JURASCHEK, REINHARD	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
JUTT, SALMA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
KADUS, MATTHEW	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
KALAM, SAADAT	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
KALAVA, GOWTHAM	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
KALAYILPARAMPIL, SAUMIA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
KAMM, ALYSSA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
KANTIDAS, UDITA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
KATIKANENI, ASHRITHA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
KENNEDY, BINTU	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
KENYON, MARK	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
KEWALIA, KIRAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
KHALIL, SUZY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
KHISHIGSUREN, NOMIN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
KILLION, JOHN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
KIRK, MONIKA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
KISSLING, LEAH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
KLEMCHALK, STEVEN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
KLUESNER, STACY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
KNOBLE, JOHN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
KOCHARIAN, RICHARD	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
KOLL, ESTHER	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
KOLODZIEJ, ARTUR	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
KONDURU, AJAY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	Ground Level 1 - H Wing
KONG-SMITH, LISA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
KOORS, RYAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
KORADA, ANURADHA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
KORAIEM, MAI	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - E Wing
KOULERMOS, ZACHARY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
KOWALCZYK, PHILIP	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
KOYFMAN, BORIS	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
KOZAK, JENNIFER	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
KRIKSUNOV, LEO	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
KRUK, KATIE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
KRUTSICK, NICOLE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
KUMAR, RUPALI	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
LABELL, ELIZABETH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
LAGUNA, KRYSTINA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
LAMBERT, JOSEPHYNE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
LAMONDE, DEREK	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
LANE, ERIKA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
LANZA, JOSEPH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
LARKIN, LAURE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
LAU, LEWIS	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
LAWSON, STEVE R	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
LEBERKNIGHT, QUYEN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
LEE, AARON	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
LEE, CELINE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
LEE, RACHEL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - B Wing
LEECH, SYDNEY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
LEON, CARLOS	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
LEON, STEPHANIE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing

Attachment G - Employee List

LEVINE, SERGE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
LEVITT, EMMA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
LEW, BETINA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
LIBROJO, REYNALDO	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
LIM, OLIVER	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
LIN, CHULING	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
LIN, MING	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
LINTON, OLIVIA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - B Wing
LIVINGSTON, GWEN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
LODER, CAROLYN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
LOGAN, SAMANTHA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
LONDONO, KIARA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - B Wing
LONZETTA, LORI	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
LOZANO, ISIAH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - F Wing
LUGO AGUILAR, REBECA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
LUMKONG, WAYNE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
LUMPKIN, KELSON	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
LUSKEY IV, ELVIN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
LUXICH, PENNY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
MADDULA, INDRANI	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
MADIKONDA, VIJAY KUMAR	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
MAGRINI, GLENN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
MAHAR, SHILPA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
MAHIDA, DIGVIJAYSINH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
MAIORELLI, ADRIENNE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MANAM, BHARADWAJ	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MANDALIA, MIRREN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
MARCHESI, HOLLY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MARIMUTHU, SANGEETHA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MARINGANTI, ANAND	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
MARONEY, GINA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MARTINELLI, GABRIELLE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
MARTINEZ RIVERA, PEDRO	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
MARZOCCO, KIMBERLY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
MATRUNICH, JAMES	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MAURI, TIMOTHY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
MAZUR, LUKAS	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MCCABE, COLLEEN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
MCDONNELL, GERALD	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor
MCGILL, MATTHEW	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
MCGRAIL, DAVID	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
MCLEOD, CORRINE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MCMILLER, SHAKEIRA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MCPHADEN, TRACY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
MCQUADE, MARGARET	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
MCSHANE, COURTNEY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
MEHNERT, BRANDON	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MEHRA, SHYAMIN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MELENDEZ, LAURA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
MELTZER, JEFFREY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
MERHAV, SHELLEY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MERKLINGER, RICHARD	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
MEYERS, ERIN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MICHAELSON, MARGARETE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
MIGNONE, LINDSAY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
MIKSA, DAVIDE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing

Attachment G - Employee List

MILLER, ENILMA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
MILLER, JOANNE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
MILLER, JOHN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
MINDISH, KATHY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
MINUPALA, SREEDEVI	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MITCHELL, ANGELINA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MOEINIZADE, SABA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MOORE, KATY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MORDAS, CAROLYN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MORRIS, NICHOLAS	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
MOUSTAFA, NORA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MOZINGO, STACHIA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MUNIZ, ZENAIDA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
MUSYOKI, JENNIFER	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - B Wing
MUTHU, KANNAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
MUTHUKRISHNAN, VENKATESAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
NAMBIAR, NITYA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
NASEER, RIMA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
NATHAN, VARUN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
NAWROCKI, JESSE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
NI, HAOWEI	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
NOBLE, RICHARD	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
NOLAN, DANIEL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
NORIZAN, NOORHIDAYAH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
NOSTRAND, KIMBERLY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
NUNEZ, JOSE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
NUNEZ, ROBERT	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
NYIENDO, TAIFA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
OBAZENU, VETA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
O'BRIEN, GLENN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
O'CONNELL, MARY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
O'CONNELL, MICHELLE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
OKASHA, MAHMOUD	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
OLEYNICK, LAURETTE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
OON, WILLARD	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ORISTANO, ELIZA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ORTEGA, JOANA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
OU, DUAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
PADULA, SAMUEL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
PAKALA, BHARATH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
PALMER, CRAIG	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
PANGI, AMY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
PANIZA, FABIO	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
PARAGIAN, ANA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
PATEL, AMI	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
PATEL, ASHESH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
PATEL, FALGUNIBEN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
PATEL, KRUPAL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
PATEL, NEEL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
PATEL, RUPEL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
PATEL, SWATI	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
PATEL, TINKAL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
PATIL, SHATAKSHI	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
PATIRE, MUNA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
PATIRE-SINGER, WANDA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
PATSCH, MARSHA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing

Attachment G - Employee List

PAUL, CASSANDRA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
PAUL, SANDRA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
PAVELIS, SAMUEL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
PAYYAPPILLY, JOSHUA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
PENA, RAMON	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
PERILLO, KIMBERLY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
PERKINS, JASON	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
PETGRAVE, PATRICIA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
PETRONE TOTH, PATRICIA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
PEVETO, JULIE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
PHILLIPS, JAMES	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
PHUONG, ALEX	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
PIANKO, CHRISTOPHER	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
PICKELL, ROSANNE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
PIERSON, MARC	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
PIERSON, MELANIE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
PITT, LASHANDA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
PLEWS, LINDA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
POLAK, JOHN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
POOLE, CHRIS	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
PORRAS, BEATRIZ	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
POSTADAN, RAYMOND	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
POTHARAJU, HARISH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
PRATI, JOSEPH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
PRIKRIL, MICHAEL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
QUINTERO, JULIAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
RADNEY, MICHELLE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
RAJ, GOUTHAM	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
RAMASWAMY, SIVARAMAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
RANADE, SARITA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - E Wing
RAVI, KARTHIK	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
RECCHIONE, MARC	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
REDDY, STACEY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
REINHARD, EMILY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
RENNA, TOBY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
REVERDY, EDWARD	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
RICHMOND, TERRI	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - E Wing
RIVERA, XAVIER	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
RIVERA-BORIA, JEANETTE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
ROBBINS, ALLISON	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ROBERTS, JASON	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ROCHE, AURELIE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
RODMAN, JOSEPH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ROMANOWSKI, CHRISTINE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ROSHDY, CONSTANCE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
ROSSONI, LEONARDO	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ROUSSEAU, ROBERT	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ROY, PAULAMI	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ROY, PAYEL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ROY, SANJOY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
RUBIO, KENDDYL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
RUIZ, PATRICK	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
RUSSO, JOHN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
RYNN, LEONIE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SAATI, STEPHANIE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SAFIR, SARFRAZ	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing

Attachment G - Employee List

SALEH, RAOUF	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
SALEH, SAMEH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
SALERNO, SANDRA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
SANTA MARIA, MICHAEL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
SAVIDGE, SANDRA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SCALZO JR, HOWARD	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SCHLECKSER, PATRICIA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SCHLUETER, DESPINA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
SCOFI, JOSEPH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
SCOGNA, ROBERT	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SEAMAN, TINA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SELVARAJ, PRAVEEN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SENCHISEN, JON	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - F Wing
SENOZ, ERMAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SEVEK, MARIFE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SHAH, DAVID	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SHAH, HETA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SHAH, NILESH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
SHAH, SETU	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SHAIKH, AMMAARAH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SHARMA, KRITHIKA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
SHARMA, RUCHIKA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
SHAW, ELIZA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
SHENG, RUBIN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SHETH, RISHI	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - B Wing
SICKINGER, MICHAEL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
SIMKOVIC, MATTHEW	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	Ground Level 1 - H Wing
SIMONELLI, ANNA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
SIMPSON, MICHELE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SINGAREDDY, AMIT	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SINGHAL, KRITIKA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SKAVERY, CASSANDRA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
SMITH BEYER, VALERIE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SMITH, SARAH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SMITH, TONEISHA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SOBCZYK, BOZENA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SOULS, DOUGLAS	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SOWERBUTTS, JONATHAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
SPOUST, KELLY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
STANLEY, JOHN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
STANZIOLA, JACLYN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
STARK, MARIANNE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - B Wing
STEGEMAN, ARIELLE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
STEIGER, DANIEL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
STEWART, TRACIE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
STIRRAT, JEFFREY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
STONE, MICHELLE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
STORMS, LESLIE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
STRULSON, MICHELLE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SYBY, JONATHAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
SZABO, DAVID	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
SZYMANSKI, STEPHEN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
TAGGART, DONNA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
TALLUTO, ENZA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
TAMSULA, KENNETH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
TANNHAUSER, ROBERT	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing

Attachment G - Employee List

TEJADA, NANCY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - F Wing
THADANI, NITIN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
THATCHER, CINDY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor
THOMAS, SIMONE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
TICE, CLAYTON	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
TIERNEY, AUSTIN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
TIMMER, MARK	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
TIMMERMANN, IRENE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
TIWARI, SMITA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
TO, SARAH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
TOLENTINO, ROSE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
TOMASSIAN, YANA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
TOMASZKIEWICZ, AGNIESZKA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
TONG, SHIN YIR	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
TORDELLA, JACQUELINE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
TRACEY, MICHAEL	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
TRAVER, LESLEY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
UFKES, JACOB	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
UNGER, REBEKAH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
VAILHE, CHRISTOPHE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
VALENTINE, JOYCE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
VALERIO, EMILY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
VAN HEKKEN, LYLE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
VASEINASRABADI, MITRA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - B Wing
VASIKARLA, HARSHITHA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
VAUGHN, BRIAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
VAYNSHTEYN, EDWARD	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
VELLUCCI, KERRY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
VEMULA, SURESH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
VERMA, ISHA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - E Wing
VIDAL, VANESSA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
VILLAJOAQUIN, VOLTAIRE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
VILLANUEVA, ERWIN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
VISWANATH, ASHWIN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
VOHDEN, RICHARD	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
VON ARX, BRITTANY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
WADGE, VALERIE	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
WANG, JIA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
WANG, YAO-YI	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
WANG, ZIWEI	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
WARD, CYNTHIA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
WARREN, JULIA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
WEAVER, LORI	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
WEBB, COLLIN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
WESTERMANN, ROBERT	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
WHITLOW, MARK	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
WILK, KRYSTYNA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
WILKOWSKI, BRIAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - B Wing
WILLIAMS, ANNA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - E Wing
WILLIAMS, KEVIN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
WILTON, DARREN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
WISNUDEL, MARC	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
WITTE, BRIAN	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
WOLVEN, SCOTT	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
WOODHEAD, ELIZABETH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
WRIGHT, DONNA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing

Attachment G - Employee List

WRIGHT, ROBERT	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
XU, CHONGSONG	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - B Wing
YAU, ERNEST	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
YOON, SCOTT	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
YOSH, WILLIAM	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
YOUNG, TRISH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
YOUSSEF, SANDY	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing
ZADDEM, VINCENZA	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	3rd Floor - H Wing
ZAVATSKY, JOSEPH	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ZHANG, PING	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ZHANG, SHIYAO	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ZHANG, SURU	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ZHAO, ZIQING	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ZHOU, E ELEANOR	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ZHOU, JIANGUO	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	2nd Floor - H Wing
ZWEIG, JASON	Raritan (1000 US Highway 202 S, NJ, US) [SCML:6911] RAR	1st Floor - H Wing

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/09/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER
Marsh USA, Inc.
1166 Avenue of the Americas
New York, NY 10036
Attn: newyork.certs@marsh.com - fax # 212-948-0500

24195 -J&Jr-GAWP-18-19

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : ACE American Insurance Company	22667
INSURER B : Indemnity Ins Co Of North America	43575
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
JOHNSON & JOHNSON ET AL
ONE JOHNSON & JOHNSON PLAZA
ATTN: ERIN SHERIDAN
RISK MANAGEMENT
NEW BRUNSWICK, NJ 08933

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			HDO G7248101A	03/01/2022	03/01/2023	EACH OCCURRENCE	$ 5,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 5,000,000
							MED EXP (Any one person)	$ 100,000
							PERSONAL & ADV INJURY	$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 10,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ N/A
	OTHER:							$
A	AUTOMOBILE LIABILITY			ISA H25557402	03/01/2022	03/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 10,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WLR C68913688 (AOS)	03/01/2022	03/01/2023	X PER STATUTE OTH-ER	
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A		WCU C68913767 (OH)	03/01/2022	03/01/2023	E.L. EACH ACCIDENT	$ 5,000,000
A				WLR C68913640 (AZ, CA, MA)	03/01/2022	03/01/2023	E.L. DISEASE - EA EMPLOYEE	$ 5,000,000
A	If yes, describe under DESCRIPTION OF OPERATIONS below			RWC C6891372A (WI)	03/01/2022	03/01/2023	E.L. DISEASE - POLICY LIMIT	$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Johnson & Johnson et al
One Johnson & Johnson Plaza
New Brunswick, NJ 08933

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Michaela Grasshoff

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Johnson & Johnson

All Affiliated Companies of Johnson & Johnson

AMO Manufacturing USA, LLC
510 Cottonwood Drive
Milpitas, CA 95035

AMO Sales and Service, Inc. &
Johnson & Johnson Surgical Vision, Inc.
1700 E. Saint Andrew Place
Santa Ana, CA 92705

Acclarent, Inc.
33 Technology Drive
Irvine, CA 92618

Actelion Pharmaceuticals US, Inc.
5000 Shoreline Court, suite 200
South San Francisco CA 94080

Advanced Sterilization Products Services Inc.
33 Technology Drive
Irvine, CA 92618

ALZA Corporation
700 Eubanks Drive
Vacaville, CA 95688

Aragon Pharmaceuticals, Inc.
12780 El Camino Real
San Diego CA 92130

Auris Health, Inc.
150 Shoreline Drive
Redwood City CA 94065

BabyCenter, L.L.C.
163 Freelon Street
San Francisco, CA 94107

BioMedical Enterprises, Inc.
14785 Omicron Drive, Suite 205
San Antonio, TX 78245

Biosense Webster, Inc.
33 Technology Drive
Irvine, CA 92618

Calibra Medical, Inc.
965 Chesterbrook Blvd
Wayne PA 19087

Cerenovus, part of DePuy Synthes Product, Inc.
31 Technology Drive, Suite 200
Irvine, California (CA) 92618

Codman & Shurtleff, Inc.
325 Paramount Drive
Raynham, MA 02767-0350

Coherex Medical, Inc.
3598 West 1820 South
Salt Lake City UT 84104

CSATS, Inc.
1100 Olive Waym suite 1150
Seattle WA 98101

DePuy Synthes Sales, Inc.
325 Paramount Drive
Raynham, MA 02767

DePuy Synthes Products, Inc.
325 Paramount Drive
Raynham, MA 02767

Ethicon Endo-Surgery, Inc.
4545 Creek Road
Cincinnati, OH 45242-2839

Ethicon, Inc.
US Route 22
Somerville, NJ 08876

Ethicon US, LLC
4545 Creek Road
Cincinnati OH 45242

Janssen BioPharma, Inc.,
260 E. Grand Avenue
South San Francisco, CA 94080

Janssen Biotech. Inc.
800/850 Ridgeview Drive
Horsham, PA 19044

Janssen Diagnostics, LLC
700 U.S. Highway 202
Raritan, NJ 08869

Janssen Oncology, Inc.
10990 Wilshire Blvd.
Suite 1200
Los Angeles CA 90024

Janssen Pharmaceuticals, Inc.
1125 Trenton-Harbourton Road
Titusville, NJ 08560-0200

Janssen Products. LP
800/850 Ridgeview Drive
Horsham, PA 19044

Janssen Research & Development, LLC
920 US Route 202
Raritan NJ 08869

Janssen Scientific Affairs, LLC
1125 Trenton-Harbourton Road
Titusville, NJ 8560-0200

Janssen Therapeutics, Div. of Janssen Products, LP
Products, LP
800/850 Ridgeview Drive
Horsham, PA 19044

Johnson & Johnson Consumer Inc.
199 Grandview Road
Skillman, NJ 08558-9418

Johnson & Johnson Finance Corporation
One Johnson & Johnson Plaza
New Brunswick, NJ 08933

Johnson & Johnson Health and Wellness & Solutions, Inc.
One Johnson & Johnson Plaza
New Brunswick, NJ 08933

Johnson & Johnson Health Care Systems Inc.
425 Hoes Lane
Piscataway, NJ 08855

Johnson & Johnson Vision Care, Inc.
7500 Centurion Parkway
Jacksonville, FL 32256

Johnson & Johnson Services, Inc.
One Johnson and Johnson Plaza
New Brunswick, NJ 08933

JOM Pharmaceutical Services, Inc.
1 Cottontail Lane
Somerset, NJ 08873

McNeil Consumer Healthcare Division of
Johnson & Johnson Consumer Inc.
7050 Camp Hill Road
Fort Washington, PA 19034

McNeil Nutritionals, LLC & McNeil Consumer Pharmaceuticals Co.
7050 Camp Hill Road
Fort Washington, PA 19034

Medical Device Business Services, Inc.
700 Orthopaedic Drive
Warsaw, IN 46581

MegaDyne Medical Products. Inc.
11506 South State Street
Draper UT 84020

Mentor Worldwide LLC
33 Technology Drive
Irvine, CA 92618

Micrus Endovascular LLC
821 Fox Lane
San Jose, CA 95131

NeoStrata Company, Inc.
307 College Road East
Princeton NJ 08540

NeuWave Medical, Inc.
3529 Anderson Street
Madison WI 53704

Omrix Biopharmaceuticals, Inc.
Route 22 West
Somerville, NJ 08876

Patriot Pharmaceuticals, LLC
Wholly Owned Subsidiary of Janssen Pharmaceuticals, Inc.
200 Tournament Drive
Horsham, PA 19044

Pulsar Vascular, Inc.
130 Knowles Drive - Suite E
Los Gatos CA 95032

Scios LLC
1125 Trenton Harbourton Road
Titusville, NJ 08560

SterilMed Inc.
11400 73rd Avenue North
Maple Grove MN 55369

TearScience, Inc. (effective 10/1)
5151 McCrimmon Parkway
Morrisville, NC 27560

Tibotec, LLC
1125 Trenton-Harbourton Road
Titusville, NJ 08560

Torax Medical, Inc.
4188 Lexington Avenue
Shoreview MN 55126

Vogue International
311 Park Place Boulevard #500
Clearwarer, FL 33759

Vistakon Pharmaceuticals, LLC
7500 Centurion Parkway, Suite 100
Jacksonville, FL 32256

Zarbee's, Inc.
50 Old Field Road
Greenwich CT 06830

(Revised: 08/28/2020)

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/14/2021

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PRODUCER
Marsh USA, Inc.
1166 Avenue of the Americas
New York, NY 10036

CN102448867-ALL-PL-21-22

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Middlesex Assurance Company Ltd	10419
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
JOHNSON & JOHNSON ET AL
ONE JOHNSON & JOHNSON PLAZA
ATTN: ERIN SHERIDAN
RISK MANAGEMENT
NEW BRUNSWICK, NJ 08933

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	PRODUCT LIABILITY (US)			USPL9700001	01/01/2022	01/01/2023	EACH OCCURRENCE	10,000,000
							ANNUAL AGGREGATE	10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Johnson & Johnson et al
One Johnson & Johnson Plaza
New Brunswick, NJ 08933

CANCELLATION

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AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

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Johnson & Johnson

All Affiliated Companies of Johnson & Johnson

AMO Manufacturing USA, LLC
510 Cottonwood Drive
Milpitas, CA 95035

AMO Sales and Service, Inc. &
Johnson & Johnson Surgical Vision, Inc.
1700 E. Saint Andrew Place
Santa Ana, CA 92705

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33 Technology Drive
Irvine, CA 92618

Actelion Pharmaceuticals US, Inc.
5000 Shoreline Court, suite 200
South San Francisco CA 94080

Advanced Sterilization Products Services Inc.
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Irvine, CA 92618

ALZA Corporation
700 Eubanks Drive
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Aragon Pharmaceuticals, Inc.
12780 El Camino Real
San Diego CA 92130

Auris Health, Inc.
150 Shoreline Drive
Redwood City CA 94065

BabyCenter, L.L.C.
163 Freelon Street
San Francisco, CA 94107

BioMedical Enterprises, Inc.
14785 Omicron Drive, Suite 205
San Antonio, TX 78245

Biosense Webster, Inc.
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Irvine, CA 92618

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965 Chesterbrook Blvd
Wayne PA 19087

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Irvine, California (CA) 92618

Codman & Shurtleff, Inc.
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Raynham, MA 02767-0350

Coherex Medical, Inc.
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Salt Lake City UT 84104

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Seattle WA 98101

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Raynham, MA 02767

DePuy Synthes Products, Inc.
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Ethicon, Inc.
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Somerville, NJ 08876

Ethicon US, LLC
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New Brunswick, NJ 08933

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Piscataway, NJ 08855

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Jacksonville, FL 32256

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New Brunswick, NJ 08933

JOM Pharmaceutical Services, Inc.
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Somerset, NJ 08873

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Fort Washington, PA 19034

McNeil Nutritionals, LLC & McNeil Consumer Pharmaceuticals Co.
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1125 Trenton Harbourton Road
Titusville, NJ 08560

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11400 73rd Avenue North
Maple Grove MN 55369

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5151 McCrimmon Parkway
Morrisville, NC 27560

Tibotec, LLC
1125 Trenton-Harbourton Road
Titusville, NJ 08560

Torax Medical, Inc.
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Shoreview MN 55126

Vogue International
311 Park Place Boulevard #500
Clearwarer, FL 33759

Vistakon Pharmaceuticals, LLC
7500 Centurion Parkway, Suite 100
Jacksonville, FL 32256

Zarbee's, Inc.
50 Old Field Road
Greenwich CT 06830

(Revised: 08/28/2020)

Attachment C

Regarding the Surety Bond

Ethicon, Inc. is a wholly-owned subsidiary of Johnson & Johnson, a publicly traded company. As such, a surety bond is not required.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

☑ **ANNUAL REPORT PURSUANT TO SECTION 13 OF THE SECURITIES EXCHANGE**

For the fiscal year ended January 2, 2022

or ☐ **Transition Report Pursuant to Section 13 or 15(d) of the Securities Exchange Act**
for the transition period from to

Commission file number 1-3215

JOHNSON & JOHNSON

(Exact name of registrant as specified in its charter)

New Jersey	**22-1024**
(State of incorporation)	(I.R.S. Employer Ide
One Johnson & Johnson Plaza **New Brunswick, New Jersey**	**0893**
(Address of principal executive offices)	(Zip Co

One Johnson & Johnson Plaza
New Brunswick, New Jersey 08933
(Address of principal executive offices)

Registrant's telephone number, including area code: **(732) 524-0400**

SECURITIES REGISTERED PURSUANT TO SECTION 12(b) OF THE ACT

Title of each class	Trading Symbol	Name of each exc
Common Stock, Par Value $1.00	JNJ	New Yorl
0.650% Notes Due May 2024	JNJ24C	New Yorl
5.50% Notes Due November 2024	JNJ24BP	New Yorl
1.150% Notes Due November 2028	JNJ28	New Yorl
1.650% Notes Due May 2035	JNJ35	New Yorl

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☑ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Exchange Act. Yes ☐

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Exchange Act during period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ N

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☑ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting cor definitions of "large accelerated filer," "accelerated filer", "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the I

Large accelerated filer	☑	Accelerated filer
Non-accelerated filer	☐	Smaller reporting company
Emerging growth company	☐	

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. Y

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☑

The aggregate market value of the Common Stock held by non-affiliates computed by reference to the price at which the Common Stock w registrant's most recently completed second fiscal quarter was approximately $445 billion.

On February 10, 2022, there were 2,629,268,158 shares of Common Stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Parts I and III: Portions of registrant's proxy statement for its 2022 annual meeting of shareholders filed within 120 days after the close of the registra incorporated by reference to this report on Form 10-K (this "Report").

Item		
		PART I
1	Business	
	General	
	Segments of Business	
	Geographic Areas	
	Raw Materials	
	Patents	
	Trademarks	
	Seasonality	
	Competition	
	Environment	
	Regulation	
	Employees and Human Capital Management	
	Available Information	
1A.	Risk Factors	
1B.	Unresolved Staff Comments	
2	Properties	
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CAUTIONARY NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K and Johnson & Johnson's other publicly available documents contain "forward-looking statements" with the United States Private Securities Litigation Reform Act of 1995. Management and representatives of Johnson & Johnson and its subsidiaries forward-looking statements. Forward-looking statements do not relate strictly to historical or current facts and reflect management's assumption the future. Forward-looking statements may be identified by the use of words such as "plans," "expects," "will," "anticipates," "estimates" and with, among other things: discussions of future operations; expected operating results and financial performance; impact of planned acquisitions restructuring initiatives, including associated cost savings and other benefits; the planned separation of the Company's Consumer Health busine development activities; regulatory approvals; market position and expenditures.

Because forward-looking statements are based on current beliefs, expectations and assumptions regarding future events, they are subject to to predict and many of which are outside of the Company's control. Investors should realize that if underlying assumptions prove inaccurate, or materialize, the Company's actual results and financial condition could vary materially from expectations and projections expressed or implied i therefore cautioned not to rely on these forward-looking statements. Risks and uncertainties include, but are not limited to:

Risks Related to Product Development, Market Success and Competition

- Challenges and uncertainties inherent in innovation and development of new and improved products and technologies on which the Co including uncertainty of clinical outcomes, additional analysis of existing clinical data, obtaining regulatory approvals, health plan cov continued commercial success;
- Challenges to the Company's ability to obtain and protect adequate patent and other intellectual property rights for new and existing pr other important markets;
- The impact of patent expirations, typically followed by the introduction of competing generic, biosimilar or other products and resultin
- Increasingly aggressive and frequent challenges to the Company's patents by competitors and others seeking to launch competing gene receptivity of courts, the United States Patent and Trademark Office and other decision makers to such challenges, potentially resulting in sales for the relevant product sooner than expected;
- Competition in research and development of new and improved products, processes and technologies, which can result in product and
- Competition to reach agreement with third parties for collaboration, licensing, development and marketing agreements for products an
- Competition based on cost-effectiveness, product performance, technological advances and patents attained by competitors; and
- Allegations that the Company's products infringe the patents and other intellectual property rights of third parties, which could adverse products in question and require the payment of money damages and future royalties.

Risks Related to Product Liability, Litigation and Regulatory Activity

- Product efficacy or safety concerns, whether or not based on scientific evidence, potentially resulting in product withdrawals, recalls, r Food and Drug Administration (or international counterparts), declining sales, reputational damage, increased litigation expense and sh
- The impact, including declining sales and reputational damage, of significant litigation or government action adverse to the Company, i related to pharmaceutical marketing practices and contracting strategies;

- The impact of an adverse judgment or settlement and the adequacy of reserves related to legal proceedings, including patent litigation, securities class actions, government investigations, employment and other legal proceedings;
- Increased scrutiny of the healthcare industry by government agencies and state attorneys general resulting in investigations and prosecu and criminal penalties, including, but not limited to, debarment from government business;
- Failure to meet compliance obligations in compliance agreements with governments or government agencies, which could result in sig
- Potential changes to applicable laws and regulations affecting United States and international operations, including relating to: approva sales and promotion of healthcare products; access to, and reimbursement and pricing for, healthcare products and services; environme
- Compliance with local regulations and laws that may restrict the Company's ability to manufacture or sell its products in relevant mark medical device reporting regulations and other requirements such as the European Union's Medical Devices Regulation;
- Changes in domestic and international tax laws and regulations, increasing audit scrutiny by tax authorities around the world and expos excess of existing reserves; and
- The issuance of new or revised accounting standards by the Financial Accounting Standards Board and regulations by the Securities an

Risks Related to the Company's Strategic Initiatives, Healthcare Market Trends and the Planned Separation of the Company's Consumer H

- Pricing pressures resulting from trends toward healthcare cost containment, including the continued consolidation among healthcare pr toward managed care, the shift toward governments increasingly becoming the primary payers of healthcare expenses, significant new reduce costs and government pressure on companies to voluntarily reduce costs and price increases;
- Restricted spending patterns of individual, institutional and governmental purchasers of healthcare products and services due to econon
- Challenges to the Company's ability to realize its strategy for growth including through externally sourced innovations, such as develo licensing and marketing agreements, and the potential heightened costs of any such external arrangements due to competitive pressures
- The potential that the expected strategic benefits and opportunities from any planned or completed acquisition or divestiture by the Cor realize than expected;
- The potential that the expected benefits and opportunities related to past and ongoing restructuring actions may not be realized or may
- The Company's ability to consummate the planned separation of the Company's Consumer Health business on a timely basis or at all;
- The Company's ability to successfully separate the Company's Consumer Health business and realize the anticipated benefits from the
- The New Consumer Health Company's ability to succeed as a standalone publicly traded company.

Risks Related to Economic Conditions, Financial Markets and Operating Internationally

- The risks associated with global operations on the Company and its customers and suppliers, including foreign governments in countri
- The impact of inflation and fluctuations in interest rates and currency exchange rates and the potential effect of such fluctuations on re
- Potential changes in export/import and trade laws, regulations and policies of the United States and other countries, including any incre drug reimportation legislation;
- The impact on international operations from financial instability in international economies, sovereign risk, possible imposition of gov policies, and unstable international governments and legal systems;
- The impact of global public health crises and pandemics, including the novel coronavirus (COVID-19) pandemic;

- Changes to global climate, extreme weather and natural disasters that could affect demand for the Company's products and services, ca distribution networks, alter the availability of goods and services within the supply chain, and affect the overall design and integrity of
- The impact of armed conflicts and terrorist attacks in the United States and other parts of the world, including social and economic disr markets.

Risks Related to Supply Chain and Operations

- Difficulties and delays in manufacturing, internally, through third-party providers or otherwise within the supply chain, that may lead tc or shutdowns, product shortages, withdrawals or suspensions of products from the market, and potential regulatory action;
- Interruptions and breaches of the Company's information technology systems or those of the Company's vendors, which could result in business harm as well as financial costs and regulatory action;
- Reliance on global supply chains and production and distribution processes that are complex and subject to increasing regulatory requi sourcing and pricing of materials used in the Company's products; and
- The potential that the expected benefits and opportunities related to restructuring actions contemplated for the global supply chain may than expected, including due to any required approvals from applicable regulatory authorities.

Investors also should carefully read the Risk Factors described in Item 1A of this Annual Report on Form 10-K for a description of certain r Company's actual results to differ materially from those expressed in its forward-looking statements. Investors should understand that it is not p should not consider the risks described above and in Item 1A to be a complete statement of all potential risks and uncertainties. The Company d forward-looking statement that may be made from time to time, whether as a result of new information or future events or developments.

PART I

Item 1. BUSINESS

General

Johnson & Johnson and its subsidiaries (the Company) have approximately 141,700 employees worldwide engaged in the research and devel of products in the healthcare field. Johnson & Johnson is a holding company, with operating companies conducting business in virtually all cour focus is products related to human health and well-being. Johnson & Johnson was incorporated in the State of New Jersey in 1887.

The Executive Committee of Johnson & Johnson is the principal management group responsible for the strategic operations and allocation of oversees and coordinates the activities of the Company's three business segments: Consumer Health, Pharmaceutical and Medical Devices. Witl Committee, senior management groups at U.S. and international operating companies are each responsible for their own strategic plans and the subsidiary within the business segments is, with limited exceptions, managed by residents of the country where located.

Segments of Business

The Company is organized into three business segments: Consumer Health, Pharmaceutical and Medical Devices. Additional information req reference to the narrative and tabular descriptions of segments and operating results under: "Item 7. Management's Discussion and Analysis of F of this Report; and Note 17 "Segments of Business and Geographic Areas" of the Notes to Consolidated Financial Statements included in Item 8

Consumer Health

The Consumer Health segment includes a broad range of products focused on personal healthcare used in the Skin Health/Beauty, Over-the-C Women's Health and Wound Care markets. Major brands in Skin Health/Beauty include the AVEENO®; CLEAN & CLEAR®; DR. CI:LABO®; Over-the-Counter (OTC) medicines include the broad family of TYLENOL® acetaminophen products; SUDAFED® cold, flu and allergy produc products; MOTRIN® IB ibuprofen products; NICORETTE® smoking cessation products outside the U.S.; ZARBEE'S® products, inspired by na products. Baby Care includes the JOHNSON'S® and AVEENO Baby® line of products. Oral Care includes the LISTERINE® product line. Majo America are STAYFREE® and CAREFREE® sanitary pads and o.b.® tampon brands. Wound Care brands include the BAND-AID® Brand Adhe product lines. These products are marketed to the general public and sold online (eCommerce) and to retail outlets and distributors throughout th

In November 2021, the Company announced its intention to separate the Company's Consumer Health business, with the intention to create a ne targeting completion of the planned separation in 18 to 24 months after initial announcement.

Pharmaceutical

The Pharmaceutical segment is focused on six therapeutic areas: Immunology (e.g., rheumatoid arthritis, psoriatic arthritis, inflammatory bow (e.g., HIV/AIDS and COVID-19), Neuroscience (e.g., mood disorders, neurodegenerative disorders and schizophrenia), Oncology (e.g., prostate and bladder cancer), Cardiovascular and Metabolism (e.g., thrombosis, diabetes and macular degeneration) and Pulmonary Hypertension (e.g., F this segment are distributed directly to retailers, wholesalers, distributors, hospitals and healthcare professionals for prescription use. Key produ REMICADE® (infliximab), a treatment for a number of immune-mediated inflammatory diseases; SIMPONI® (golimumab), a subcutaneous tre rheumatoid arthritis, active psoriatic arthritis, active ankylosing spondylitis and moderately active to severely active ulcerative colitis; SIMPON for adults with moderate to severe rheumatoid arthritis, active psoriatic arthritis and active ankylosing spondylitis and active polyarticular juveni age and older; STELARA® (ustekinumab), a treatment for adults and children with moderate to severe plaque psoriasis, for adults with active ps severely active Crohn's disease and treatment of moderately to severely active ulcerative colitis; TREMFYA® (guselkumab), a treatment for adul active psoriatic arthritis; the Janssen COVID-19 vaccine, authorized for use under Emergency Use Authorization (EUA) for active immunizatio 19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 18 years of age and older; EDURANT® (rilpivirin PREZCOBIX®/REZOLSTA® (darunavir/cobicistat), antiretroviral medicines for the treatment of human immunodeficiency virus (HIV-1) in cor SYMTUZA® (darunavir/cobicistat/emtricitabine/tenofovir alafenamide), a once-daily single tablet regimen for the treatment of HIV; CONCERT tablets CII, a treatment

for attention deficit hyperactivity disorder; INVEGA SUSTENNA®/XEPLION® (paliperidone palmitate), for the treatment of schizophrenia and TRINZA®/TREVICTA® (paliperidone palmitate), for the treatment of schizophrenia in patients after they have been adequately treated with IN RISPERDAL CONSTA® (risperidone long-acting injection), for the treatment of schizophrenia and the maintenance treatment of Bipolar 1 Disc treatment for patients with prostate cancer; ERLEADA® (apalutamide), a next-generation androgen receptor inhibitor for the treatment of patien IMBRUVICA® (ibrutinib), a treatment for certain B-cell malignancies, or blood cancers and chronic graft versus host disease; DARZALEX® (d DARZALEX FASPRO® (daratumumab and hyaluronidase-fihj), a treatment for multiple myeloma and light chain (AL) Amyloidosis; PROCRI chemotherapy-induced anemia and patients with chronic kidney disease; XARELTO® (rivaroxaban), an oral anticoagulant for the prevention of pulmonary embolism (PE) in patients undergoing hip or knee replacement surgery, to reduce the risk of stroke and systemic embolism in patient treatment and reduction of risk of recurrence of DVT and PE to reduce the risk of major cardiovascular events in patients with coronary artery d (PAD), for the treatment and secondary prevention of thromboembolism in pediatric patients, and for thromboprophylaxis in pediatric patients fi INVOKANA® (canagliflozin), for the treatment of adults with type 2 diabetes; INVOKAMET®/VOKANAMET® (canagliflozin/metformin HCl canagliflozin and metformin hydrochloride for the treatment of adults with type 2 diabetes; and INVOKAMET® XR (canagliflozin/metformin h fixed-dose combination therapy of canagliflozin and metformin hydrochloride extended-release, for the treatment of adults with type 2 diabetes; combination, indicated for the long-term treatment of pulmonary arterial hypertension (PAH); UPTRAVI® (selexipag), the only approved oral a targeting a prostacyclin pathway in PAH. Many of these medicines were developed in collaboration with strategic partners or are licensed from development programs.

Medical Devices

The Medical Devices segment includes a broad range of products used in the Interventional Solutions, Orthopaedics, Surgery, and Vision fiel include Electrophysiology products (Biosense Webster) to treat cardiovascular diseases, Neurovascular care (Cerenovus) that treats hemorrhagic (DePuy Synthes) is comprised of products in support of Hips, Knees, Trauma, and Spine, Sports & Other; the Surgery portfolios include advanc solutions that focus on Breast Aesthetics (Mentor) and Ear, Nose and Throat (Acclarent) procedures; and Johnson & Johnson Vision products su lenses and ophthalmic products related to cataract and laser refractive surgery. These products are distributed to wholesalers, hospitals and retail fields by physicians, nurses, hospitals, eye care professionals and clinics. Beginning in the fiscal first quarter of 2022, the Medical Devices segm

Geographic Areas

Johnson & Johnson and its subsidiaries (the Company) have approximately 141,700 employees worldwide engaged in the research and devel of products in the healthcare field. The Company conducts business in virtually all countries of the world with the primary focus on products rel

The products made and sold in the international business include many of those described above under "– Segments of Business – Consum Devices." However, the principal markets, products and methods of distribution in the international business vary with the country and the cultu include those developed in the U.S. and by subsidiaries abroad.

Investments and activities in some countries outside the U.S. are subject to higher risks than comparable U.S. activities because the investm by financial instability in international economies, restrictive economic policies and political and legal system uncertainties.

Raw Materials

Raw materials essential to the Company's business are generally readily available from multiple sources. Where there are exceptions, the tem would not likely have a material adverse effect on the financial results of the Company.

Patents

The Company's subsidiaries have made a practice of obtaining patent protection on their products and processes where possible. They own, o patents in the U.S. and other countries relating to their products, product uses, formulations and manufacturing processes, which in the aggregat Company in the operation of its businesses. The Company's subsidiaries face patent challenges from third parties, including challenges seeking biosimilar versions of the Company's key pharmaceutical products prior to expiration of the applicable patents covering those products. Signific

claims involving the Company's patent and other intellectual property are described in Note 19, "Legal Proceedings—Intellectual Property" of tl included in Item 8 of this Report.

Sales of the Company's largest product, STELARA® (ustekinumab), accounted for approximately 9.7% of the Company's total revenues for fisc product are believed to be material to the Company. Janssen Biotech, Inc., a wholly-owned subsidiary of Johnson & Johnson, owns patents spec expiring United States composition of matter patent expires in 2023. The latest expiring European composition of matter patent expires in 2024.

Sales of the Company's second largest product, collectively DARZALEX® (daratumumab) and DARZALEX FASPRO® (daratumumat approximately 6.4% of the Company's total revenues for fiscal 2021. Accordingly, the patents related to this product are believed to be material families related to DARZALEX®, and Janssen Biotech, Inc. has an exclusive license to those patent families. The two patent families both expir expiring licensed European patent expires in 2032. Janssen Biotech, Inc. owns a separate patent portfolio related to DARZALEX FASPRO®.

Trademarks

The Company's subsidiaries have made a practice of selling their products under trademarks and of obtaining protection for these trademarks protected by registration in the U.S. and other countries where such products are marketed. The Company considers these trademarks in the agg operation of its businesses.

Seasonality

Worldwide sales do not reflect any significant degree of seasonality; however, spending has been heavier in the fourth quarter of each year tha spending decisions, principally for advertising and research and development activity.

Competition

In all of their product lines, the Company's subsidiaries compete with companies both locally and globally. Competition exists in all product l competing companies involved. Competition in research, both internally and externally sourced, involving the development and the improvemer particularly significant. The development of new and innovative products, as well as protecting the underlying intellectual property of the Comp Company's success in all areas of its business. The competitive environment requires substantial investments in continuing research. In addition, demand for the Company's consumer products involve significant expenditures for advertising and promotion.

Environment

The Company is subject to a variety of U.S. and international environmental protection measures. The Company believes that its operations c environmental laws and regulations. The Company's compliance with these requirements is not expected to have a material effect upon its capit competitive position.

Regulation

The Company's businesses are subject to varying degrees of governmental regulation in the countries in which operations are conducted, and regulation and enforcement. The Company is subject to costly and complex U.S. and foreign laws and governmental regulations and any advers affect the Company's financial condition and business operations. In the U.S., the drug, device and cosmetic industries have long been subject to primarily as to product safety, efficacy, manufacturing, advertising, labeling and safety reporting. The exercise of broad regulatory powers by th FDA) continues to result in increases in the amounts of testing and documentation required for U.S. FDA approval of new drugs and devices an product introduction. Similar trends are also evident in major markets outside of the U.S. The new medical device regulatory framework and the countries are examples of such increased regulation.

The regulatory agencies under whose purview the Company operates have administrative powers that may subject it to actions such as produc other civil and criminal sanctions. In some cases, the Company's subsidiaries may deem it advisable to initiate product recalls.

The U.S. FDA and regulatory agencies around the globe are also increasing their enforcement activities. If the U.S. FDA were to conclude tha or regulations, or that any of our drugs or medical

devices are ineffective or pose an unreasonable health risk, the U.S. FDA could ban such products, detain or seize adulterated or misbranded pro refund of such products, refuse to grant pending applications for marketing authorization or require certificates of foreign governments for expo professionals and others that the products present unreasonable risks of substantial harm to the public health. The U.S. FDA may also assess civi employees and impose operating restrictions on a company-wide basis, or enjoin and/or restrain certain conduct resulting in violations of applic prosecution to the U.S. Department of Justice. Any adverse regulatory action, depending on its magnitude, may restrict us from effectively mark ability to obtain future clearances or approvals, and could result in a substantial modification to our business practices and operations. Equivaler countries in which we conduct business.

The costs of human healthcare have been and continue to be a subject of study, investigation and regulation by governmental agencies U.S., attention has been focused by states, regulatory agencies and congress on drug prices and profits and programs that encourage doctors to w recommend, use or purchase particular medical devices. Laws and regulations have been enacted to require adherence to strict compliance stand healthcare industry. There is increased focus on interactions and financial relationships between healthcare companies and healthcare providers. require disclosures of payments and other transfers of value made to physicians and teaching hospitals and, beginning with disclosures in 2022, and foreign laws governing international business practices require strict compliance with anti-bribery standards and certain prohibitions with re official. Payers have become a more potent force in the market place and increased attention is being paid to drug and medical device pricing, a and the quality and costs of healthcare generally.

U.S. government actors continue efforts to repeal, modify, or invalidate provisions of the Patient Protection and Affordable Care Act (tl federal legislation repealed the ACA's individual mandate tax penalty as well as the tax on generous employer-sponsored healthcare plans; the C began permitting states to impose work requirements on persons covered by Medicaid expansion plans; certain federal subsidies to insurers hav not offering the full array of ACA benefits have been allowed to extend in duration. Some of these changes are being challenged in U.S. courts a The ACA has also been subject to judicial challenge. In November 2020, the U.S. Supreme Court heard argument in *Texas v. Azar*, which challe resolution of the litigation, all of the ACA but the individual mandate to buy health insurance remains in effect. The U.S. government also contir Medicare Part D benefit including the size of manufacturer discounts in the coverage gap and catastrophic phases of the benefit. There are a nun healthcare reform proposals at the state level that would affect drug pricing in the Medicare and Medicaid programs. This changing federal land the U.S. healthcare industry with much remaining uncertain as to how various provisions of federal law, and potential modification or repeal of

In addition, business practices in the healthcare industry have come under increased scrutiny, particularly in the U.S., by government agencies investigations and prosecutions carry the risk of significant civil and criminal penalties.

Further, the Company relies on global supply chains, and production and distribution processes, that are complex, are subject to increasing re unexpected changes such as those resulting from the COVID-19 pandemic and Brexit that may affect sourcing, supply and pricing of materials also are subject to complex and lengthy regulatory approvals.

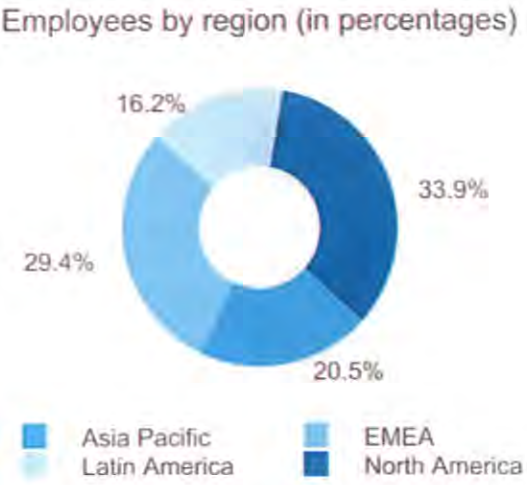
The global regulatory landscape is also subject to change as the COVID-19 pandemic continues to affect the U.S. and global economie have shifted resources and priorities to meet the many challenges presented by the pandemic. Pandemic-related disruptions could negatively im and slow agency review times necessary for the approval or clearance of new drugs and devices. The duration and severity of the COVID-19 pa

Employees and Human Capital Management

As of January 2, 2022 and January 3, 2021, the number of employees were approximately:

	2021	
Employees[1]	144,300	13(
Full-time equivalent (FTE) positions[2]	141,700	13(

[1]"Employee" is defined as an individual working full-time or part-time, excluding fixed term employees, interns and co-op employees. Employee data may not include full populati on long-term disability are excluded. Contingent workers, contractors and subcontractors are also excluded.
[2] FTE represents the total number of full-time equivalent positions and does not reflect the total number of individual employees as some work part-time.



Strategy

The Company believes that its employees are critical to its continued success and are an essential element of its long-term strategy. Ma policies and processes reflect and reinforce the Company's desired corporate culture, including policies and processes related to strategy, risk ma Company's human capital management strategy is built on three fundamental focus areas:

- Attracting and recruiting the best talent
- Developing and retaining talent
- Empowering and inspiring talent

Underpinning these focus areas are ongoing efforts to cultivate and foster a culture built on diversity, equity and inclusion (DEI), innov Company's employees are encouraged to succeed both professionally and personally while helping the Company achieve its business goals.

Culture and Employee Engagement

At Johnson & Johnson, employees are guided by Our Credo which sets forth the Company's responsibilities to patients, consumers, cus communities and shareholders. Employees worldwide are further guided by the Company's Code of Business Conduct which sets basic requirer foundation for the Company policies, procedures and guidelines, all of which provide additional guidance on expected employee behaviors in e conducts global surveys that offer its employees the ability to provide feedback and valuable insight to help address potential human resources r 2021, 91% of global employees across 77 countries participated in Our Voice Survey which was offered in 36 languages.

Growth and Development

To continue to lead in the changing healthcare landscape, it is crucial that the Company continue to attract and retain top talent. The Co equipped with the right knowledge and skills and be provided with opportunities to grow and develop in their careers. Accordingly, professional

resources

are available to all employees. The Company's objective is to foster a learning culture that helps shape each person's unique career path while cr the Company's long-term strategies. In furtherance of this objective, the Company deploys a global approach to ensure development is for every journey. In 2021, 45.8% of employees in Manager and above job categories took advantage of career opportunities by moving across functions, upward promotion or lateral transfer and excluding employees in the research and development organizations). The Company's voluntary turnov

Diversity, Equity, and Inclusion (DEI)

The Company is committed to workplace diversity and to cultivating, fostering, and advancing a culture of equity and inclusion. Enabli being themselves is fundamental to the Company's continued success. The Company's DEI vision is: *Be yourself, change the world.* The Compa reflect the strategic priorities identified to enable the Company to address the challenges and opportunities presented by this evolving understanc

- Accelerate the Company's efforts to advance a culture of inclusion and innovation
- Build a diverse workforce for the future
- Enhance business results and reputation

The Company's DEI strategy is guided by internal and external insights, global best practices and continual employee feedback which r changes by location, inclusion is the same everywhere.

Compensation and Benefits

As part of the Company's total rewards philosophy, the Company offers competitive compensation and benefits to attract and retain top and equitable treatment in its compensation and benefits for employees at all levels. The Company observes legal minimum wage provisions an total rewards offerings include an array of programs to support its employees' financial, physical, and mental well-being, including annual perfo retirement savings programs, health and welfare benefits, paid time off, leave programs, flexible work schedules and employee assistance progr

Health, Wellness and Safety

The Company's investment in employee health, well-being and safety is built on its conviction that advancing health for humanity start With the right awareness, focus, practices and tools, the Company ensures that all its employees around the world, as well as temporary contract safely. The Company has continuously expanded health and well-being programs throughout the Company and across the globe, incorporating n offerings best-in-class and to help employees achieve their personal health goals. The programs and practices the Company advances for total he —help ensure employee health protection from emerging health risks.

Safety and COVID-19 Pandemic Response

Protecting and supporting our employees during the COVID-19 pandemic continues to be a top priority and our approach includes: kee transmission rates and corresponding risk levels; promoting the health and safety of our employees in the workplace through robust layers of pr cleaning supplies and personal protective equipment; supporting employees with pay continuity, benefits and well-being tools; and recognizing and in our communities. In 2021, in recognition of the new way of working, we initiated J&J Flex, a hybrid model that empowers our office-bas balance of in-person and remote work. This model allows for work to happen seamlessly across a variety of workplaces and is enabled by an arr technology to optimize productivity and connection. J&J Flex rolled out in fourth quarter 2021 globally, and will continue deployment through 2 COVID-19 pandemic allow. The Company is evaluating flexible work strategies for its on-site workforce, such as virtual on-boarding and traini and professional lives. Also, we continued to enhance our benefits offerings with access to wellness tools, on-site vaccine clinics, mental health testing kits. In addition, as COVID-19 vaccines were broadly distributed and administered in 2021, including the one developed by Johnson & J Rico, and certain other countries to require proof of vaccination from Johnson & Johnson employees and contingent workers, in order to return t regulation. In the U.S. and Puerto Rico, this requirement took effect on October 4, 2021, with processes established for granting accommodatior Select manufacturing and distribution employees and contractors in the U.S. and Puerto Rico, as well as certain additional countries, are adoptin

Available Information

The Company's main corporate website address is *www.jnj.com*. All of the Company's SEC filings are also available on the Company's websi reasonably practicable after having been electronically filed or furnished to the SEC. All SEC filings are also available at the SEC's website at w

Investors and the public should note that the Company also announces information at *www.factsaboutourprescriptionopioids.com, www.factsabouttalc.com* and *www.LTLManagementInformation.com*. We use these websites to communicate with investors and the public about our products, litigation and other matters. It is possible that the inforr deemed to be material information. Therefore, we encourage investors and others interested in the Company to review the information posted to www.jnj.com, the Company's SEC filings, press releases, public conference calls and webcasts.

In addition, the Amended and Restated Certificate of Incorporation, By-Laws, the written charters of the Audit Committee, the Compensation Corporate Governance Committee, the Regulatory Compliance Committee, the Science, Technology & Sustainability Committee and any specia Company's Principles of Corporate Governance, Code of Business Conduct (for employees), Code of Business Conduct & Ethics for Members Officers, and other corporate governance materials, are available at *www.investor.jnj.com/gov.cfm* on the Company's website and will be provide written request, as provided above. The information on *www.jnj.com, www.factsaboutourprescriptionopioids.com, www.factsabouttalc.com* and and will not be deemed, a part of this Report or incorporated into any other filings the Company makes with the SEC.

Item 1A. RISK FACTORS

An investment in the Company's common stock or debt securities involves risks and uncertainties. The Company seeks to identify, manage uncertainties and risks are difficult to predict and many are outside of the Company's control and cannot therefore be eliminated. In addition to t Company's other filings with the SEC, investors should consider carefully the factors set forth below. Investors should be aware that it is not pos that the following is not meant to be a complete discussion of all potential risks or uncertainties. If known or unknown risks or uncertainties mat operations or financial condition could be adversely affected, potentially in a material way.

Risks Related to Our Business, Industry and Operations

The Company's businesses operate in highly competitive product markets and competitive pressures could adversely affect the Company's ea
The Company faces substantial competition in all three operating segments and in all geographic markets. The Company's businesses compete v effectiveness, technological innovations, intellectual property rights, product performance, real or perceived product advantages, pricing and ava Company also competes with other market participants in securing rights to acquisitions, collaborations and licensing agreements with third part and technologies may result in significant investment and acquisition costs and onerous agreement terms for the Company. Competitors' develo and/or their ability to secure patent and other intellectual property rights and successfully market products ahead of the Company, could negativ products as well as its ability to bring new products to market despite significant prior investment in the related product development.

For the Company's Pharmaceutical businesses, loss of patent exclusivity for a product often is followed by a substantial reduction in sales as cor and other competing products and enter the market. Similar competition can be triggered by the loss of exclusivity for a biological product. For technological innovation, product quality, reputation and customer service are especially important to competitiveness. Development by other c processes and technologies could threaten to make the Company's products or technologies less desirable, less economical or obsolete. The Con intense competition from other branded products and retailers' private-label brands. If the Company fails to sufficiently differentiate and market adversely affect revenues and profitability of those products.

Interruptions and delays in manufacturing operations could adversely affect the Company's business, sales and reputation.
The Company's manufacture of products requires the timely delivery of sufficient amounts of complex, high-quality components and materials. manufacturing facilities as well as sourcing from thousands of suppliers around the world. The Company has in the past, and may in the future, manufacturing through its internal or external supply chain. Manufacturing disruptions can occur for many reasons including regulatory action, labor disputes, labor shortages, site-specific incidents (such as fires), natural disasters such as hurricanes and other severe weather events, raw m attacks and epidemics or pandemics. Such delays and difficulties in manufacturing can result in product shortages, declines in sales and reputati and related costs associated with addressing the shortage.

The Company relies on third parties to manufacture certain of our products. Any failure by or loss of a third-party manufacturer could resu adversely affect our business.
The Company relies on third parties to manufacture certain of our products. We depend on these third-party manufacturers to allocate to us a por meet our needs, to produce products of acceptable quality and at acceptable manufacturing yields and to deliver those products to us on a timely cannot guarantee that these third-party manufacturers will be able to meet our near-term or long-term manufacturing requirements, which could our business.

Other risks associated with our reliance on third parties to manufacture these products include reliance on the third party for regulatory compliar the Company's intellectual property, limited ability to manage our inventory, possible breach of the manufacturing agreement by the third party the manufacturing agreement by the third party at a time that is costly or inconvenient for us. Moreover, if any of our third-party manufacturers under material agreements, experiences power outages, encounters financial difficulties, is unable to secure necessary raw materials from its sup efficiency, the Company may experience significant business disruption. In the event of any such disruption, the

Company would need to seek and source other qualified third-party manufacturers, likely resulting in further delays and increased costs which c

Counterfeit versions of our products could harm our patients and have a negative impact on our revenues, earnings, reputation and busines
Our industry continues to be challenged by the vulnerability of distribution channels to illegal counterfeiting and the presence of counterfeit pro the Internet. Third parties may illegally distribute and sell counterfeit versions of our products, which do not meet our rigorous manufacturing a counterfeit products may be visually indistinguishable from the authentic version. Counterfeit medicines pose a risk to patient health and safety manufactured – often in unregulated, unlicensed, uninspected and unsanitary sites – as well as the lack of regulation of their contents.

The industry's failure to mitigate the threat of counterfeit medicines could adversely impact our business and reputation by impacting patient co resulting in lost sales, product recalls, and an increased threat of litigation. In addition, diversion of our products from their authorized market in and negatively affect our profitability.

The COVID-19 pandemic has adversely impacted certain aspects of the Company's business and could cause disruptions or future impact to and financial condition.
We are subject to risks associated with global health crises, epidemics and pandemics, including the global outbreak of coronavirus and its varia adversely impacted, and is expected to continue to adversely impact, certain aspects of the Company's business, results of operations and financ customer demand and usage of certain of our products. The spread of COVID-19 has caused the Company to modify its business practices (incl Company's employees), and the Company may take further actions as may be required by government authorities or as the Company determine customers, employees and business partners. The Company continues to monitor the situation and while we have robust business continuity plar network to help mitigate the impact of COVID-19, these efforts may not completely prevent our business from being adversely affected and futu

While the U.S. and other countries have begun or will begin to reopen their economies, the extent to which COVID-19 will impact the Compan factors which cannot be predicted with confidence, including the duration of the outbreak and impact of variants. Any resurgence in COVID-19 and prolonged restrictive measures implemented in order to control the spread of the disease. The continued global spread of COVID-19 could a including, among other things, our manufacturing operations, supply chain, including third-party suppliers, sales and marketing and clinical trial affect the Company's business, financial results, and global economic conditions generally.

We also face uncertainties related to our COVID-19 vaccine, including uncertainties related to the risk that our continued development program receive approval from regulatory authorities; risks associated with clinical trial and real-world data, including further analyses of its efficacy, sa to differing interpretations and assessments, including during the peer review/publication process, in the scientific community generally, and by (NITAGs) and regulatory authorities; disruptions in the relationships between us, our third-party suppliers and external manufacturers; the risk t competitive products; the risk that demand for any products we may develop may no longer exist; risks related to the availability of raw materia we may not be able to recoup costs associated with our R&D and manufacturing efforts and risks associated with any changes in the way we ap potential drug development related to COVID-19; the risk that we may not be able to create or scale up manufacturing capacity on a timely basi manufacturing delays once a manufacturing site is activated, or have access to logistics or supply channels commensurate with global demand f candidate, which would negatively impact our ability to supply the estimated numbers of doses of our vaccine within the projected time periods associated with the pace of our vaccine development program; and pricing and access challenges for such products, including in the U.S.

In addition, to the extent the COVID-19 pandemic adversely affects our business and financial results, it may also have the effect of heightening Factors" section and those incorporated by reference herein, including risks relating to the Company's effective tax rate as a result of changes in to supply of the Company's products. Given that developments concerning the COVID-19 pandemic have been constantly evolving, additional i that are not presently known to the Company.

4S

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Illumina, Inc.

Physical Address: 5200 Illumina Way

City: San Diego State: CA Zip: 92122

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 858.202.4500 Website: www.illumina.com

Name of Designated Representative (DR): Mathew Anderson

Licensing Company Email: info@illumina.com DR Email: manderson@illumina.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Laboratories		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Illumina, Inc. (we do not supply pharmaceutical products)

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware, USA

Parent Company (if any): _____

Corporation Name: Illumina, Inc.

Mailing Address: 5200 Illumina Way

City: San Diego State: CA Zip: 92122

Telephone: 858.202.4500 Email: info@illumina.com

Contact Person Name: Salli Schwartz

Date of SEC Registration: July 27, 2000 | SEC Registration Number: 0001110803 | Stock Exchange Symbol: ILMN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Not applicable, Illumina is a publicly traded company

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: Not applicable, Illumina is a publicly traded company

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: Not applicable, Illumina is a publicly traded company

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Illumina, Inc.

Facility Name

Mathew Anderson

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12-8-22

Date

Board Use Only	Date Received: 12-12-22	Amount: 1000.00 CC 12/12/22

Appendix Table of Content

Appendix 1 - Copy of FDA registration

Appendix 2 – Responses to Section 9 of Wholesaler Application – Rev (05/12/2022)

Appendix 3 – Certificate of Good Standing

Appendix 4 – SEC 10K (page 1-15)

Appendix 5 – Indebtedness (10K Excerpt – Debt and Other Commitments, pages 71-74)

Appendix 6 – Business License

Appendix 7 – MDEG Administrator Form

Appendix 8 - Proof of Insurance

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Illumina, Inc.
5200 Illumina Way
San Diego, CA 92122

LICENSE NUMBER: 58914
EXPIRATION DATE: 12/4/2023

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 12/6/2021

Appendix 2
Responses to Section 9 of Wholesaler Application – Rev (05/12/2022)

9.1 – List of all Officers and Directors

Officers:

1) Francis deSouza
2) Charles Dadswell
3) Susan Tousi
4) Kevin Pegels
5) Joydeep Goswami
6) Phil Febbo
7) Carissa Rollins
8) John Frank
9) Aimee Hoyt
10) Kathryne Reeves
11) Alex Aravanis

Directors:

1) Francis deSouza
2) John Thompson
3) Caroline Dorsa
4) Robert Epstein
5) Gary Guthart
6) Scott Gottlieb
7) Frances Arnold
8) Phil Schiller
9) Susan Siegel

9.2 – List the top four corporation shareholders and their percent ownership

As of March 31, 2022 (most recent available data):

1) Baillie Gifford & Co. – 13.0%
2) Vanguard Group – 7.8%
3) BlackRock, Inc. – 7.5%
4) Edgewood Management LLC – 5.6%

9.3 – Not Applicable

9.4 – Not Applicable

9.5 – Certificate of Corporate Status or Certificate of Good Standing

Please see attached Appendix 3 – Certificate of Good Standing.

9.6 – Not Applicable

9.7 – Not Applicable

9.8 – Copy of DEA certificate if handling controlled substances
Not Applicable – products are medical devices

9.9 – Copy of current SEC 10K or 8K (First 15 pages only)
Please see Appendix 4 – SEC 10K (pages 1-15)

9.10 – List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.
Please see Appendix 5 – Indebtedness (10K Excerpt – Debt and Other Commitments, pages 71-74)

9.11 - Copy of your license, certification, permit or registration issued to your wholesaler business
Please see Appendix 6 – Business Licenses

9.12 - Medical Devices, Equipment and Gases (MDEG) Administrator form
Please see Appendix 7 – MDEG Administrator form

9.13 - If providing Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957)
Please see Appendix 8 – Proof of Insurance

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ILLUMINA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ILLUMINA, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF MAY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3228889 8300

SR# 20230436405

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202675189

Date: 02-08-23

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	ILLUMINA, INC.
Entity No.:	2250289
Registration Date:	06/23/2000
Entity Type:	Stock Corporation - Out of State - Stock
Formed In:	DELAWARE
Status:	Active

The above referenced entity is active on the Secretary of State's records and is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 08, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 081022317

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/9/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC Marsh & McLennan Ins. Agency LLC PO Box 85638 San Diego CA 92186 License#: 0H18131	**CONTACT NAME:** Cyndi Lloyd **PHONE (A/C, No, Ext):** 858-587-7414 **FAX (A/C, No):** 858-452-7530 **E-MAIL ADDRESS:** cyndi.lloyd@marshmma.com
INSURED Illumina, Inc 5200 Illumina Way San Diego, CA 92122 ILLUMINC1	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** INSURER A : Federal Insurance Company — 20281 INSURER B : Chubb Custom Insurance Company — 38989 INSURER C : Vigilant Insurance Company — 20397 INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1371952441 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [ ] OCCUR [X] GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	N	N	35905511	9/1/2022	9/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ Excluded $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY	N	N	73558744	9/1/2022	9/1/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $	N	N	79870523	9/1/2022	9/1/2023	EACH OCCURRENCE AGGREGATE PROD/CO	$ 10,000,000 $ 10,000,000 $ Excluded
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH) N/A If yes, describe under DESCRIPTION OF OPERATIONS below		N	71756249	9/1/2022	9/1/2023	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
B B B	(1) Products (2) Professional (3) E&O	N N N	N N N	36078296 79933043 36078297	9/1/2022 9/1/2022 9/1/2022	9/1/2023 9/1/2023 9/1/2023	$5,000,000 Per Occ/Ag $5,000,000 Per Occ/Ag $5,000,000 Per Occ/Ag	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
(1) Products/Clinical Trials Liability Coverage, Claims-Made, SIR: $ 1,000,000 Per Event, Retro 9/1/09
(2) Healthcare Professional Services Liab., Claims-Made/Reported, SIR: $1,000,000 Per Event, Retro 9/1/09
(3) Errors & Omissions Liability, Claims-Made/Reported, Ded: $ 1,000,000 Per Claim, Retro 10/22/09

CERTIFICATE HOLDER

Evidence of Coverage

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Cyndi Lloyd

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Illumina, Inc.
Illumina AB
Illumina Australia Pty Ltd
Illumina Belgium BVBA
Illumina Brasil Produtos de Biotecnologia Ltda
Illumina Canada ULC
Illumina (China) Scientific Co. Ltd.
Illumina (China), Beijing Branch
Illumina (China), Guangzhou Branch
Illumina Denmark ApS
Illumina Finland Oy
Illumina France SARL
Illumina Gmbh
Illumina Hong Kong Ltd
Illumina Italy Srl
Illumina KK (Japan)
Illumina Korea Ltd.
Illumina Netherlands B.V.
Illumina Norway AS
Illumina Productos de España, S.L.U.
Illumina Ireland Commercial Ltd
Illumina Switzerland GmbH
Advanced Liquid Logic, Inc.
Conexio Genomics Pty Ltd. (Australia)
FC Ops Corp.
Illumina France Holding SARL
thromboDx B.V.
Edico Genome Corporation
Epicentre Technologies Corp
Illumina Singapore Pte. Ltd
Verinata Health, Inc.
Illumina Cambridge, Ltd. (UK)
Illumina India Biotechnology Private Ltd.
Illumina New Zealand Ltd
Illumina Trading (Shanghai) Co., Ltd.
Illumina Trading (Shanghai) Co., Ltd. Beijing Branch
Illumina US Manufacturing Operations, Inc.
LLC Illumina Rus
Global Genome Center, LLC
Illumina Innovation Fund I, L.P.
Illumina Software, Inc.
Advanced Liquid Logic France SAS
Affomix Corporation

Avantome, Inc.
BlueGnome Pte. Ltd.
BlueGnome, Inc.
Cy Vera Corporation
Epicentre Biotechnologies, LLC
Genolocics Life Science Software Inc.
Helix Holding, LLC
Helixis, Inc.
Illumina Iceland ehf
Illumina Canada, Inc.
Illumina Charitable Foundation
Illumina Europe Limited (UK)
Illumina Genomes Corporation
Illumina GmbH France Branch
Illumina GmbH Germany
Illumina GmbH Italy Branch
Illumina Singapore Pte. Ltd. Beijing Representative Office
Illumina UK, Ltd.
Lynx Therapeutics, GmbH Germany
MedEnz, LLC
Microbigen, LLC
Moleculo, Inc.
Myraqa, Inc.
NextBio
Ribo Therapeutics, Inc.
Solexa Limited
Solexa, Inc.
Illumina Middle East FZE
Illumina Taiwan Biotechnology
Illumina Mexico Productos de Biotecnologia
Illumina Colombia S.A.S.
Longas Technologies Pty Ltd
Illumina Turkey Biyoteknoloji Limited Sirketi
Illumina Diagnostics (Shanghai) Co., Ltd
Illumina Austria Gmbh Inc

Dated Feb 2023
List of Employees

Full Name (Preferred)	First Name	Last Name	Business Title	Location
Ivy Aandal	Ivy	Aandal	Staff Business Process Analyst, Partnership Operations Support	US - California - San Diego - HQ
Rachel Abaskharon	Rachel	Abaskharon	Sr Staff Engineer - Development	US - California - San Diego - HQ
Webitu Abate	Webitu	Abate	Manufacturing Technician 2	US - California - San Diego - HQ
Christian Abaya	Christian	Abaya	Systems Integration Engineer 2	US - California - San Diego - HQ
Shuvo Abedin	Shuvo	Abedin	Sr Engineer - Development	US - California - San Diego - HQ
Grace Abelilla	Grace	Abelilla	Manufacturing Technician 3	US - California - San Diego - HQ
Kameel Abi-Samra	Kameel	Abi-Samra	Sr Staff Engineer - Development	US - California - San Diego - HQ
Nora Abunadi	Nora	Abunadi	Scientist 1	US - California - San Diego - HQ
Christian Paul Acance	Christian Paul	Acance	Manufacturing Process Technician 2	US - California - San Diego - HQ
Tim Acosta	Tim	Acosta	Assoc Director, Program Mgmt	US - California - San Diego - HQ
Ian Adams	Ian	Adams	Staff Engineer - Process Development	US - California - San Diego - HQ
Greg Adan	Greg	Adan	Sr. Engineer - Compliance	US - California - San Diego - HQ
Christopher Adewole	Christopher	Adewole	QC Engineer 1	US - California - San Diego - HQ
Sarah Adkins	Sarah	Adkins	Scientist 1	US - California - San Diego - HQ
TJ Adriatico	TJ	Adriatico	Manufacturing Technician 2	US - California - San Diego - HQ
Vikram Agarwal	Vikram	Agarwal	Sr Engineer - Process Development	US - California - San Diego - HQ
Shalini Agarwal	Shalini	Agarwal	Staff Business Systems Analyst	US - California - San Diego - HQ
Nisha Agarwal	Nisha	Agarwal	Manager, Design Quality	US - California - San Diego - HQ
Jose Agosto	Jose	Agosto	Supervisor, Lab	US - California - San Diego - HQ
Dolores Agpuon	Dolores	Agpuon	Manufacturing Technician 1	US - California - San Diego - HQ
Noel Agpuon	Noel	Agpuon	Manufacturing Technician 2	US - California - San Diego - HQ
Anurag Agrawal	Anurag	Agrawal	Sr Scientist	US - California - San Diego - HQ
Harshi Agrawal	Harshi	Agrawal	Software Technical Product Manager 1	US - California - San Diego - HQ
Manny Aguila	Manny	Aguila	Material Coordinator 3	US - California - San Diego - HQ
Juan Aguilar	Juan	Aguilar	Manufacturing Technician 2	US - California - San Diego - HQ
Isa Aguilar	Isa	Aguilar	Sr Staff DevOps Engineer	US - California - San Diego - HQ
Emma Aguilar	Emma	Aguilar	Manufacturing Technician 3	US - California - San Diego - HQ
Sosse Agvanian	Sosse	Agvanian	Scientist 1	US - California - San Diego - HQ
Lina Ahlberg	Lina	Ahlberg	Mfg/Ops Quality Engineer 2	US - California - San Diego - HQ
Kareem Ahmad	Kareem	Ahmad	Director, Systems Integration	US - California - San Diego - HQ

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Mariam Ahmed	Mariam	Ahmed	Engineer 2 - Process Development	US - California - San Diego - HQ
Ali Ahmedyar	Ali	Ahmedyar	Staff Supplier Quality Engineer	US - California - San Diego - HQ
Youngmin Ahn	Youngmin	Ahn	Manager, Engineering	US - California - San Diego - HQ
Sunmin Ahn	Sunmin	Ahn	Principal Engineer 1 - Consumables NPI	US - California - San Diego - HQ
Jeremiah Aiken	Jeremiah	Aiken	Facilities Coordinator 2	US - California - San Diego - HQ
Avishek Aiyar	Avishek	Aiyar	Principal Engineer 1 - Development	US - California - San Diego - HQ
Shankar Ajay	Shankar	Ajay	Sr Director, Scientific Research	US - California - San Diego - HQ
Naseem Ajili	Naseem	Ajili	Scientist 2	US - California - San Diego - HQ
Aditi Akalkotkar	Aditi	Akalkotkar	Sr Software Engineer	US - California - San Diego - HQ
Auday Al Obaidi	Auday	Al Obaidi	Equipment Engineer 2 - Mfg	US - California - San Diego - HQ
Rabieh Al-Ashi	Rabieh	Al-Ashi	Scientist 1	US - California - San Diego - HQ
Asha Alagesan	Asha	Alagesan	Software Engineer 2	US - California - San Diego - HQ
Saqib Alavi	Saqib	Alavi	Engineer 2 - Process Development	US - California - San Diego - HQ
Christopher Albano	Christopher	Albano	Manufacturing Technician 3	US - California - San Diego - HQ
Jon Albay	Jon	Albay	Sr Scientist	US - California - San Diego - HQ
Angela Albota	Angela	Albota	Clinical Lab Technician 4	US - California - San Diego - HQ
Jose Alcala	Jose	Alcala	Sr Systems Support Engineer/Scientist	US - California - San Diego - HQ
Reef Aldayafleh	Reef	Aldayafleh	Engineer 2 - Process Development	US - California - San Diego - HQ
Yoseph Alemayehu	Yoseph	Alemayehu	Engineer 2 - Process Development	US - California - San Diego - HQ
Tyler Alexander	Tyler	Alexander	Sr Software Engineer	US - California - San Diego - HQ
Angelo Alfiler	Angelo	Alfiler	Engineering Technician 3	US - California - San Diego - HQ
Maria Alipusan	Maria	Alipusan	Manufacturing Technician 1	US - California - San Diego - HQ
Gino Alivia	Gino	Alivia	Sr Manager, Global Distribution Requirements Planning (DRP)	US - California - San Diego - HQ
Anthony Alkatib	Anthony	Alkatib	Equipment Engineer 2 - Mfg	US - California - San Diego - HQ
Erik Allegoren	Erik	Allegoren	Principal Engineer 1 - Development	US - California - San Diego - HQ
Connor Allen	Connor	Allen	Systems Integration Engineer 2	US - California - San Diego - HQ
Ciara Allen	Ciara	Allen	Facilities Specialist	US - California - San Diego - HQ
Richard Allen	Richard	Allen	Assoc Director, Product Test	US - California - San Diego - HQ
Omar Almahdawi	Omar	Almahdawi	Manufacturing Technician 2	US - California - San Diego - HQ
Colton Almario	Colton	Almario	Engineering Technician 3	US - California - San Diego - HQ
Dannah Almasco	Dannah	Almasco	Staff Engineer, Product Lifecycle	US - California - San Diego - HQ

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Cullen Almirall	Cullen	Almirall	Firmware Engineer 2	US - California - San Diego - HQ
Daniel Alonzo	Daniel	Alonzo	Staff Engineer - Development	US - California - San Diego - HQ
Renad Alsanousi	Renad	Alsanousi	Engineer 1, Product Lifecycle	US - California - San Diego - HQ
Ray Altamirano	Ray	Altamirano	Lead - Material Coordinator 4	US - California - San Diego - HQ
Brian Altringer	Brian	Altringer	Clinical Lab Technician 1	US - California - San Diego - HQ
Jacky Alva	Jacky	Alva	Engineer 2 - Compliance	US - California - San Diego - HQ
Troy Alva	Troy	Alva	Sr Engineer - Development	US - California - San Diego - HQ
Dionisio Alvarez	Dionisio	Alvarez	Manufacturing Technician 2	US - California - San Diego - HQ
Dunhill Alvarez	Dunhill	Alvarez	Assoc Project Manager - Technical	US - California - San Diego - HQ
Michelle Alvarez	Michelle	Alvarez	Sr Manager, Scientific Research	US - California - San Diego - HQ
Adrian Alvarez	Adrian	Alvarez	Inventory Control Analyst	US - California - San Diego - HQ
Mike Alves	Mike	Alves	Director, Manufacturing	US - California - San Diego - HQ
Ranjana Ambannavar	Ranjana	Ambannavar	Sr Project Manager - Technical	US - California - San Diego - HQ
Mike Amory	Mike	Amory	Sr. Staff S&OP Manager	US - California - San Diego - HQ
Sudha Ananth	Sudha	Ananth	Sr Scientist	US - California - San Diego - HQ
Abikamet Nathan Anbunathan	Abikamet Nathan	Anbunathan	Sr Software Engineer	US - California - San Diego - HQ
Keerthana Andakudi Kesavan	Keerthana	Andakudi Kesavan	Sr Scientist	US - California - San Diego - HQ
John Andermann	John	Andermann	Manager, Lab	US - California - San Diego - HQ
Monique Anderson	Monique	Anderson	Certified Clinical Lab Scientist 1	US - California - San Diego - HQ
Lindsey Anderson	Lindsey	Anderson	Sr Supply Chain Specialist - GSC Rotation Program	US - California - San Diego - HQ
Luke Anderson	Luke	Anderson	Manufacturing Specialist 2	US - California - San Diego - HQ
Donna Anderson	Donna	Anderson	Manufacturing Technician 3	US - California - San Diego - HQ
Daniel Anderson	Daniel	Anderson	Staff Engineer, Product Lifecycle	US - California - San Diego - HQ
Tim Anderson	Tim	Anderson	Director, Strategic Sourcing	US - California - San Diego - HQ
Paul Anderson	Paul	Anderson	Sr Director, Strategic Operations	US - California - San Diego - HQ
Jesse Anderson	Jesse	Anderson	Sr Manager, Manufacturing	US - California - San Diego - HQ
Lucas Andrade	Lucas	Andrade	Scientist 1	US - California - San Diego - HQ
Jim Andrade	Jim	Andrade	Principal Software Quality Engineer 1	US - California - San Diego - HQ
Emily Anello	Emily	Anello	Staff Program Manager - Technical	US - California - San Diego - HQ
Joanna Ang	Joanna	Ang	Sr Project Manager - Technical	US - California - San Diego - HQ
Susana Angeles	Susana	Angeles	Manufacturing Technician 3	US - California - San Diego - HQ

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Susanne Angelow	Susanne	Angelow	Assoc Director, Custom Products	US - California - San Diego - HQ
Bryan Anstead	Bryan	Anstead	Scientist 2	US - California - San Diego - HQ
Kenyon Applebee	Kenyon	Applebee	Staff Scientist	US - California - San Diego - HQ
Craig April	Craig	April	Staff Scientist	US - California - San Diego - HQ
Tushar Apsunde	Tushar	Apsunde	Staff Scientist	US - California - San Diego - HQ
Tyler Aragon	Tyler	Aragon	Staff Software Technical Product Manager	US - California - San Diego - HQ
Carina Arboleda	Carina	Arboleda	Engineer 2 - Process Development	US - California - San Diego - HQ
Cesar Arcasi Matta	Cesar	Arcasi Matta	Scientist 1	US - California - San Diego - HQ
Jeremy Arcelao	Jeremy	Arcelao	Engineering Technician 3	US - California - San Diego - HQ
Brian Archer	Brian	Archer	Sr Engineer - Development	US - California - San Diego - HQ
Cezar Argana	Cezar	Argana	Manufacturing Technician 1	US - California - San Diego - HQ
Leonilo Arias	Leonilo	Arias	Manufacturing Technician 2	US - California - San Diego - HQ
Luis Arias	Luis	Arias	Sr Project Manager - Technical	US - California - San Diego - HQ
Rioneil Arias	Rioneil	Arias	Engineer 2, Product Lifecycle	US - California - San Diego - HQ
Esteban Armijo	Esteban	Armijo	Scientist 2	US - California - San Diego - HQ
Nicole Armstrong	Nicole	Armstrong	QC Engineer 2	US - California - San Diego - HQ
Jesus Arredondo	Jesus	Arredondo	Software Test Engineer 1	US - California - San Diego - HQ
Jose Arriero	Jose	Arriero	Lead - Material Coordinator 4	US - California - San Diego - HQ
DeeAnn Asamoto	DeeAnn	Asamoto	Sr Scientist	US - California - San Diego - HQ
Aaron Aslanian	Aaron	Aslanian	Staff Scientist	US - California - San Diego - HQ
Daniel Astudillo	Daniel	Astudillo	Sr Engineer, Product Lifecycle	US - California - San Diego - HQ
Hedieh Attai	Hedieh	Attai	Sr Scientist	US - California - San Diego - HQ
Joan Auber	Joan	Auber	Sr. Staff Software Quality Engineer	US - California - San Diego - HQ
Mariah Aubin	Mariah	Aubin	Sr QC Scientist	US - California - San Diego - HQ
Nicole Avakyan	Nicole	Avakyan	Sr Scientist	US - California - San Diego - HQ
James Avecilla	James	Avecilla	Sr Manager, Software Development	US - California - San Diego - HQ
Storm Avery	Storm	Avery	Manager, Facilities Engineering	US - California - San Diego - HQ
Alex Avila	Alex	Avila	Certified Clinical Lab Scientist 2	US - California - San Diego - HQ
Ragini Ayengar	Ragini	Ayengar	Assoc Director, NPI, Supplier Quality	US - California - San Diego - HQ
Mostafa Azab	Mostafa	Azab	Sr Manager, Bioinformatics	US - California - San Diego - HQ
Ahmad Azizi	Ahmad	Azizi	Logistics Coordinator 3	US - California - San Diego - HQ

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Belen Babao	Belen	Babao	Manufacturing Specialist 2	US - California - San Diego - HQ
Bridget Babcock	Bridget	Babcock	Clinical Lab Technician 2	US - California - San Diego - HQ
Kent Bachman	Kent	Bachman	Director, Program Mgmt, Technical	US - California - San Diego - HQ
Monisha Badanepet	Monisha	Badanepet	Sr Mfg/Ops Quality Engineer	US - California - San Diego - HQ
Ahmet Badur	Ahmet	Badur	Manager, Engineering	US - California - San Diego - HQ
Salome Bagayan	Salome	Bagayan	Certified Clinical Lab Scientist 2	US - California - San Diego - HQ
Rey Baguio	Rey	Baguio	Manufacturing Technician 2	US - California - San Diego - HQ
Lorena Baguio	Lorena	Baguio	Lead - Manufacturing Specialist 2	US - California - San Diego - HQ
Tayebeh Bahmani	Tayebeh	Bahmani	Principal 1 - Strategic Sourcing Manager	US - California - San Diego - HQ
Bj Bai	Bj	Bai	Sr Manager, Scientific Research	US - California - San Diego - HQ
Scott Bailey	Scott	Bailey	Sr Staff Engineer - Process Development	US - California - San Diego - HQ
Steven Bailey	Steven	Bailey	Sr Staff S&OP Manager – Internal/Non-Revenue	US - California - San Diego - HQ
Jared Bailey	Jared	Bailey	Manager, Distribution	US - California - San Diego - HQ
David Baker	David	Baker	Sr Engineer - Development	US - California - San Diego - HQ
Tom Baker	Tom	Baker	Principal Engineer 1 - Development	US - California - San Diego - HQ
Sara Bakhshi	Sara	Bakhshi	Staff Scientist	US - California - San Diego - HQ
Anjana Bakthavachalam	Anjana	Bakthavachalam	Business Systems Analyst	US - California - San Diego - HQ
Melinda Balansay-Ames	Melinda	Balansay-Ames	Sr Project Manager, Clinical Affairs	US - California - San Diego - HQ
Xela Baldueza	Xela	Baldueza	Manufacturing Technician 2	US - California - San Diego - HQ
Andrea Baldwin	Andrea	Baldwin	Scientist 2	US - California - San Diego - HQ
Gagana Bale Mahabhanu	Gagana	Bale Mahabhanu	Sr Data Informatics Analyst	US - California - San Diego - HQ
Anusha Balusu	Anusha	Balusu	Software Test Engineer 2	US - California - San Diego - HQ
Jeffrey Banh	Jeffrey	Banh	Staff Test Engineer - Development	US - California - San Diego - HQ
James Bannister	James	Bannister	Staff Facilities Engineer	US - California - San Diego - HQ
Apuroop Reddy Bannur	Apuroop Reddy	Bannur	Business Systems Analyst	US - California - San Diego - HQ
Araceli Bantog	Araceli	Bantog	Manufacturing Technician 2	US - California - San Diego - HQ
Chris Bantog	Chris	Bantog	Engineer 2 - Development	US - California - San Diego - HQ
Bela Bapat	Bela	Bapat	Director, Health Economic Outcomes	US - California - San Diego - HQ
Jabulani Barber	Jabulani	Barber	Staff Engineer - Development	US - California - San Diego - HQ
Marcus Barker	Marcus	Barker	Manufacturing Technician 2	US - California - San Diego - HQ
Mark Barlis	Mark	Barlis	Manufacturing Technician 2	US - California - San Diego - HQ

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Illumina, Inc. MDEG License # (if applicable): _____

Physical Address: 5200 Illumina Way

City: San Diego State: CA Zip: 92122

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 858.202.4500 Website: www.illumina.com

Licensing Company Email: techsupport@illumina.com

Section 2: Personal Information

First: Christopher Middle: Edward Last: Wantuch

Alias(es, nicknames, name changes, etc.): Chris

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Stamford Street #[redacted]

City: Asheville State: NC Zip: 28803

Telephone: [redacted] Email: cwantuch@illumina.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
South Suburban College(Formally Thornton Community College)			08/81-06/83	
Address	**City**		**State**	**Zip**
5800 South State Street	South Holland		IL	60473-1200
Diploma/Degree obtained, if any				
Associate Degree/Biomedical Technology				

School Name			From - To (MM/YY – MM/YY)	
Thornwood High School			08/77-06/81	
Address	**City**		**State**	**Zip**
465 E 170th Street	South Holland		IL	60473
Diploma/Degree obtained, if any				
High School				

School Name			From - To (MM/YY – MM/YY)	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/21-Present	[redacted]Stamford Streed #[redacted]	Asheville	NC	28803
02/01-09/21	[redacted] Berkshire Lane	Sugar Grove	IL	60554

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Illumina			06/10-Present
Business Address	**City**	**State**	**Zip**
5200 Illumina Way	San Diego	CA	92122
Phone	**Title**		**Number of Employed Hours**
858-202-4500	Director of Service and Support		>1500 hours
Description of Duties			
Started as a District Service Manager and have moved on to a Director role, managing the business for all of Illumina's products. Understand and enforce the compliance with regards to service of Illumina Products			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) _____ Date _____

I, Christopher Edward Wantuch, **certify that as the MDEG Administrator for**

Illumina, Inc,

that I (initial that you have read and meet the following requirements):

1. CEW Have a high school diploma or its equivalent;
2. CEW Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CEW Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CEW Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Wantuch
Print Name (First, Last)

Christopher Wantuch Electronically signed by: Christopher Wantuch Reason: Approver Date: Nov 2. 2022 09:43 EDT
Original Signature (electronic, copies or stamps not accepted)

02-Nov-2022
Date

Board Use Only	Date Received: 12-12-22

2022 MDEG Administrator Application Fillable PDF 06.21.2022 CEW

Final Audit Report 2022-11-02

Created:	2022-11-01
By:	Barrick Lo (blo@illumina.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAZ7TnmL-HXpbmszTuTg9a7_-W5VDMZuAN

"2022 MDEG Administrator Application Fillable PDF 06.21.2022 CEW" History

Document created by Barrick Lo (blo@illumina.com)
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Document e-signed by Christopher Wantuch (cwantuch@illumina.com)
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Signature Date: 2022-11-02 - 1:43:58 PM GMT - Time Source: server- IP address: 66.191.218.13

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Form 10-K

☑ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended January 2, 2022

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from to

Commission file number: 001-35406

Illumina, Inc.

(Exact name of registrant as specified in its charter)

Delaware	**33-0804655**
(State or other jurisdiction of incorporation or organization)	*(I.R.S. Employer Identification No.)*

5200 Illumina Way, San Diego, CA 92122
(Address of principal executive offices) (Zip code)
Registrant's telephone number, including area code: **(858) 202-4500**

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.01 par value	ILMN	The NASDAQ Stock Market LLC

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☑ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☑

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☑ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act. (Check one):

Large accelerated filer ☑ Accelerated filer ☐ Non-accelerated filer ☐ Smaller reporting company ☐ Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13a of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☑

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☑

As of February 11, 2022, there were 157.0 million shares (excluding 39.7 million shares held in treasury) of the registrant's common stock outstanding. The aggregate market value of the common stock held by non-affiliates of the registrant as of July 4, 2021 (the last business day of the registrant's most recently completed second fiscal quarter), based on the closing price for the common stock on The NASDAQ Global Select Market on July 2, 2021 (the last trading day before July 4, 2021), was $60.2 billion. This amount excludes an aggregate of approximately 20.0 million shares of common stock held by officers and directors and each person known by the registrant to own 10% or more of the outstanding common stock. Exclusion of shares held by any person should not be construed to indicate that such person possesses the power, directly or indirectly, to direct or cause the direction of the management or policies of the registrant, or that the registrant is controlled by or under common control with such person.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive proxy statement for the 2022 annual meeting of stockholders are incorporated by reference into Items 10 through 14 of Part III of this Report.

ILLUMINA, INC.

FORM 10-K

FOR THE FISCAL YEAR ENDED JANUARY 2, 2022

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See "Form 10-K Cross-Reference Index" within Other Key Information for a cross-reference to the parts and items requirements of the Securities and Exchange Commission Annual Report on Form 10-K.

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Consideration Regarding Forward-Looking Statements

This annual report on Form 10-K contains, and our officers and representatives may from time to time make, "forward-looking statements" within the meaning of the safe harbor provisions of the U.S. Private Securities Litigation Reform Act of 1995. Forward-looking statements can be identified by words such as: "anticipate," "intend," "plan," "goal," "seek," "believe," "continue," "project," "estimate," "expect," "strategy," "future," "likely," "may," "potential," "predict," "should," "will," or similar words or phrases, or the negatives of these words, may identify forward-looking statements, but the absence of these words does not necessarily mean that a statement is not forward looking. Examples of forward-looking statements include, among others, statements we make regarding:

- our expectations as to our future financial performance, results of operations, or other operational results or metrics;
- our expectations regarding the launch of new products or services;
- the benefits that we expect will result from our business activities and certain transactions we have completed, such as product introductions, increased revenue, decreased expenses, and avoided expenses and expenditures;
- our expectations of the effect on our financial condition of claims, litigation, contingent liabilities, and governmental investigations, proceedings, and regulations;
- our strategies or expectations for product development, market position, financial results, and reserves;
- our expectations regarding the outcome of the legal and regulatory proceedings related to our recently completed acquisition of GRAIL, Inc. (GRAIL) and other actions that may be taken or pursued by the European Commission, the Federal Trade Commission and/or other governmental or regulatory authorities in connection with such acquisition;
- the interim measures order imposed by the European Commission, its duration and impact on Illumina and GRAIL, and the appointment of a monitoring trustee to monitor our compliance with such order;
- our expectations regarding the integration of any acquired technologies with our existing technology; and
- other expectations, beliefs, plans, strategies, anticipated developments, and other matters that are not historical facts.

Forward-looking statements are neither historical facts nor assurances of future performance. Instead, they are based only on our current beliefs, expectations, and assumptions regarding the future of our business, future plans and strategies, projections, anticipated events and trends, the economy, and other future conditions. Because forward-looking statements relate to the future, they are subject to inherent uncertainties, risks, and changes in circumstances that are difficult to predict and many of which are outside of our control. Our actual results and financial condition may differ materially from those indicated in the forward-looking statements. Therefore, you should not rely on any of these forward-looking statements. Important factors that could cause our actual results and financial condition to differ materially from those indicated in the forward-looking statements include, among others, the following:

- the impact to our business and operating results caused by the COVID-19 pandemic;
- our expectations and beliefs regarding prospects and growth for our business and the markets in which we operate;
- the timing and mix of customer orders among our products and services;
- challenges inherent in developing, manufacturing, and launching new products and services, including expanding manufacturing operations and reliance on third-party suppliers for critical components;
- the impact of recently launched or pre-announced products and services on existing products and services;
- our ability to develop and commercialize our instruments and consumables, to deploy new products, services, and applications, and to expand the markets for our technology platforms;

- our ability to manufacture robust instrumentation and consumables;
- our ability to identify and acquire technologies, and integrate them into our products or businesses successfully;
- risks and uncertainties regarding the legal and regulatory proceedings relating to our recently completed acquisition of GRAIL and our ability to achieve the expected benefits of such acquisition and other actions that may be taken or pursued by the European Commission, the Federal Trade Commission and/or other governmental or regulatory authorities in connection with such acquisition;
- the interim measures order imposed by the European Commission, and its duration and impact on Illumina and GRAIL, which impact may include material and adverse effects on synergies and other benefits we expect to achieve as a result of the acquisition of GRAIL, additional costs or liabilities, loss of revenue and other adverse effects on our business, financial condition and results of operations;
- our compliance with the terms of the interim measures order, which is monitored by an appointed monitoring trustee, and which is burdensome to implement and administer, and the risk that the European Commission could impose or seek to impose fines and other penalties for alleged noncompliance with such terms;
- the assumptions underlying our critical accounting policies and estimates;
- our assessments and estimates that determine our effective tax rate;
- our assessments and beliefs regarding the outcome of pending legal proceedings and any liability that we may incur as a result of those proceedings;
- uncertainty, or adverse economic and business conditions, including as a result of slowing or uncertain economic growth in the United States or worldwide; and
- other factors detailed in our filings with the SEC, including the risks, uncertainties, and assumptions described in "Risk Factors" within the Business and Market Information section of this report, or in information disclosed in public conference calls, the date and time of which are released beforehand.

Any forward-looking statement made by us in this annual report on Form 10-K is based only on information currently available to us and speaks only as of the date on which it is made. We undertake no obligation, and do not intend, to publicly update any forward-looking statement, whether written or oral, that may be made from time to time, or to review or confirm analysts' expectations, or to provide interim reports or updates on the progress of any current financial quarter, in each case whether as a result of new information, future developments, or otherwise.

Available Information

Our annual report on Form 10-K, quarterly reports on Form 10-Q, current reports on Form 8-K, and all amendments to those reports are available free of charge on our website, www.illumina.com. The information on our website is not incorporated by reference into this report. Such reports are made available as soon as reasonably practicable after filing with, or furnishing to, the SEC. The SEC also maintains an Internet site at www.sec.gov that contains reports, proxy and information statements, and other information regarding issuers that electronically file with the SEC. Copies of our annual report on Form 10-K will be made available, free of charge, upon written request.

24sure, Ampligase, Assign, BaseSpace, BlueBee, BlueFish, BlueFuse, BlueGnome, Clarity LIMS, CSPro, CytoSeq, COVIDSeq, DesignStudio, DRAGEN, Durascript, Enancio SAS, Genetic Energy, GenomeStudio, Globin-Zero, GoldenGate, HiSeq, iSeq, iHope, Illumina, Illumina Propel Certified, IllumiNotes, Infinium, iScan, iSelect, MiniSeq, MiSeq, MiSeqDx, NextBio, Nextera, NextSeq, NovaSeq, Powered by Illumina, Ribo-Zero, SeqMonitor, SureCell, TruGenome, TruSeq, TruSight, Understand Your Genome, UYG, Verifi, Verinata, Verinata Health, VeriSeq, the pumpkin orange color, and the Genetic Energy streaming bases design are trademarks or registered trademarks of Illumina, Inc.

"GRAIL," the GRAIL logos, and other trade names, trademarks, or service marks of GRAIL are the property of GRAIL. The "Galleri" mark and logo are registered in the United States. Applications to register the "Galleri" mark and logo and some of GRAIL's applications to register the "GRAIL" mark and the logos associated with GRAIL in other countries are pending.

Unless the context requires otherwise, references in this annual report on Form 10-K to "Illumina," the "Company," "we," "us," and "our" refer to Illumina, Inc. and its consolidated subsidiaries.

Our fiscal year is the 52 or 53 weeks ending the Sunday closest to December 31, with quarters of 13 or 14 weeks ending the Sunday closest to March 31, June 30, September 30, and December 31. References to 2021, 2020, and 2019 refer to fiscal years ended January 2, 2022, January 3, 2021, and December 29, 2019, respectively. Fiscal years 2021 and 2019 were both 52 weeks, and fiscal year 2020 was 53 weeks.

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BUSINESS & MARKET INFORMATION

BUSINESS OVERVIEW

We are a global leader in sequencing- and array-based solutions for genetic and genomic analysis. Our products and services serve customers in a wide range of markets, enabling the adoption of genomic solutions in research and clinical settings. We were incorporated in California in April 1998 and reincorporated in Delaware in July 2000. Our principal executive offices are located at 5200 Illumina Way, San Diego, California 92122. Our telephone number is (858) 202-4500.

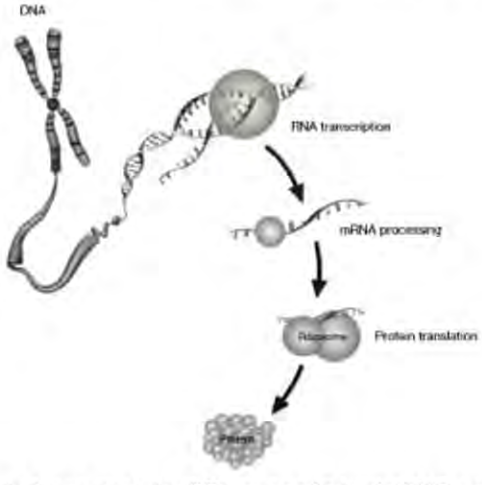
Our customers include leading genomic research centers, academic institutions, government laboratories, and hospitals, as well as pharmaceutical, biotechnology, commercial molecular diagnostic laboratories, and consumer genomics companies.

Our portfolio of integrated sequencing and microarray systems, consumables, and analysis tools is designed to accelerate and simplify genetic analysis. This portfolio addresses the range of genomic complexity, price points, and throughput, enabling customers to select the best solution for their research or clinical application.

On August 18, 2021, we acquired GRAIL, a healthcare company focused on early detection of multiple cancers. GRAIL's Galleri blood test detects various types of cancers before they are symptomatic. We believe our acquisition of GRAIL will accelerate the adoption of next-generation sequencing (NGS) based early multi-cancer detection tests, enhance our position in Clinical Genomics, and increase our directly accessible total addressable market. The results of operations of GRAIL have been included in our consolidated financial statements from the date of acquisition. The acquisition is subject to ongoing legal proceedings and pending the European Commission's ongoing merger review. GRAIL is currently being held and operated as a separate company, with oversight provided by an appointed, independent monitoring trustee during the European Commission's ongoing merger review. See note "4. Acquisitions, Goodwill and Intangible Assets" and note "8. Legal Proceedings" for further details.

Genetics Primer

The instruction set for all living cells is encoded in deoxyribonucleic acid, or DNA. The complete set of DNA for any organism is referred to as its genome. DNA contains small regions called genes, which comprise a string of nucleotide bases labeled A, C, G, and T, representing adenine, cytosine, guanine, and thymine, respectively. These nucleotide bases occur in a precise order known as the DNA sequence. When a gene is "expressed," a copy of a portion of its DNA sequence called messenger RNA (mRNA) is used as a template to direct the synthesis of a particular protein. Proteins, in turn, direct all cellular function. The illustration below is a simplified gene expression schematic.



Variations among organisms are due, in large part, to differences in their DNA sequences. Changes can result from insertions, deletions, inversions, translocations, or duplications of nucleotide bases. These changes may result in certain genes becoming overexpressed (excessive protein production), underexpressed (reduced protein production), or silenced altogether, sometimes triggering changes in cellular function. The most common form of variation in humans is called a single nucleotide polymorphism (SNP), which is a base change in a single position in a DNA

sequence. Another type of variation, copy number variations (CNVs), occur when there are fewer or more copies of certain genes, segments of a gene, or stretches of DNA.

In humans, genetic variation accounts for many of the physical differences we see (e.g., height, hair, eye color, etc.). Genetic variations also can have medical consequences affecting disease susceptibility, including predisposition to complex genetic diseases such as cancer, diabetes, cardiovascular disease, and Alzheimer's disease. They can affect individuals' response to certain drug treatments, causing them to respond well, experience adverse side effects, or not respond at all.

Scientists are studying these variations and their consequences in humans, as well as in a broad range of animals, plants, and microorganisms. Such research takes place in government, university, pharmaceutical, biotechnology, and agrigenomics laboratories around the world, where scientists expand our knowledge of the biological functions essential for life. Beginning at the genetic level, our tools are used to elucidate the relationship between gene sequence and biological processes. Researchers who investigate human and non-human genetic variation to understand the mechanisms of disease are enabling the development of more effective diagnostics and therapeutics. They also provide greater insight into genetic variation in plants (e.g., food and biofuel crops) and animals (e.g., livestock and domestic), enabling improvements in crop yields and animal breeding programs.

By empowering genetic analysis and facilitating a deeper understanding of genetic variation and function, our tools advance disease research, drug development, and the creation of molecular diagnostic tests. We believe that this will trigger a fundamental shift in the practice of medicine and health care, and that the increased emphasis on preventive and predictive molecular medicine will usher in the era of precision health care.

Our Principal Markets

We target the markets and customers outlined below.

Life Sciences

Historically, our core business has been in the life sciences research market. This includes laboratories associated with universities, research centers, and government institutions, along with biotechnology and pharmaceutical companies. Researchers at these institutions use our products and services for basic and translational research across a spectrum of scientific applications, including targeted, exome, and whole-genome sequencing; genetic variation; gene expression; epigenetics; and metagenomics. NGS technologies are being adopted due to their ability to cost-effectively sequence large sample sizes quickly and accurately, generating vast amounts of high-quality data. Both private and public funding drive this research, along with global initiatives to characterize genetic variation.

Our products also serve various applied markets including consumer genomics and agrigenomics. For example, in consumer genomics, our customers use our technologies to provide personalized genetic data and analysis to individual consumers. In agrigenomics, government and corporate researchers use our products and services to explore the genetic and biological basis for productivity and nutritional constitution in crops and livestock. Researchers can identify natural and novel genomic variation and deploy genome-wide marker-based applications to accelerate breeding and production of healthier and higher-yielding crops and livestock.

Clinical Genomics

We are focused on enabling translational and clinical markets through the introduction of best-in-class sequencing technology. Further, we are developing sample-to-answer solutions to catalyze adoption in the clinical setting, including in reproductive and genetic health and oncology. In reproductive health, our primary focus is driving noninvasive prenatal testing (NIPT) adoption globally through our technology, which identifies fetal chromosomal abnormalities by analyzing cell-free DNA in maternal blood. Our NGS technology is also accelerating rare and undiagnosed disease research to discover the genetic causes of inherited disorders by assessing many genes simultaneously. Using NGS can reduce costs compared to traditional methods of disease diagnosis, which are often expensive and inconclusive while requiring extensive testing.

Cancer is a disease of the genome, and the goal of cancer genomics is to identify genomic changes that transform a normal cell into a cancerous one. Understanding these genomic changes will improve diagnostic accuracy, increase understanding of the prognosis, and enable oncologists to target therapies to individuals. Customers in the translational and clinical oncology markets use our products to perform research that may help identify

individuals who are genetically predisposed to cancer and to identify molecular changes in a tumor. We believe that circulating tumor DNA (ctDNA) will become an important clinical tool for managing oncology patients during all stages of tumor progression. Our technology is being used to research the implications of ctDNA in treatment determination, treatment monitoring, minimal residual disease, and asymptomatic screening. For example, GRAIL's Galleri blood test for early-stage cancer detection is enabled by our sequencing technology.

Our Principal Products, Services, and Technologies

Our unique technology platforms support the scale of experimentation necessary for population-scale studies, genome-wide discovery, target selection, and validation studies (see Figure 1 below). Customers use our products to analyze the genome at all levels of complexity, from targeted panels to whole-genome sequencing. A large and dynamic Illumina user community has published hundreds of thousands of customer-authored scientific papers using our technologies. Through rapid innovation, we are changing the economics of genetic research, enabling projects that were previously considered impossible, and supporting clinical advances towards precision medicine.

Most of our product sales consist of instruments and consumables, which include reagents, flow cells, and microarrays, based on our proprietary technologies. We also perform various services for our customers. In 2021, 2020, and 2019, instrument sales represented 17%, 13%, and 15%, respectively, of total revenue; consumable sales represented 71%, 71%, and 68%, respectively, of total revenue; and services represented 12%, 16%, and 17%, respectively, of total revenue.

Figure 1: Illumina Platform Overview:

From genome-wide discovery to targeted validation and screening

	Sequencing*					Sequencing and Arrays	Arrays
Instrument	NovaSeq™ 6000 System	NextSeq™ 1000 and NextSeq™ 2000 Systems	MiSeq™ and MiSeqDx Systems	MiniSeq™ System	iSeq™ 100 System	NextSeq™ 550 and NextSeq™ 550Dx Systems	iScan™ System
Technologies	Sequencing by synthesis (SBS) powered by TruSeq™ Chemistry					SBS, TruSeq BeadChip Infinium™, Infinium XT	BeadArray, Infinium
Applications	Scalable throughput and flexibility for virtually any genome, sequencing method, and scale of project	Small whole-genome sequencing, exome, liquid biopsy, DNA+RNA panels, multi-omic single-cell, and deep metagenomic sequencing	MiSeq System – small genome, amplicon targeted gene panel sequencing MiSeqDx System – FDA-cleared IVD system for CF screening and user-defined assays	Targeted DNA and RNA sequencing	Targeted, bacterial, and viral sequencing	NextSeq 550 System – Whole-genome sequencing, exome, transcriptome, sequencing, and CNV analysis NextSeq 550Dx System – FDA-cleared and CE-IVD system for NGS IVD assays and clinical research	SNP and whole-genome genotyping, CNV analysis, gene regulation, epigenetic analysis, gene expression analysis, and cytogenetic analysis

*Our HiSeq™ series of instruments, including the HiSeq 4000 and HiSeq X, have been discontinued and are not included in this chart. However, we continue to provide support and sell consumables to customers through March 31, 2024.

Sequencing

DNA sequencing is the process of determining the order of nucleotide bases (A, C, G, or T) in a DNA sample. Our portfolio of sequencing platforms represents a family of systems that we believe set the standard for productivity, cost-effectiveness, and accuracy among NGS technologies. Customers use our platforms to perform whole-genome, de novo, exome and RNA sequencing, and targeted resequencing of specific gene regions and genes.

Whole-genome sequencing determines the complete DNA sequence of an organism. In de novo sequencing, the goal is to sequence and assemble the genome of that sample without using information from prior sequencing of that species. In targeted resequencing, a portion of the sequence of an organism is compared to a standard or reference sequence from previously sequenced samples to identify genetic variation. Understanding the similarities and differences in DNA sequence between and within species helps us understand the function of the structures encoded in the DNA.

Our DNA sequencing technology is based on our proprietary reversible terminator-based sequencing chemistry, referred to as sequencing by synthesis (SBS) biochemistry. SBS tracks the addition of labeled nucleotides as the DNA chain is copied in a massively parallel fashion. Our SBS sequencing technology provides researchers with a

broad range of applications and the ability to sequence even large mammalian genomes in a few days rather than weeks or years.

Our sequencing platforms can generate between 500 megabases (Mb) and 6.0 terabases (Tb) (equivalent to approximately 48 human genomes) of genomic data in a single run, depending on the instrument and application.

There are different price points per gigabase (Gb) for each instrument, and for different applications, which range from small-genome, amplicon, and targeted gene-panel sequencing to population-scale whole human genome sequencing. Since we launched our first sequencing system in 2007, our systems have reduced the cost of sequencing by a factor of more than 10,000. In addition, the sequencing time per Gb has dropped by a factor of approximately 12,000.

Illumina informatics products play a critical role in supporting our sequencing applications and customers' needs across a range of activities, including sample preparation, instrument control & management, and post-run analysis.

Our BaseSpace Informatics Suite integrates directly with our sequencing instruments, allowing customers to manage their biological sample and sequencing runs, process and analyze the raw genomic data, and derive meaningful results. It facilitates data sharing, provides data-storage solutions and streamlines analysis through a growing number of applications developed by us and the bioinformatics community. Our DRAGEN Bio-IT Platform is used for secondary analysis and analyzes sequencing data from a variety of experiment types, including whole genomes, whole exomes, germline and somatic datasets, and RNA sequencing experiments with industry leading accuracy, speed and efficiency. Additionally, Illumina Connected Analytics is an integrated bioinformatics solution that provides a comprehensive, private, cloud-based data platform that empowers customers to manage, analyze, and explore large volumes of multi-omic data in a secure, scalable, and flexible environment.

In 2021, 2020, and 2019, total sequencing revenue comprised 91%, 89%, and 87%, respectively, of total revenue.

Arrays

Arrays are used for a broad range of DNA and RNA analysis applications, including SNP genotyping, CNV analysis, gene expression analysis, and methylation analysis, and enable the detection of millions of known genetic markers on a single array. Arrays are the primary technology used in consumer genomics applications.

Our BeadArray technology combines microscopic beads and a substrate in a proprietary manufacturing process to produce arrays that can perform many assays simultaneously. This facilitates large-scale analysis of genetic variation and biological function in a unique, high-throughput, cost-effective, and flexible manner. Using our BeadArray technology, we achieve high-throughput analysis via a high density of test sites per array and the ability to format arrays in various configurations. To serve the needs of multiple markets and market segments, we can vary the size, shape, and format of the substrate into which the beads self-assemble and create specific bead types for different applications. Our iScan System and our NextSeq 550 System can be used to image arrays.

In 2021, 2020, and 2019, total array revenue comprised 9%, 11%, and 13%, respectively, of total revenue.

Consumables

We have developed various library preparation and sequencing kits to simplify workflows and accelerate analysis. Our sequencing applications include whole-genome sequencing kits, which sequence entire genomes of any size and complexity, and targeted resequencing kits, which can sequence exomes, specific genes, RNA or other genomic regions of interest. Our sequencing kits maximize the ability of our customers to characterize the target genome accurately and are sold in various configurations, addressing a wide range of applications.

Customers use our array-based genotyping consumables for a wide range of analyses, including diverse species, disease-related mutations, and genetic characteristics associated with cancer. Customers can select from a range of human, animal, and agriculturally relevant genome panels or create their own custom arrays to investigate millions of genetic markers targeting any species.

Services

We provide whole-genome sequencing, genotyping, NIPT, and product support services. Human whole-genome sequencing services are provided through our CLIA-certified, CAP-accredited laboratory. Using our services, customers can perform whole-genome sequencing projects and microarray projects (including large-scale genotyping studies and whole-genome association studies). We also provide NIPT services through our partner laboratories that direct samples to us on a test send-out basis in our CLIA-certified, CAP-accredited laboratory. In addition, we also offer support services to customers who have purchased our products.

GRAIL

GRAIL's multi-cancer early detection test, Galleri, is designed as a screening test for adults with an elevated risk for cancer, such as those aged 50 or older, and was commercially launched in 2021 as a laboratory developed test.

Intellectual Property

We have an extensive intellectual property portfolio. As of January 18, 2022, excluding GRAIL, we owned or had exclusive licenses to 1,019 issued U.S. patents and 789 pending U.S. patent applications, including 43 allowed applications that have not yet issued as patents. Our issued and pending patents cover various aspects of our arrays, assays, oligo synthesis, sequencing technology, instruments, digital microfluidics, software, bioinformatics, and chemical-detection technologies, and have terms that expire between 2022 and 2042. We continue to file new patent applications to protect the full range of our technologies. We have filed or have been granted counterparts for many of these patents and applications in foreign countries.

GRAIL owns certain patent applications and intellectual property and exclusively licenses certain patents, patent applications, and other intellectual property from third parties. GRAIL's patent portfolio broadly relates to methods, techniques and chemistry used to generate and analyze data using its proprietary bioinformatics and classifiers, including, for example, cfNA sequencing, marker panels, methylation signatures, bioinformatics techniques and biologically directed machine learning classifiers, which are incorporated into GRAIL's products. As of January 3, 2022, GRAIL has exclusive licenses to more than 400 issued or granted patents and more than 190 pending patent applications globally, including 36 issued U.S. patents. GRAIL also owns or co-owns more than 390 pending patent applications globally, including more than 110 pending U.S. non-provisional and provisional patent applications. GRAIL's patent portfolio includes patents and patent applications related to sequencing, library preparation and enrichment, marker panels, methylation profiling, and bioinformatic techniques and classifiers. GRAIL's licensed patents and patent applications will begin to expire in 2028. The patent applications that GRAIL owns, if issued as patents, would be expected to expire at the earliest in 2037.

We protect our trade secrets, know-how, copyrights, and trademarks. Our success depends in part on obtaining patent protection for our products and processes, preserving trade secrets, patents, obtaining copyrights and trademarks, operating without infringing the proprietary rights of third parties, and acquiring licenses for technology or products. In addition, we invest in technological innovation, and we seek beneficial licensing opportunities to develop and maintain our competitive position.

We are party to various exclusive and nonexclusive license agreements and other arrangements with third parties that grant us rights to use key aspects of our sequencing and array technologies, assay methods, chemical detection methods, reagent kits, and scanning equipment. We have additional nonexclusive license agreements with various third parties for other components of our products. In most cases, the agreements remain in effect over the term of the underlying patents, may be terminated at our request without further obligation, and require that we pay customary royalties.

Research and Development

We have historically made substantial investments in research and development. Our research and development efforts prioritize continuous innovation coupled with product evolution.

Research and development expense in 2021, 2020, and 2019 was $1,185 million, $682 million, and $647 million, respectively. We expect research and development expense to increase during 2022 to support business growth and continuing expansion in research and product-development efforts.

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Marketing and Distribution

We market and distribute our products directly to customers in North America, Europe, Latin America, and the Asia-Pacific region. In addition, we sell through life-science distributors in certain markets within Europe, the Asia-Pacific region, Latin America, the Middle East, and Africa. We expect to continue increasing our sales and distribution resources during 2022 and beyond as we launch new products and expand our potential customer base.

Manufacturing

We manufacture sequencing and array platforms and reagent kits. In 2021, we continued to increase our manufacturing capacity, and we expect to increase our manufacturing capacity again in 2022 to meet customer demand. To address increasing product complexity and volume, we continue to automate manufacturing processes to accelerate throughput and improve quality and yield. We are committed to providing medical devices and related services that consistently meet customer and applicable regulatory requirements. We adhere to access and safety standards required by federal, state, and local health ordinances, such as standards for the use, handling, and disposal of hazardous substances. Our key manufacturing and distribution facilities operate under a quality management system certified to ISO 13485.

Raw Materials

Our manufacturing operations require a wide variety of raw materials, electronic and mechanical components, chemical and biochemical materials, and other supplies. Multiple commercial sources provide many of our components and supplies, but there are some raw materials and components that we obtain from single-source suppliers. To manage potential risks arising from single-source suppliers, we believe that, if necessary, we could redesign our products using alternative components or for use with alternative reagents or develop an internal supply capability. In addition, while we attempt to keep our inventory at minimal levels, we purchase incremental inventory as circumstances warrant to protect our supply chain. If the capabilities of our suppliers and component manufacturers are limited or stopped, due to the COVID-19 pandemic, disasters, quality, regulatory, or other reasons, it could negatively impact our ability to manufacture our products.

Competition

Although we believe that our products and services provide significant advantages over products and services currently available from other sources, we expect continued intense competition. Our competitors offer products and services for sequencing, SNP genotyping, gene expression, and molecular diagnostics markets. In some cases, we compete for the resources our customers allocate for purchasing a wide range of sequencing and non-sequencing products used to analyze genetic variation and biological function, some of which are complementary or adjacent to our own but not directly competitive; in other cases, our products face direct competition as customers choose among sequencing and non-sequencing products that are designed to address the same use case or answer the same biological question. Some of our competitors have, or will have, substantially greater financial, technical, research, and other resources than we do, along with larger, more established marketing, sales, distribution, and service organizations. In addition, they may have greater name recognition than we do in the markets we address, and in some cases a larger installed base of systems. We expect new competitors to emerge and the intensity of competition to increase. To compete effectively, we must scale our organization and infrastructure appropriately and demonstrate that our products have superior throughput, cost, and accuracy.

Segment and Geographic Information

We have two reportable segments, Core Illumina and GRAIL, as of January 2, 2022. On August 18, 2021, we acquired GRAIL and it operates as a separate reportable segment. We have included the results of operations of GRAIL in our consolidated statements of operations from the date of acquisition. Core Illumina relates to our core operations. Prior to the Helix deconsolidation on April 25, 2019, our reportable segments included Core Illumina and Helix. See note "11. Segments and Geographic Data" within the Consolidated Financial Statements section of this report for further information concerning our reportable segments.

We currently sell our products to a number of customers outside the United States, including customers in other areas of North America, Latin America, Europe, China, and the Asia-Pacific region. Shipments to customers outside the United States totaled $2,331 million, or 52%, of total revenue, in 2021, compared to $1,584 million, or 49%, and $1,684 million, or 48%, in 2020 and 2019, respectively. We consider the U.S. dollar to be the functional currency of our international operations due to the primary activities of our foreign subsidiaries. We expect that sales to

international customers will continue to be an important and growing source of revenue. See note "1. Organization and Significant Accounting Policies" and note "2. Revenue" within the Consolidated Financial Statements section of this report for further information concerning our foreign and domestic operations.

Backlog

Our backlog was approximately $1,035 million and $816 million as of January 2, 2022 and January 3, 2021, respectively. Generally, our backlog consists of orders believed to be firm as of the balance sheet date. However, we may allow customers to make product substitutions as we launch new products. The timing of shipments depends on several factors, including agreed upon shipping schedules, which may span multiple quarters, and whether the product is catalog or custom. We expect approximately 89% of our backlog as of January 2, 2022, to be shipped in 2022, approximately 9% in 2023, and the remainder thereafter. Although we generally recognize revenue when control of our products and services is transferred to our customers, some customer contracts might require us to defer revenue recognition beyond the transfer of control.

Properties

The following table summarizes the facilities leased by Core Illumina and GRAIL as of January 2, 2022, including the location and size of each principal facility, and their designated use. We believe our facilities are adequate for our current and near-term needs, and we will be able to locate additional facilities, as needed.

Location	Approximate Square Feet	Operation	Lease Expiration Dates
San Diego, CA	1,176,000	Office, Lab, Manufacturing, and Distribution	2025 – 2031
San Francisco Bay Area, CA *	540,000	Office, Lab, and Manufacturing	2024 – 2033
Singapore **	449,000	Office, Lab, Manufacturing, and Distribution	2022 – 2033
Durham, North Carolina *	200,000	Office and Lab	2033
Cambridge, United Kingdom	186,000	Office, Lab, and Manufacturing	2023 – 2039
Madison, WI	133,000	Office, Lab, and Manufacturing	2033
Eindhoven, the Netherlands	90,000	Office and Distribution	2036
China	74,000	Office and Lab	2023 – 2026
Other *	103,000	Office	2022 – 2027

* Inc udes propert es eased by both Core I um na and GRAIL, except for our ocat on n Durham, North Caro na, wh ch s eased ent re y by GRAIL.

** Exc udes approx mate y 151,000 square feet for wh ch the eases do not commence unt 2022 and beyond.

Human Capital

To continue as a leader in genomics, we need to harness the world's best talent and give them the opportunity to thrive. We are committed to attracting, retaining, developing, and supporting our people to enable everyone to fully contribute to our mission and deliver on the transformative power of genomics. Diversity is a competitive advantage that drives innovation in all that we do.

Our key human capital objectives include: nurturing a culture of care; practicing diversity and inclusion in all we do to advance equity and belonging; foster an environment where people feel Illumina is a great place to work for everyone; offer employees the resources and support they need to bring their personal best every day; invest and develop our people to create a deep and diverse pipeline; and steward our employee safety and wellness.

Additional information is included in our annual Corporate Social Responsibility (CSR) Report located on our website at www.illumina.com/csr. Information on our website, including the CSR Report, shall not be deemed incorporated by reference into this Annual Report. Our annual CSR Report is guided by the reporting frameworks of the Global Reporting Initiative (GRI), Sustainable Accounting Standards Board (SASB), and the Task Force for Climate related Financial Disclosures (TCFD).

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Core Illumina

As of January 2, 2022, Core Illumina's global workforce was comprised of approximately 9,100 full time employees, 50 part time employees, and 1,600 temporary employees. The regional representation includes approximately 5,700 employees in the Americas, 1,200 employees in Europe, Middle East, and Africa, and 2,200 employees in Asia-Pacific. Core Illumina's global voluntary turnover rate for 2021 was 12%. Women comprised 45% of Core Illumina's global workforce. Based on self-identification data, Core Illumina's U.S. workforce is comprised of 53% minorities. We plan to disclose additional details on U.S. diversity demographics in our annual CSR Report, which we expect to publish in April 2022.

GRAIL

As of January 2, 2022, GRAIL's global workforce was comprised of approximately 700 full time employees, the majority of which are based in the Americas, and 300 temporary employees. GRAIL's global voluntary turnover rate for 2021 was 19%. Women comprised 51% of GRAIL's global workforce.

Environmental Matters

As a global corporate citizen, we recognize the importance of the environment to a healthy, sustainable future for our business, our patients, and communities. We are committed to the protection of our employees and the environment with an approach to continuously strengthen our environmental stewardship. We believe that we are in material compliance with current applicable laws and regulations. However, we could be held liable for damages and fines should contamination of the environment or individual exposures to hazardous substances occur. In addition, we cannot predict how changes in these laws and regulations, or the development of new laws and regulations, will affect our business operations or the cost of compliance. In addition, climate change may impact our business by increasing operating costs due to additional regulatory requirements, physical risks to our facilities, energy limitations, and disruptions to our supply chain. These potential risks are accounted for in our business planning, including investment in reducing energy and water consumption, greenhouse gas emissions, and waste production. As part of our climate action plan, we established emission reduction targets in line with a 1.5 degree pathway and had those targets verified by the Sciences Based Target Initiative. In addition, we established Net Zero emission commitments by 2050 in our direct operations and value chain. Additional information is included in our annual CSR Report located on our website at www.Illumina.com/csr.

Government Regulation

As we expand product lines to address the diagnosis of disease, regulation by governmental authorities in the United States and other countries will become an increasingly significant factor in development, testing, production, and marketing. Products that we develop in the molecular diagnostic markets, depending on their intended use, may be regulated as medical devices or in vitro diagnostic products (IVDs) by the FDA and comparable agencies in other countries. In the United States, certain of our products may require FDA clearance following a pre-market notification process, also known as a 510(k) clearance, or premarket approval (PMA) from the FDA. The usually shorter 510(k) clearance process, which we used for the FDA-cleared assays that are run on our FDA-regulated MiSeqDx instrument, generally takes from three to six months after submission, but it can take significantly longer. The longer PMA process, which we used for our FDA-cleared RAS panel that is also run on our MiSeqDx instrument, is typically much more costly and uncertain. It can take from 9 to 18 months after a complete filing, but it can take significantly longer and requires conducting clinical studies that are generally more extensive than those required for 510(k) clearance. All of the products that are currently regulated by the FDA as medical devices and IVDs are also subject to the FDA Quality System Regulation (QSR). Obtaining the requisite regulatory approvals, including the FDA quality system inspections that are required for PMA approval, can be expensive and may involve considerable delay.

In the U.S., the products we develop for oncology and non-invasive prenatal testing will be regulated by the PMA process. We cannot be certain which of our other planned molecular diagnostic products will be subject to the shorter 510(k) clearance process, or which of will need to go through the PMA process.

The regulatory approval process for such products may be significantly delayed, may be significantly more expensive than anticipated, and may conclude without such products being approved by the FDA. Without timely regulatory approval, we will not be able to launch or successfully commercialize such products, which would adversely affect our earnings and competitive position. Many of the products that we are developing are the first of their kind, such as the Galleri test that has been developed by GRAIL. The regulatory approval pathways for such products, like the Galleri

test, do not currently exist and therefore have a high degree of uncertainty. Core Illumina and GRAIL are separately collaborating with regulatory bodies to navigate this regulatory landscape.

Changes to the current regulatory framework, including the imposition of additional or new regulations, could arise at any time during the development or marketing of our products. This may negatively affect our ability to obtain or maintain FDA or comparable regulatory clearance or approval of our products. In addition, regulatory agencies may introduce new requirements that may change the regulatory requirements for us or our customers, or both.

If our products labeled as "For Research Use Only," or RUO, are used, or could be used, for the diagnosis of disease, the regulatory requirements related to marketing, selling, and supporting such products could be uncertain. This is true even if such use by our customers occurs without our consent. If the FDA or other regulatory authorities assert that any of our RUO products are subject to regulatory clearance or approval, our business, financial condition, or results of operations could be adversely affected.

Our products sold as medical devices or IVDs in Europe will be regulated under the In Vitro Diagnostics Directive (98/79/EC). A new regulation, the in vitro Diagnostic Medical Devices Regulation (EU) 2017/746, the IVDR, has been released and will become fully enforceable in May 2022. These regulations include requirements for both presentation and review of performance data and quality-system requirements.

Certain of our products are currently available through laboratories that are certified under the Clinical Laboratory Improvements Amendments (CLIA) of 1988. These products are commonly called "laboratory developed tests," or LDTs. For a number of years, the FDA has exercised its regulatory enforcement discretion not to regulate LDTs as medical devices if created and used within a single laboratory. However, the FDA is continually reexamining this regulatory approach and changes to the agency's handling of LDTs could impact our business in ways that cannot be predicted at this time. We cannot predict the nature or extent of the FDA's final guidance or regulation of LDTs, in general, or with respect to our or our customers' LDTs, in particular.

Certification of CLIA laboratories includes standards in the areas of personnel qualifications, administration, and participation in proficiency testing, patient test management, and quality control procedures. CLIA also mandates that, for high complexity labs such as ours, to operate as a lab, we must have an accreditation by an organization recognized by CLIA such as the College of Pathologists (CAP), which we have obtained and must maintain. If we were to lose our CLIA certification or CAP accreditation, our business, financial condition, or results of operations could be adversely affected. In addition, state laboratory licensing and inspection requirements may also apply to our products, which, in some cases, are more stringent than CLIA requirements.

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RISK FACTORS

Our business is subject to various risks, including those described below. In addition to the other information included in this report, the following issues could adversely affect our operating results or our stock price.

Risks Relating to Research, Development, Marketing, and Sales of Products and Services

Our continued growth is dependent on continuously developing and commercializing new products.

Our target markets are characterized by rapid technological change, changes in customer needs, existing and emerging competition, strong price competition, and frequent new product introductions. Accordingly, our continued growth depends on developing and commercializing new products and services, including improving our existing products and services, in order to address evolving market requirements on a timely basis. If we fail to innovate or adequately invest in new technologies, we could lose our competitive position in the markets that we serve.

To the extent that we fail to introduce new and innovative products, or such products are not accepted in the market or suffer significant delays in development, our financial results may suffer. An inability, for technological or other reasons, to successfully develop and introduce new products on a timely basis could reduce our growth rate or otherwise have an adverse effect on our business.

In the past, we have experienced, and are likely to experience in the future, delays in the development and introduction of new products. There can be no assurance that we will keep pace with the rapid rate of change in our markets or that our new products will adequately meet the requirements of the marketplace, achieve market acceptance, or compete successfully with third-party technologies. Some of the factors affecting our ability to develop and successfully commercialize new products and services include:

- the functionality and performance of new and existing products and services;
- the timing of introduction of new products or services relative to competing products and services;
- availability, quality, and price relative to competing products and services;
- scientists' and customers' opinions of the utility of new products or services;
- citation of new products or services in published research;
- regulatory trends and approvals; and
- our ability to acquire or otherwise gain access to third party technologies, products, or businesses.

Our success depends upon the continued emergence and growth of markets for analysis of genetic variation, and continued substantial increases in the use of sequencing as the cost of sequencing declines.

The usefulness of our technologies depends in part upon the availability of genetic data and its usefulness in clinical, research, and consumer applications. We are focusing on markets for analysis of genetic variation or biological function, namely sequencing, genotyping, and gene expression profiling. These markets are relatively new and emerging, and they may not develop as quickly as we anticipate, or reach what we expect to be their full potential. Other methods of analysis of genetic variation and biological function may emerge and displace the methods we are developing. In addition, a reduction or delay in research and development budgets and government funding may adversely affect our business. For example, changes in the regulatory environment affecting life sciences and pharmaceutical companies, and budgetary pressures resulting in reduced allocations to government agencies that fund research and development activities, such as the U.S. National Institute of Health, or NIH, could adversely affect our business or results of operations.

The introduction of next-generation sequencing technologies, including ours, has reduced the cost of sequencing by a factor of more than 10,000 and reduced the sequencing time per Gb by a factor of approximately 12,000 over the last 20 years. Consequently, demand for sequencing-related products and services has increased substantially as new applications are enabled and more sequencing is done in connection with existing applications. If, as we expect, the cost of sequencing continues to fall, we cannot be sure that the demand for related products and services will increase at least proportionately as new applications are enabled or more sequencing is done in connection with

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Form 10-K

☑ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended January 2, 2022

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from to

Commission file number: 001-35406

Illumina, Inc.

(Exact name of registrant as specified in its charter)

Delaware	**33-0804655**
(State or other jurisdiction of incorporation or organization)	*(I.R.S. Employer Identification No.)*

5200 Illumina Way, San Diego, CA 92122
(Address of principal executive offices) (Zip code)
Registrant's telephone number, including area code: **(858) 202-4500**

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.01 par value	ILMN	The NASDAQ Stock Market LLC

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☑ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☑

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☑ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act. (Check one):

Large accelerated filer ☑ Accelerated filer ☐ Non-accelerated filer ☐ Smaller reporting company ☐ Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13a of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☑

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☑

As of February 11, 2022, there were 157.0 million shares (excluding 39.7 million shares held in treasury) of the registrant's common stock outstanding. The aggregate market value of the common stock held by non-affiliates of the registrant as of July 4, 2021 (the last business day of the registrant's most recently completed second fiscal quarter), based on the closing price for the common stock on The NASDAQ Global Select Market on July 2, 2021 (the last trading day before July 4, 2021), was $60.2 billion. This amount excludes an aggregate of approximately 20.0 million shares of common stock held by officers and directors and each person known by the registrant to own 10% or more of the outstanding common stock. Exclusion of shares held by any person should not be construed to indicate that such person possesses the power, directly or indirectly, to direct or cause the direction of the management or policies of the registrant, or that the registrant is controlled by or under common control with such person.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive proxy statement for the 2022 annual meeting of stockholders are incorporated by reference into Items 10 through 14 of Part III of this Report.

5. DEBT AND OTHER COMMITMENTS

Summary of Term Debt Obligations

In millions	January 2, 2022
Principal amount of 2031 Term Notes outstanding	$ 500
Principal amount of 2023 Term Notes outstanding	500
Unamortized discounts and debt issuance costs	(7)
Net carrying amount of term notes	993
Less: current portion	—
Term notes, non-current	$ 993
Fair value of term notes outstanding (Level 2)	$ 996

0.550% Term Notes due 2023 (2023 Term Notes) and 2.550% Term Notes due 2031 (2031 Term Notes)

On March 23, 2021, we issued $500 million aggregate principal amount of term notes due 2023 (2023 Term Notes) and $500 million aggregate principal amount of term notes due 2031 (2031 Term Notes, together the Term Notes). We received net proceeds from the issuance of $992 million, after deducting discounts and debt issuance costs. The 2023 and 2031 Term Notes accrue interest at a rate of 0.550% and 2.550% per annum, respectively, payable semi-annually. Interest is payable on March 23 and September 23 of each year, beginning on September 23, 2021. The 2023 Term Notes mature on March 23, 2023 and the 2031 Term Notes mature on March 23, 2031.

We may redeem for cash all or any portion of the Term Notes, at our option, at any time prior to maturity. The 2023 Term Notes and, prior to December 23, 2030, the 2031 Term Notes are redeemable at make-whole premium redemption prices as defined in the applicable forms of note. After December 23, 2030, the 2031 Term Notes are redeemable at a redemption price equal to 100% of the principal amount of the notes to be redeemed, plus any accrued and unpaid interest up to, but excluding, the redemption date.

Interest expense recognized on the Term Notes was $14 million in 2021, which included amortization of debt discounts and issuance costs.

Summary of Convertible Debt Obligations

In millions	January 2, 2022	January 3, 2021
Principal amount of 2023 Convertible Senior Notes outstanding	$ 750	$ 750
Principal amount of 2021 Convertible Senior Notes outstanding	—	517
Unamortized discount of liability component of convertible senior notes	(48)	(83)
Net carrying amount of liability component of convertible senior notes	702	1,184
Less: current portion	—	(511)
Convertible senior notes, non-current	$ 702	$ 673
Carrying value of equity component of convertible senior notes, net of debt issuance costs	$ 126	$ 213
Fair value of convertible senior notes outstanding (Level 2)	$ 854	$ 1,595
Weighted-average remaining amortization period of discount on the liability component of convertible senior notes	1.6 years	2.4 years

Interest expense recognized on the Convertible Senior Notes, which included amortization of debt discounts and issuance costs, was $36 million, $46 million, and $51 million in 2021, 2020, and 2019, respectively.

0% Convertible Senior Notes due 2023 (2023 Convertible Notes)

In August 2018, we issued $750 million aggregate principal amount of convertible senior notes due 2023 (2023 Convertible Notes). The net proceeds from the issuance, after deducting the offering expenses payable by us, were $735 million. The 2023 Convertible Notes carry no coupon interest and mature on August 15, 2023.

The 2023 Convertible Notes will be convertible into cash, shares of our common stock or a combination of cash and shares of our common stock, at our election, based on an initial conversion rate, subject to adjustment, of 2.1845 shares of common stock per $1,000 principal amount of notes (which represents an initial conversion price of approximately $457.77 per share of common stock), only in the following circumstances: (1) during any calendar quarter commencing after the calendar quarter ending on September 30, 2018 (and only during such calendar quarter), if the last reported sale price of our common stock for at least 20 trading days (whether or not consecutive) during a period of 30 consecutive trading days ending on, and including, the last trading day of the immediately preceding calendar quarter is greater than or equal to 130% of the conversion price in effect on each applicable trading day; (2) during the five business day period after any 10 consecutive trading day period (the "measurement period") in which the trading price per $1,000 principal amount of 2023 Convertible Notes for each trading day of the measurement period was less than 98% of the product of the last reported sale price of our common stock and the conversion rate on each such trading day; (3) if we call any or all of the notes for redemption, at any time prior to the close of business on the scheduled trading day immediately preceding the redemption date; or (4) upon the occurrence of specified corporate events described in the indenture. Regardless of the foregoing circumstances, the holders may convert their notes on or after May 15, 2023 until August 11, 2023.

It is our intent and policy to settle conversions through combination settlement; this involves repayment of an amount of cash equal to the "principal amount" and delivery of the "share amount" in excess of the conversion value over the principal amount in shares of common stock. In general, for each $1,000 in principal, the "principal amount" of cash upon settlement is defined as the lesser of $1,000 and the conversion value during the 20-day observation period. The conversion value is the sum of the daily conversion value, which is the product of the effective conversion rate divided by 20 days and the daily volume weighted average price (VWAP) of our common stock. The "share amount" is the cumulative "daily share amount" during the observation period, which is calculated by dividing the daily VWAP into the difference between the daily conversion value (i.e., conversion rate x daily VWAP) and $1,000.

We may redeem for cash all or any portion of the 2023 Convertible Notes, at our option, on or after August 20, 2021 if the last reported sale price of our common stock has been at least 130% of the conversion price then in effect (currently $595.10) for at least 20 trading days (whether or not consecutive) during any 30 consecutive trading day period (including the last trading day of such period) ending on, and including, the trading day immediately preceding the date on which we provide notice of redemption at a redemption price equal to 100% of the principal amount of the notes to be redeemed, plus any accrued and unpaid special interest to, but excluding, the redemption date.

The 2023 Convertible Notes are accounted for in accordance with authoritative guidance for convertible debt instruments that may be settled in cash upon conversion. The guidance requires the carrying amount of the liability component to be estimated by estimating the fair value of a similar liability that does not have an associated conversion feature. Because at issuance we had no outstanding non-convertible public debt, we determined that market-traded senior, unsecured corporate bonds represent a similar liability without a conversion option. Based on market data available for publicly traded, senior, unsecured corporate bonds issued by companies in our industry, and with similar maturities to the 2023 Convertible Notes, we estimated an implied interest rate of 3.7%, assuming no conversion option. Assumptions used in the estimate represent what market participants would use in pricing the liability component, including market interest rates, credit standing, and yield curves, all of which are defined as Level 2 observable inputs. The estimated implied interest rate was applied to the 2023 Convertible Notes, which resulted in a fair value of the liability component in aggregate of $624 million upon issuance, calculated as the present value of implied future payments based on the $750 million aggregate principal amount. The $126 million difference ($93 million, net of tax) between the aggregate principal amount of $750 million and the estimated fair value of the liability component was recorded in additional paid-in capital as the 2023 Convertible Notes are not considered redeemable.

As a policy election under applicable guidance related to the calculation of diluted net income per share, we have elected the combination settlement method as our stated settlement policy and apply the treasury stock method in the calculation of the potential dilutive impact of the 2023 Convertible Notes on net income per share each period. The 2023 Convertible Notes were not convertible as of January 2, 2022 and had no dilutive impact in 2021, 2020, and 2019. If the notes were converted as of January 2, 2022, the if-converted value would not exceed the principal amount.

0.5% Convertible Senior Notes due 2021 (2021 Convertible Notes)

In June 2014, we issued $517 million aggregate principal amount of convertible senior notes due 2021 (2021 Convertible Notes). The implied estimated effective rate of the liability component of the notes was 3.5%, assuming no conversion option. The 2021 Convertible Notes were convertible into cash, shares of common stock, or a combination of cash and shares of common stock, at our election, based on conversion rates as defined in the indenture. The 2021 Convertible Notes matured on June 15, 2021, by which time the principal had been converted and was repaid in cash. The excess of the conversion value over the principal amount was paid in shares of common stock.

The following table summarizes information about the conversions during 2021:

In millions	2021 Notes
Cash paid for principal of notes converted	$ 517
Conversion value over principal amount, paid in shares of common stock	$ 313
Number of shares of common stock issued upon conversion	0.7
Loss on extinguishment of debt	$ 1

Credit Agreement

On March 8, 2021, we entered into a credit agreement (the Credit Agreement), which provides us with a $750 million senior unsecured five-year revolving credit facility, including a $40 million sublimit for swingline borrowings and a $50 million sublimit for letters of credit (the Credit Facility). The proceeds of the loans under the Credit Facility may be used to finance working capital needs and for general corporate purposes.

Any loans under the Credit Facility will have a variable interest rate based on either the eurocurrency rate or the alternate base rate, plus an applicable spread that varies with the Company's debt rating. The Credit Agreement includes an option for us to elect to increase the commitments under the Credit Facility or to enter into one or more tranches of term loans in the aggregate principal amount of up to $250 million, subject to the consent of the lenders providing the additional commitments or term loans, as applicable, and certain other conditions.

The Credit Agreement contains financial and operating covenants. Pursuant to the Credit Agreement, we are required to maintain a ratio of total debt to annual earnings before interest, taxes, depreciation and amortization (EBITDA), calculated based on the four consecutive fiscal quarters ending with the most recent fiscal quarter, of not greater than 3.50 to 1.00 as of the end of each fiscal quarter. Upon the consummation of any Qualified Acquisition (as defined in the Credit Agreement) and us providing notice to the Administrative Agent, the ratio increases to 4.00 to 1.00 for the fiscal quarter in which the acquisition is consummated and the three consecutive fiscal quarters thereafter. The operating covenants include, among other things, limitations on (i) the incurrence of indebtedness by our subsidiaries, (ii) liens on our and our subsidiaries assets, and (iii) certain fundamental changes and the disposition of assets by us and our subsidiaries. The Credit Agreement contains other customary covenants, representations and warranties, and events of default.

The Credit Facility matures, and all amounts outstanding thereunder become due and payable in full, on March 8, 2026, subject to two one-year extensions at our option, the consent of the extending lenders and certain other conditions. We may prepay amounts borrowed and terminate commitments under the Credit Facility at any time without premium or penalty.

As of January 2, 2022, there were no borrowings outstanding under the Credit Facility, and we were in compliance with all financial and operating covenants.

Bridge Facility

In advance of the acquisition of GRAIL, we obtained a bridge facility commitment letter from Goldman Sachs Bank USA for a 364-day senior unsecured bridge loan facility, in an aggregate principal amount of $1 billion. The bridge facility commitment letter was subject to certain conditions, including consummation of the acquisition pursuant to the

GRAIL Merger Agreement. On March 23, 2021, we terminated the bridge facility commitment letter in conjunction with the issuance of the 2023 and 2031 Term Notes.

Leases

As of January 2, 2022, the maturities of our operating lease liabilities were as follows:

In millions	
2022	$ 103
2023	101
2024	112
2025	105
2026	103
Thereafter	517
Total remaining lease payments [1]	1,041
Less: imputed interest	(196)
Total operating lease liabilities	845
Less: current portion	(71)
Long-term operating lease liabilities	$ 774
Weighted-average remaining lease term	9.9 years
Weighted-average discount rate	4.1 %

[1] Tota rema n ng ease payments exc ude $8 m on of ega y b nd ng m n mum ease payments for eases s gned but not yet commenced.

The components of our lease costs were as follows:

In millions	2021	2020	2019
Operating lease costs	$ 99	$ 84	$ 84
Sublease income	(16)	(11)	(12)
Total lease costs	$ 83	$ 73	$ 72

Purchase Obligations

In the normal course of business, we enter into agreements to purchase goods or services that are not cancelable without penalty, primarily related to licensing and supply arrangements. For those agreements with variable terms, we do not estimate the total obligation beyond any minimum quantities or pricing as of the reporting date. Licensing agreements under which we commit to minimum royalty payments, some of which are subject to adjustment, may be terminated prior to the expiration of underlying intellectual property under certain circumstances. Annual minimum payments for noncancelable purchase obligations as of January 2, 2022 were not material.

6. STOCKHOLDERS' EQUITY

The 2015 Stock and Incentive Compensation Plan (the 2015 Stock Plan) and the New Hire Stock and Incentive Plan allow for the issuance of stock options, performance stock options, restricted stock units and awards, and performance stock units. As of January 2, 2022, approximately 3.4 million shares remained available for future grants under the 2015 Stock Plan. There is no set number of shares reserved for issuance under the New Hire Stock and Incentive Plan.

4T

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Madrigal Pharmaceuticals, Inc.

Physical Address: 200 Barr Harbor Drive, Suite 200

City: West Conshohocken State: PA Zip: 19428

Mailing Address (if different from physical address): 200 Barr Harbor Drive, Suite 200

City: West Conshohocken State: PA Zip: 19428

Telephone: 484-531-7225 Website: www.madrigalpharma.com

Name of Designated Representative (DR): Mark Ferguson

Licensing Company Email: StateLicensing@madrigalpharma.com DR Email: mferguson@madrigalpharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Pharmacies/Distributors		☒ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): _____

Corporation Name: Madrigal Pharmaceuticals, Inc.

Mailing Address: 200 Barr Harbor Drive, Suite 200

City: West Conshohocken State: PA Zip: 19428

Telephone: 484-531-7225 Email: StateLicensing@madrigalpharma.com

Contact Person Name: Mark Ferguson

Date of SEC Registration: 05/31/2002 | SEC Registration Number: 1157601 | Stock Exchange Symbol: MDGL

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Madrigal Pharmaceuticals, Inc.
Facility Name

Robert Waltermire
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

October 4, 2022
Date

Board Use Only	Date Received: 1.23.23	Amount: 1000.00 CK - 17429

Certificate of Record

Certificate No. 9500000248

Drug & Device Registration

555 WALNUT ST-FORUM PLACE
SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:

Office/Corporate Location
No product onsite

MADRIGAL PHARMACEUTICALS, INC.
200 BARR HARBOR DRIVE
SUITE 200
WEST CONSHOHOCKEN, PA 19428

The above business is recognized by the Department of Health as an entity that is doing business in the Commonwealth of Pennsylvania related to pharmaceuticals, medical devices, or cosmetics for which said entity **does not** physically handle, possess, transfer, manufacture, distribute, or retail pharmaceuticals, medical devices or cosmetics at the location on the certificate of record.

Issuance Date: June 27, 2022

Expiration Date: The Last Day of July, 2023

Susan Coble
Acting Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Denise A. Johnson, MD, FACOG, FACHE
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Pennsylvania Department of Health

Drug, Device and Cosmetic Program
Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

Certificate(s): **9500000248** issued: 6/27/2022 expires: 7/31/2023

Madrigal Pharmaceuticals, Inc. 200 Barr Harbor Drive Suite 200; West Conshohocken, PA 19428

Back to DD&C Home

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Assembly Version 4.0.18274.4 Database Version Could not retrieve database version. Check that the database is registered as a Data-tier Application.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MADRIGAL PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3191544 8300

SR# 20223854367

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204697466

Date: 10-25-22

Ownership Information

Madrigal Pharmaceuticals, Inc.is a Publicly Traded (NASDAQ : MDGL), Pennsylvania based company that plans to commercialize pharmaceutical drugs across the United States

Company Information

Madrigal Pharmaceuticals, Inc.
200 Barr Harbor Drive, Suite 200
West Conshohocken, PA 19428
484-531-7225
http://www.madrigalpharma.com
StateLicensing@madrigalpharma.com

Officers

Alex G Howarth, Chief Financial Officer
Business Address: 200 Barr Harbor Drive, Suite 200, West Conshohocken, PA 19428

Brian J. Lynch, Senior Vice President and General Counsel
Business Address: 200 Barr Harbor Drive, Suite 200, West Conshohocken, PA 19428

Robert Waltermire, Senior Vice President and Chief Pharmaceutical Development Officer and Authorized Representative
Business Address: 200 Barr Harbor Drive, Suite 200, West Conshohocken, PA 19428

Remy Sukhija, Cheif Commercial Officer
Business Address: 200 Barr Harbor Drive, Suite 200, West Conshohocken, PA 19428

Paul A. Friedman, Chief Executive Officer
Business Address: 200 Barr Harbor Drive, Suite 200, West Conshohocken, PA 19428

Rebecca Taub, President Research and Development, Chief Medical Officer
Business Address: 200 Barr Harbor Drive, Suite 200, West Conshohocken, PA 19428

Designated Representative

Mark Ferguson, Senior Director Project Management
Business Address: 200 Barr Harbor Drive, Suite 200, West Conshohocken, PA 19428

DESCRIPTION OF OPERATIONS

Madrigal Pharmaceuticals, Inc. (Nasdaq: MDGL) is a clinical-stage biopharmaceutical company pursuing novel therapeutics for non-alcoholic steatohepatitis (NASH), a liver disease with high unmet medical need.

THIRD-PARTY LOGISTICS

For distribution into the commercial supply channels, Cardinal acts as Madrigal's Third Party Logistics (3PL) provider to manage the storage and distribution of Madrigal's product to Specialty Pharmacies throughout the United States. Cardinal's address is:

Cardinal Health
501 Mason Rd
LaVergne, TN 37086

CONTRACT MANUFACTURERS

Madrigal Pharmaceuticals, Inc uses the following contract manufacturer to produce product:

UPM Pharmaceuticals, Inc.
501 Fifth Street
Bristol, TN 37620
FEI Number: 1000208638
FEIN Expiration Date: 12/31/2022

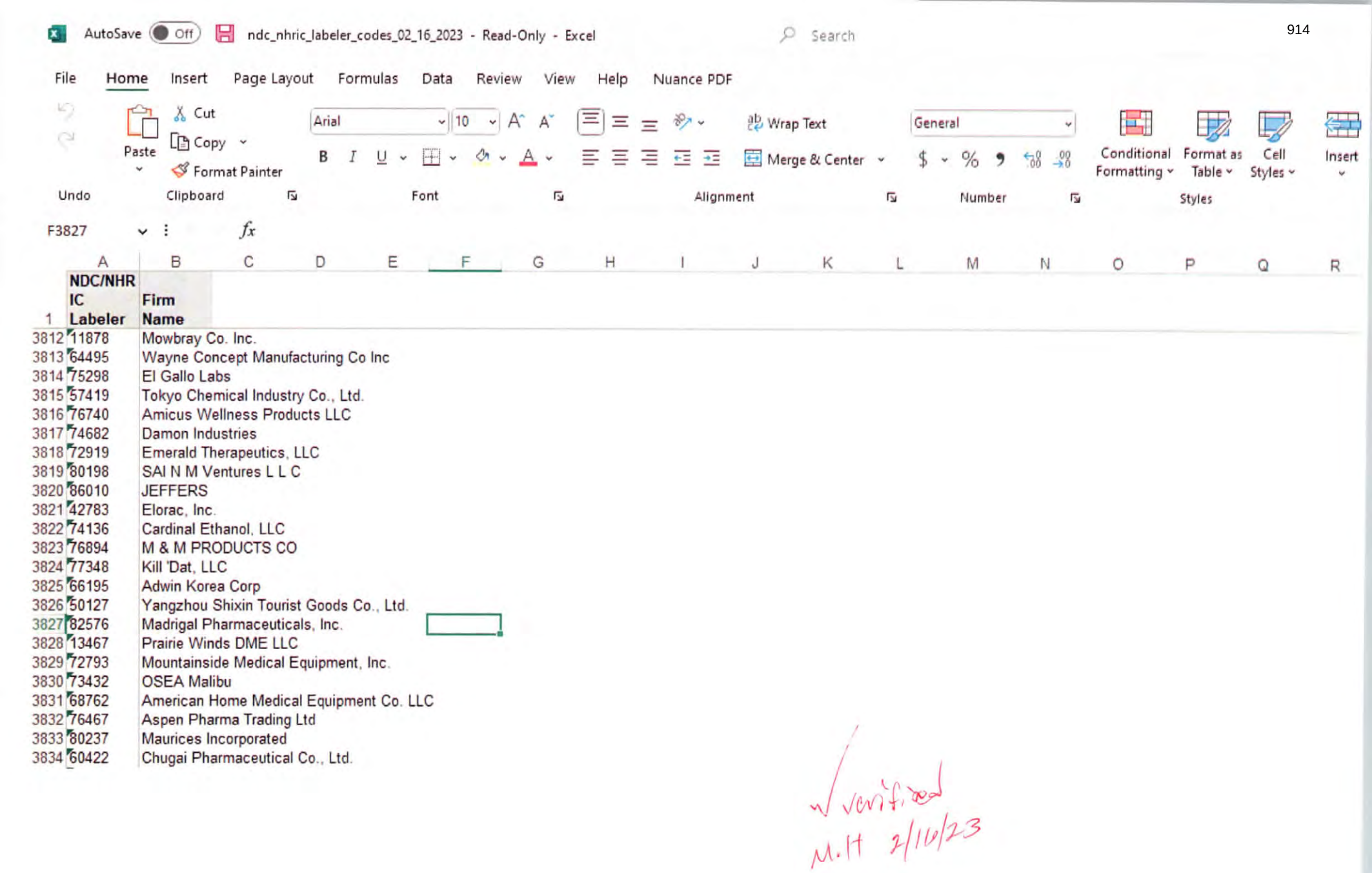
PRODUCTS

As a virtual manufacturer, Madrigal Pharmaceuticals, Inc. does not manufacture, distribute, or store product at their Pennsylvania facility. At no time do contact manufacturers own Madrigal Pharmaceuticals, Inc. products, contract with Madrigal Pharmaceuticals, Inc. customers, invoice or sell Madrigal Pharmaceuticals, Inc. products.

Labeler Code: 82576

Madrigal has 75 employees working on site during normal business hours.

Madrigals's hours of operation are 9:00 am – 5:00pm Monday through Friday.



AutoSave Off ndc_nhric_labeler_codes_02_16_2023 - Read-Only - Excel

Search

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Cut Copy Format Painter Paste

Arial 10 Wrap Text General

Merge & Center

Conditional Formatting Format as Table Cell Styles Insert

Undo Clipboard Font Alignment Number Styles

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	A	B
1	NDC/NHRIC Labeler	Firm Name
3812	11878	Mowbray Co. Inc.
3813	64495	Wayne Concept Manufacturing Co Inc
3814	75298	El Gallo Labs
3815	57419	Tokyo Chemical Industry Co., Ltd.
3816	76740	Amicus Wellness Products LLC
3817	74682	Damon Industries
3818	72919	Emerald Therapeutics, LLC
3819	80198	SAI N M Ventures L L C
3820	86010	JEFFERS
3821	42783	Elorac, Inc.
3822	74136	Cardinal Ethanol, LLC
3823	76894	M & M PRODUCTS CO
3824	77348	Kill 'Dat, LLC
3825	66195	Adwin Korea Corp
3826	50127	Yangzhou Shixin Tourist Goods Co., Ltd.
3827	82576	Madrigal Pharmaceuticals, Inc.
3828	13467	Prairie Winds DME LLC
3829	72793	Mountainside Medical Equipment, Inc.
3830	73432	OSEA Malibu
3831	68762	American Home Medical Equipment Co. LLC
3832	76467	Aspen Pharma Trading Ltd
3833	80237	Maurices Incorporated
3834	60422	Chugai Pharmaceutical Co., Ltd.

√ verified
M.H 2/16/23

From: edrls@fda.hhs.gov
To: Sameer Late
Subject: Labeler Code Request Approved
Date: Wednesday, February 16, 2022 4:33:47 PM

---

eDRLS - Electronic Drug Registration & Listing System

Current Date: 16-FEB-2022
Labeler DUNS: 964122063
Labeler Name: Madrigal Pharmaceuticals, Inc.
Labeler Code Assigned: 82576

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Madrigal Pharmaceuticals

Employee list:

Alexander, Theresa E
Ambrogio, Francesco
Amin, Dipun G
Brinton, Sonia P
Campbell, Patricia A
Capone, Allison M
Chiang, Edward
Choe, Chonghwan
Cochrane, Kristina M
Colliluori, Patricia J
Colyar, Lynda
Dauphin, Matthew
Dawson, James G
Dodd, Juliet A
Dodge, James S
Dorney, Kimberly A
Dorsey, Eileen
Dunn Davis, Barbara
Dzedzy, Rachael V
Dzierba, Steven H
Ferguson, Mark D
Finnegan, Karen A
Fishman, Jesse C
Frates, Christopher M
Friedman, Paul
Gardner, Lisa M
Gonzalez, Javier W
Grimes, Blair H
Hand, Patricia A
Hare, Thomas W
Hendricks, Lindsay M
Hennan, James K
Hennan, Marisa D
Hill, Brandon S
Hines, Sandra M.
Hopf, James P
Howarth, Alex G
Isaac, Barton
Jarvela-Herring, Heather M
Kalafatopoulos, Andreas
Labriola, Dominic F
Late, Sameer
Lynch, Brian J
Mahady, Brooke B
Malik, Gunjan
McGeehan, Caitlin R
Medicis, Joseph J
Miller, Keith J
Mondal, Rubina
Moore, Jeremy M
Motesharei, Kianoush
O'Rourke, Robert T
Patel, Shriya
Pavlik, Danielle
Pederson, Nicole V
Phillips, Sean P
Pisculli Jr, Vincent P
Pokorny, Tomasz A
Powell, Audrey R
Pushkin, Richard I
Robinson, Julia L
Roche, John P
Rosenberger, Nicole F
Schneider, Brent C
Schneider, David B
Schultze, Achim
Secula, Jennifer M
Serafini, Karen A
Shane, Mary C
Shannon, Derek M
Simon, Patricia L
Sjogren, Colleen
Solon, Eric
Soulakian, Sandra C
Stawartz, Rebecca E
Sukhija, Remy
Taub, Rebecca
Tibbetts, Kathleen M
Viola, Dominique M
Vu, Peter D
Waltermire, Robert E
Ward, Erica R
Xue, Mei
Yip, Daniel

The content of this list is confidential and it not to be used beyond its intended use.

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2021

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from_____ to _____

Commission file number: 001-33277

MADRIGAL PHARMACEUTICALS, INC.

(Exact name of registrant as specified in its charter)

Delaware	**04-3508648**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**
Four Tower Bridge **200 Barr Harbor Drive, Suite 200** **West Conshohocken, Pennsylvania**	
(Address of Principal Executive Offices)	**19428** **(Zip Code)**

Registrant's telephone number, including area code: (267) 824-2827

Former name, former address and former fiscal year, if changed since last report:

Securities registered pursuant to Section 12(b) of the Exchange Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.0001 Par Value Per Share	**MDGL**	**The NASDAQ Stock Market LLC**

Securities registered pursuant to Section 12(g) of the Exchange Act: None.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Exchange Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the voting stock held by non-affiliates of the registrant based upon the closing sale price of the registrant's common stock on June 30, 2021 (the last business day of the registrant's most recently completed second fiscal quarter), as reported on the Nasdaq Global Market, was $819,348,240. For purposes of this calculation, directors and executive officers of the registrant have been deemed affiliates. This determination of affiliate status is not necessarily a conclusive determination for other purposes.

As of February 21, 2022, the registrant had 17,103,395 shares of common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Certain information required by Part III, Items 10-14 of this Form 10-K is incorporated by reference to the registrant's definitive Proxy Statement for the 2022 Annual Meeting of Stockholders to be filed with the Securities and Exchange Commission pursuant to Regulation 14A not later than 120 days after the end of the fiscal year covered by this Form 10-K, provided that if such Proxy Statement is not filed within such period, such information will be included in an amendment to this Form 10-K to be filed within such 120-day period.

Auditor Firm Id: 238 Auditor Name: PricewaterhouseCoopers LLP Auditor Location: Philadelphia, Pennsylvania

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CAUTIONARY NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K for the fiscal year ended December 31, 2021, includes "forward-looking statements" made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995, that are based on our beliefs and assumptions and on information currently available to us, but are subject to factors beyond our control Forward-looking statements: reflect management's current knowledge, assumptions, judgment and expectations regarding future performance or events; include all statements that are not historical facts; and can be identified by terms such as "allow," "anticipates," "appear," "be," "believes," "continue," "could," "demonstrates," "design," "estimates," "expects," "expectation," "forecasts," "future," "help," "hopeful," "inform," "goal," "intends," "may," "might," "plans," "potential," "predicts," "predictive," "projects," "seeks," "should," "will," "will achieve," "would" or similar expressions and the negatives of those terms. In particular, forward-looking statements contained in or incorporated by reference to this Annual Report relate to, among other things,

- Anticipated or estimated future results, including the risks and uncertainties associated with our future operating performance and financial position,
- Our possible or assumed future results of operations and expenses, business strategies and plans (including ex-U.S. launch/partnering plans), capital needs and financing plans, market trends, competitive position, industry environment and potential growth opportunities,
- Our ability to delay certain research activities and related clinical expenses as necessary,
- Our clinical trials, including the anticipated timing of disclosure, presentations of data from, or outcomes from our trials,
- Research and development activities, and the timing and results associated with the future development of our lead product candidate, resmetirom (formerly known as MGL-3196), including projected market size and sector leadership,
- The timing and completion of projected 2022 clinical milestone events, including enrollment, additional studies, top-line data and open label projections,
- Plans, objectives and timing for making a Subpart H (Accelerated Approval of New Drugs for Serious or Life-Threatening Illnesses) submission to FDA,
- Our primary and secondary study endpoints for resmetirom, and the potential for achieving such endpoints and projections, including non-alcoholic steatohepatitis ("NASH") resolution, safety, fibrosis treatment, cardiovascular effects and lipid treatment with resmetirom,
- Optimal dosing levels for resmetirom and projections regarding potential NASH or nonalcoholic fatty liver disease ("NAFLD") and potential patient benefits with resmetirom, including future NASH resolution, safety, fibrosis treatment, cardiovascular effects, lipid treatment and/or biomarker effects with resmetirom,
- The potential efficacy and safety of resmetirom for non-cirrhotic NASH patients and cirrhotic NASH patients,
- Ex-U.S. launch/partnering plans,
- The predictive power of resmetirom liver fat reduction, as measured by non-invasive tests, on NASH resolution and/or fibrosis reduction or improvement, and potential NASH or NAFLD patient risk profile benefits with resmetirom,
- The predictive power of liver fat, volume or fibrosis reduction with resmetirom using non-invasive tests,
- The predictive power of non-invasive tests generally, including for purposes of diagnosing NASH, monitoring patient response to resmetirom, or recruiting and conducting a NASH clinical trial,

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- Market demand for and acceptance of our products,
- Research, development and commercialization of new products,
- Obtaining and maintaining regulatory approvals, including, but not limited to, potential regulatory delays or rejections,
- Risks associated with meeting the objectives of our clinical studies, including, but not limited to our ability to achieve enrollment objectives concerning patient numbers (including an adequate safety database), outcomes objectives and/or timing objectives for our studies, any delays or failures in enrollment, the occurrence of adverse safety events, and the risks of successfully conducting trials that are substantially larger, and have patients with different disease states, than our past trials,
- Risks related to the effects of resmetirom's mechanism of action and our ability to accomplish our business and business development objectives and realize the anticipated benefit of any such transactions, and
- Assumptions underlying any of the foregoing.

We caution you that the foregoing list may not include all of the forward-looking statements made in this Annual Report. Although management presently believes that the expectations reflected in such forward-looking statements are reasonable, it can give no assurance that such expectations will prove to be correct and you should be aware that actual results could differ materially from those contained in the forward-looking statements.

Forward-looking statements are subject to a number of risks and uncertainties including, but not limited to: our clinical development of resmetirom; enrollment and trial conclusion uncertainties, generally and in relation to COVID-19 shelter-in-place and social distancing measures and individual precautionary measures that may be implemented or continued for an uncertain period of time; our potential inability to raise sufficient capital to fund our ongoing operations as currently planned or to obtain financings on terms similar to those we have arranged in the past; outcomes or trends from competitive studies; future topline data timing or results; the risks of achieving potential benefits in studies that includes substantially more patients, and patients with different disease states, than our prior studies; the timing and outcomes of clinical studies of resmetirom; and the uncertainties inherent in clinical testing. Undue reliance should not be placed on forward-looking statements, which speak only as of the date they are made. Madrigal undertakes no obligation to update any forward-looking statements to reflect new information, events or circumstances after the date they are made, or to reflect the occurrence of unanticipated events. Please refer to Madrigal's submissions filed or furnished with the U.S. Securities and Exchange Commission for more detailed information regarding these risks and uncertainties and other factors that may cause actual results to differ materially from those expressed or implied. We specifically discuss these risks and uncertainties in greater detail in the section entitled "Risk Factors" in Part I, Item 1A of this Annual Report, as well as in our other filings with the SEC. You should read this Annual Report, and the other documents that we file or have filed with the SEC, with the understanding that our actual future results may be materially different from the results expressed or implied by these forward-looking statements.

Moreover, we operate in an evolving environment. New risks and uncertainties emerge from time to time and it is not possible for our management to predict all risks and uncertainties, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual future results to be materially different from those expressed or implied by any forward-looking statements.

Except as required by applicable law or the rules of the NASDAQ Stock Market, or NASDAQ, we assume no obligation to update any forward-looking statements publicly, or to update the reasons actual results could differ materially from those anticipated in these forward-looking statements, even if new information becomes available in the future. We qualify all of our forward-looking statements by these cautionary statements.

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RISK FACTOR SUMMARY

The following is a summary of the principal risk factors that make an investment in our common stock speculative or risky. Before you invest in our securities, you should read the following summary together with the more detailed description of material risks described in the section entitled "Risk Factors" in Part I, Item 1A of this Annual Report and the other information contained in this Annual Report.

Risks Related to our Business

- We have limited operating history, we have incurred significant operating losses since inception and we expect to incur significant operating losses for the foreseeable future. We may never become profitable or, if achieved, be able to sustain profitability.
- Our business depends on the success of resmetirom, which is still in clinical development and has not completed a pivotal trial. If we are unable to obtain regulatory approval for and successfully commercialize resmetirom, or we experience significant delays in doing so, our business will be materially harmed.
- Clinical trials are very expensive, time-consuming and difficult to design and implement and involve uncertain outcomes. The results of preclinical studies and early clinical trials are not always predictive of future results. Any product candidate that we advance into clinical trials may not have favorable results in later clinical trials or receive regulatory approval.
- Because resmetirom has not yet received regulatory approval for any indication, it is difficult to predict the time and cost of development and our ability to successfully complete clinical development and obtain the necessary regulatory approvals for commercialization and our ability to realize a benefit, if any, from Fast Track designation or any Subpart H application may be limited or unavailable.
- If clinical trials or regulatory approval processes for our product candidates are prolonged, delayed or suspended, we may be unable to commercialize our product candidates on a timely basis, which would require us to incur additional costs and delay our receipt of any revenue from potential product sales.
- If we inadvertently fail to comply with foreign regulatory requirements governing human clinical trials and marketing approval for drugs, we could be prevented from selling our drug candidates in foreign markets.
- We depend on enrollment of patients in our clinical trials for our product candidates. If we encounter difficulties enrolling patients in our clinical trials, including those arising out of COVID-19, our clinical development activities could be delayed or otherwise adversely affected.
- Any product candidate in our current or future clinical trials may cause unacceptable adverse events or side effects or have other properties that may delay or prevent its regulatory approval or commercialization or limit its commercial potential.
- Our product candidates will remain subject to ongoing regulatory review even if they receive marketing approval, and if we fail to comply with continuing regulations, we could lose these approvals and the sale of any approved commercial products could be suspended.
- We operate in a highly competitive and rapidly changing industry, and our product candidates may become obsolete.
- If the FDA or other applicable regulatory authorities approve generic products that compete with any of our or any of our partners' product candidates, the sales of our product candidates would be adversely affected.
- If physicians and patients do not accept our future products or if the market for indications for which any product candidate is approved is smaller than expected, we may be unable to generate significant revenue, if any.

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- The continuation or worsening of the COVID-19 pandemic could affect our ability to complete our ongoing clinical trials, disrupt regulatory activities and delay or disrupt commercialization of resmetirom, and may have other adverse effects on our stock price and business operations.
- As we evolve from a company that is primarily involved in clinical development to a company that is also involved in commercialization, we may encounter difficulties in expanding our operations successfully.
- The uncertainty associated with pharmaceutical reimbursement and related matters may adversely affect our business.
- If we fail to develop and commercialize other product candidates, we may be unable to grow our business.
- Our internal computer systems, or those of our third-party collaborators, service providers, contractors or consultants, may fail or suffer security breaches, which could result in a material disruption of our development programs and have a material adverse effect on our reputation, business, financial condition or results of operations.

Risks Relating to Our Intellectual Property

- Our rights to develop and commercialize our product candidates are subject in part to the terms and conditions of a license to resmetirom granted to us by Hoffmann-La Roche.
- We may fail to comply with any of our obligations under agreements pursuant to which we license rights or technology, which could result in the loss of rights or technology that are material to our business.
- Our success depends on our ability to protect our intellectual property and our proprietary technologies.
- Claims by third parties that we infringe their proprietary rights may result in liability for damages or prevent or delay our developmental and commercialization efforts.
- We may be involved in lawsuits to protect or enforce our patents or the patents of our licensors, which could be expensive, time consuming, and unsuccessful. Further, our issued patents could be found invalid or unenforceable if challenged in court.
- We may not be successful in obtaining or maintaining necessary rights to our product candidates through acquisitions and in-licenses.
- We may not be able to protect our intellectual property rights throughout the world.

Risks Related to Our Financial Position and Need for Capital

- If we fail to obtain the capital necessary to fund all of our planned operations, we may be unable to successfully develop and commercialize resmetirom and other future product candidates.
- Our ability to use net operating loss and tax credit carryforwards and certain built-in losses to reduce future tax payments may be limited by provisions of the Internal Revenue Code.

Risks Relating to Ownership of Our Common Stock

- The price of our common stock has been, and may continue to be, volatile.
- A small number of our stockholders own a substantial amount of our outstanding common stock and may be deemed to have substantial control over us; therefore, your ability to influence corporate matters may be limited.

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- Anti-takeover provisions in our charter documents and under Delaware law could make an acquisition of our company, which may be beneficial to our stockholders, more difficult and may prevent attempts by our stockholders to replace or remove our current management.
- Future sales and issuances of our common stock or rights to purchase common stock could result in additional dilution of the percentage ownership of our stockholders and could cause our share price to fall.
- Sales of a significant number of shares of our common stock in the public markets or significant short sales of our common stock, or the perception that such sales could occur, could depress the market price of our common stock and impair our ability to raise capital.

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PART I

Item 1.Business

References in this Annual Report on Form 10-K to Madrigal, the Company, we, our and us refer to Madrigal Pharmaceuticals, Inc. "Madrigal" is a registered trademark of Madrigal Pharmaceuticals, Inc. in the U.S. and/or other countries. Other trademarks or service marks appearing in this report may be trademarks or service marks of other owners.

Executive Overview

Our Focus. We are a clinical-stage biopharmaceutical company focused on the development and commercialization of innovative therapeutic candidates for the treatment of cardiovascular, metabolic, and liver diseases. Our lead product candidate, resmetirom, is a proprietary, liver-directed, selective thyroid hormone receptor-ß, or THR-ß, agonist being developed as a once-daily oral pill that can potentially be used to treat a number of disease states with high unmet medical need, including non-alcoholic steatohepatitis, or NASH.

Our Patient Market Opportunity. NASH is a serious inflammatory form of nonalcoholic fatty liver disease, or NAFLD. NAFLD has become the most common liver disease in the United States and other developed countries and is characterized by an accumulation of fat in the liver with no other apparent causes. NASH can progress to cirrhosis or liver failure, require liver transplantation and can also result in liver cancer. Progression of NASH to end stage liver disease will soon surpass all other causes of liver failure requiring liver transplantation. Importantly, beyond these critical conditions, NASH and NAFLD patients additionally suffer heightened cardiovascular risk and, in fact, die more frequently from cardiovascular events than from liver disease. NASH and NAFLD have grown as a consequence of rising worldwide obesity-related disorders. In the United States, NAFLD is estimated to affect approximately 25% of the population, and approximately 25% of those will progress from NAFLD to NASH. Current estimates place NASH prevalence at approximately 20 million people in the United States, or five to six percent of the adult population, with similar prevalence in Europe and Asia. The prevalence of NASH is also increasing in developing regions due to the adoption of a more sedentary lifestyle and a diet consisting of processed foods with high fat and fructose content.

Our Completed Studies. For NASH, we enrolled 125 patients in a Phase 2 clinical trial with resmetirom. We achieved the 12-week primary endpoint for this Phase 2 clinical trial and reported the results in December 2017, and we reported positive topline 36-week results at the conclusion of the Phase 2 clinical trial in May 2018. We also completed a 36-week, open-label extension study in 31 participating NASH patients from our Phase 2 clinical trial, which included 14 patients who received placebo in the main study.

On December 18, 2019 the Company announced it had opened for enrollment MAESTRO-NAFLD-1, a 52-week, non-invasive, multi-center, double-blind, placebo-controlled Phase 3 clinical study of patients with biopsy-confirmed or presumed NASH recruited from sites in the U.S. Key endpoints are safety, including safety biomarkers. Secondary endpoints include LDL cholesterol, lipid biomarkers, MRI-PDFF, NASH and fibrosis biomarkers. Except for serial liver biopsies, the study protocol is similar to the MAESTRO-NASH study (discussed below under "—Our Ongoing and Planned Studies"), with resmetirom doses of 80 mg or 100 mg or placebo. Enrollment objectives for this study were exceeded, with approximately 1,300 patients enrolled overall. The MAESTRO-NAFLD-1 study will help support the adequacy of the safety database at the time of NDA submission for Subpart H approval for treatment of NASH in patients with F2 or F3 fibrosis. In November of 2021, we reported data from the open label non-cirrhotic arm of MAESTRO-NAFLD-1, and in January 2022 we announced that we achieved primary and secondary endpoints for the double-blind portion of MAESTRO-NAFLD-1, as summarized in "- Key Developments" below.

We also completed a 116 patient Phase 2 clinical trial and announced results in February 2018 for the use of resmetirom in patients with heterozygous familial hypercholesterolemia, or HeFH. In addition to the NASH and HeFH Phase 2 clinical trials, resmetirom has also been studied in multiple completed Phase 1 trials in a total of

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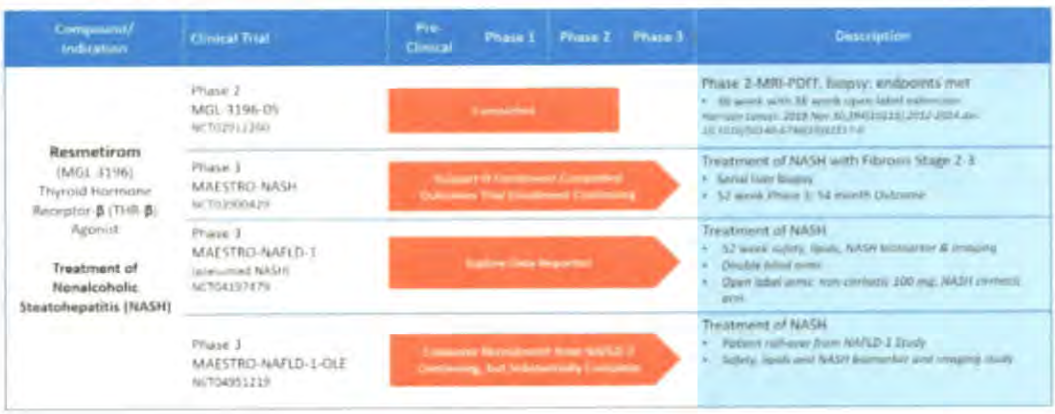
more than 300 subjects. Resmetirom was well-tolerated in these trials, which included a single ascending dose trial, a multiple ascending dose trial, several drug interaction studies, a multiple dose mass balance study, a single dose relative bioavailability study of tablet formulation versus capsule formulation, a multiple dose drug interaction study, a multiple dose drug interaction with food effect study, and a hepatic impairment study.

Our Ongoing and Planned Studies. On March 28, 2019, the Company announced that it had initiated MAESTRO-NASH, a Phase 3 trial in NASH with its once daily, oral thyroid hormone receptor beta selective agonist, resmetirom. This double-blind, placebo-controlled study is being conducted at more than 230 sites in the United States and the rest of the world. Patients with liver biopsy confirmed NASH with stage 2 or 3 fibrosis are being randomized 1:1:1 to receive a single oral daily dose of placebo, resmetirom 80 mg or resmetirom 100 mg. A second liver biopsy at week 52 in the first 900 patients will be the basis of filing for accelerated approval under subpart H of applicable FDA regulations, which we refer to as subpart H-accelerated approval. The primary endpoint pertains to the percent of patients treated with either dose of resmetirom as compared with placebo who achieve NASH resolution on the week 52 liver biopsy, defined as the absence of hepatocyte ballooning (score=0), and minimal lobular inflammation (score 0-1), associated with at least a 2-point reduction in NAS (NAFLD Activity Score), and no worsening of fibrosis stage. Two key secondary endpoints are reduction in LDL-cholesterol and a 1-point or more improvement in fibrosis stage on the week 52 biopsy with no worsening of NASH. Patients will continue in the study for a total of approximately 54 months, and will be evaluated for a composite clinical outcome including cirrhosis on liver biopsy, or a liver related event such as hepatic decompensation. The total anticipated enrollment currently is approximately 2,000 patients, and will include up to 15% high risk F1 fibrosis stage NASH patients whose efficacy responses will be evaluated as exploratory endpoints. On June 30, 2021 we announced our achievement of the requisite enrollment of patients to support the planned Subpart H (Accelerated Approval of New Drugs for Serious or Life-Threatening Illnesses) submission to the US Food and Drug Administration (FDA).

On July 13, 2021 we announced first patient dosed in a planned 52-week open label active treatment extension study of MAESTRO-NAFLD-1, named MAESTRO-NAFLD-Open Label Extension (OLE). The OLE study allows patients who complete MAESTRO-NAFLD-1 to consent to 52 weeks of active treatment with resmetirom, making this treatment available to both patients who were assigned to placebo in MAESTRO-NAFLD-1 and patients who were on resmetirom in MAESTRO-NAFLD-1.

The following chart summarizes the status of our product candidate development programs for resmetirom:



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Key Developments

In January 2022, Madrigal announced topline results from the Phase 3 MAESTRO-NAFLD-1 safety study of resmetirom. Madrigal reported that resmetirom demonstrated statistical significance for primary and key secondary endpoints summarized below, from the double-blind placebo-controlled 969-patient portion of the study. These endpoints indicated that resmetirom (1) was well-tolerated at 80 and 100 mg in patients treated for 52 weeks, (2) provided significant and clinically relevant reductions in liver fat as measured by MRI-PDFF and (3) significantly reduced atherogenic lipids, including LDLc, apolipoprotein B and triglycerides.

A total of 972 patients were randomized in the double-blind arms of the MAESTRO-NAFLD-1 study: 969 patients were included in the safety population and 943 patients in a modified intent-to-treat population for evaluation of key secondary and other endpoints. Important inclusion criteria included the presence of three risk factors of metabolic syndrome, a level of liver fibrosis (measured by FibroScan) consistent with a range of stages of liver fibrosis, and >=8% liver fat (measured by MRI-PDFF).

Adverse events observed in the MAESTRO-NAFLD-1 trial were generally mild to moderate in severity. The frequency of serious adverse events was similar across treatment arms and discontinuation for adverse events was low.

Consistent with published data, the most common adverse event reported with greater frequency in the resmetirom groups vs placebo was generally mild diarrhea or increased stool frequency at the beginning of therapy, which occurred in 9% and ~17% over the placebo rate in the 80 and 100 mg dose groups, respectively.

	Resmetirom 80 mg	Resmetirom 100 mg	Placebo
Safety population	(N=327)	(N=324)	(N=318)
At least one TEAE	289 (88.4)	279 (86.1)	260 (81.8)
At least one Serious TEAE	20 (6.1)	24 (7.4)	20 (6.3)
TEAE ≥ Grade 3 Severity	26 (8.0)	29 (9.0)	29 (9.1)
AE discontinuations from study	All treatments combined, n=21; (2.17%)		
Maximum NCI CTCAE Severity Grade			
Grade 1	99 (30.3)	99 (30.6)	92 (28.9)
Grade 2	164 (50.2)	151 (46.6)	139 (43.7)
AEs over 10%			
Diarrhea	76 (23.2)	101 (31.2)	44 (13.8)
Nausea	38 (11.6)	59 (18.2)	25 (7.9)

AE (adverse event); TEAE (treatment emergent adverse event); NCI (National Cancer Institute); CTCAE (Common Terminology Criteria for Adverse Events)

The following hierarchically-controlled key secondary endpoints were reported for both the 80 and 100 mg resmetirom dose groups. Resmetirom provided significant reductions in liver fat as measured by MRI-PDFF and reduced atherogenic lipids, including LDLc, apolipoprotein B and triglycerides. Open-label arm data is reported in the far left column below and double-blind arm data are reported in the remaining columns below. Although both arms were randomized in MAESTRO-NAFLD-1, lipid reductions were numerically greater in the 100 mg open label treatment arm compared to the 100 mg double-blind arm, and we believe this is due to greater visit and dose interruptions experienced by open-label arm patients during the height of the COVID-19 pandemic, as

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patients in the open-label active 100 mg treatment arm were less impacted by COVID-related dose interruptions than double-blind patients.

	Resmetirom 100 mg OL	Resmetirom 80 mg	p-value	Resmetirom 100 mg	p-value	Placebo
LDLc %CFB (SE) (Week 24)	-21 (1.9)	-12.7 (2.1)	<.0001	-14.4 (2.1)	<.0001	-1.7 (2.0)
ApoB %CFB (SE) (Week 24)	-22 (1.5)	-14.6 (1.5)	<.0001	-16.6 (1.6)	<.0001	-0.1 (1.5)
MRI-PDFF %CFB (Week 16)	-49%	-41%	<.0001	-48%	<.0001	-6%
Liver volume PDFF correction %CFB	-60%					
MRI-PDFF %CFB (Week 52)	-53%	-43%	<.0001	-48%	<.0001	-8%
Liver volume PDFF correction %CFB	-61%					
Triglycerides baseline >150 mg/dL, CFB (SE)	-65 (8.3)	-55.6 (8.6)	NA	-59 (6.5)	NA	-6.9 (16.1)
Triglycerides baseline >150 mg/dL (geomean) %CFB (95% CI)	-25 (3.1)	-19.5 (-27.0 to -11.1)	=.0005	-21.5 (-28.0 to -14.3)	<.0001	-2.1 (-10.6 to 7.4)

CFB (change from baseline); SE (standard error); APOB (Apolipoprotein B); MRI-PDFF (magnetic resonance imaging proton density fat-fraction); CI (confidence interval); OL, open label non-cirrhotic arm randomized concurrently with double-blind arms

COVID-19 Pandemic Effects on Madrigal Phase 3 Trials

In April 2020 we announced that in response to guidance from regulatory agencies, measures for COVID-19 at impacted sites were put in place for our Phase 3 MAESTRO-NASH and MAESTRO-NAFLD-1 studies, allowing both studies to continue without changes to the protocol. Following a Data Monitoring Committee (DMC) meeting it was recommended that Phase 3 studies proceed without modification. The COVID-19 pandemic had no material adverse impact on our operating results, our conduct of the MAESTRO-NAFLD-1 study or our liquidity for previous periods. However, COVID-19 did introduce clinical trial and operational risks and uncertainties that are both general in nature and relate specifically to our MAESTRO-NASH study. In addition, at the height of COVID-19, MAESTRO-NAFLD-1 double blind patients had an average of two missed visits and two dose interruptions, with the dose interruptions primarily related to third-parties. These risks and uncertainties, which are beyond our control, are summarized in the section entitled "Risk Factors" in Part I, Item 1A of this Annual Report on Form 10-K.

Resmetirom Phase 2 Clinical Trial in NASH

As summarized above, the Company successfully completed its Phase 2 clinical trial in NASH in 2018. In this clinical trial, resmetirom demonstrated statistical significance in the primary endpoint (p<0.0001), the relative reduction of liver fat compared with baseline on magnetic resonance imaging-estimated proton density fat fraction, or MRI-PDFF, at 12-weeks which was reported in December 2017, and statistically significant results in multiple 36-week endpoints, including key secondary endpoints, reduction and resolution of NASH on liver biopsy as set forth in the table below, which was reported in May 2018. This clinical trial was published in the Lancet in November, 2019. Specific data from this study is as follows.

	Resmetirom	Resmetriom MRI-PDFF Responders(1)	Placebo
Number of patients with baseline and end-of-study liver biopsies(2)	73	46	34
>2 Point Decrease in NAS	56%	70%	32%
	p=0.02	p=0.001	
NASH Resolution	27%	39%	6%
	p=0.02	p=0.001	

(1) resmetirom MRI-PDFF Responders = resmetirom treated patients with >=30% relative fat reduction on Week 12 MRI-PDFF

(2) does not include one end-of-study liver biopsy that was inadequate

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Resmetirom treated patients with greater than or equal to 30% fat reduction on MRI-PDFF at 12-weeks demonstrated a higher percentage of nonalcoholic fatty liver disease activity score, or NAS, reduction and NASH resolution. In patients with NASH resolution, 35% of resmetirom treated patients and no placebo patients had a baseline NAS greater than or equal to five. In resmetirom patients with NASH resolution, fibrosis also resolved in 50% of such patients and was decreased statistically significantly relative to all placebo patients.

Further, 36-week results from our Phase 2 clinical trial in NASH showed:

- Sustained, highly statistically significant ($p<0.0001$) reduction in liver fat compared with placebo on 36-week MRI-PDFF and mean relative fat reduction of 37% with resmetirom treated patients in contrast with 8.5% with placebo patients;
- Sustained, statistically significant reductions ($p<0.0001$) in resmetirom compared to placebo treated patients in low-density lipoprotein cholesterol (LDL-C) and apolipoprotein B (ApoB) of more than 20%, triglycerides (TG) of 36% and lipoprotein(a) of 37%;
- Statistically significant reductions in liver enzymes (ALT, AST and GGT) relative to placebo (all $p=0.002$) and a 40% reduction in ALT in patients with elevated baseline levels ($p=0.01$);
- Statistically significant reductions in fibrosis biomarkers in resmetirom treated patients as compared with placebo patients;
- On liver biopsy, fibrosis was reduced by at least one point in 23% of placebo patients and 29% of resmetirom treated patients;
- Very good all subject tolerability: mostly mild and a few moderate adverse events, or AEs, which were balanced between drug treated patients and placebo patients; and
- An increase in incidence of a transient mild diarrhea at beginning of study, often a single episode, in resmetirom treated patients compared with placebo patients.

Resmetirom Phase 2 Clinical Trial in HeFH

In February 2018, we announced top-line results from our Phase 2 clinical trial in HeFH. In this trial, patients treated with resmetirom (placebo corrected) achieved highly significant ($p< 0.0001$) LDL-C lowering of 18.8%, and 21% LDL-C lowering in those patients receiving an optimal dose of resmetirom. LDL-C lowering was 28.5% in patients treated with resmetirom as compared to placebo in a prespecified group of patients who did not tolerate high intensity statin doses. Highly significant ($p<0.0001$) and numerically similar results were observed with ApoB. Highly significant ($p<0.0001$) TG (25-31%), apolipoprotein CIII (22.7%), and Lp(a) lowering (26-33%) were observed in all patients treated with resmetirom and certain prespecified subgroups, irrespective of statin treatment.

Resmetirom has been well-tolerated with mostly mild AEs and some moderate AEs, the numbers of which are balanced between placebo and drug-treatment groups. Fewer than seven percent of patients did not complete the study, and patients who discontinued for AEs, all mild to moderate, were balanced between drug-treated and placebo patients. There were two serious AEs in the study, both considered unrelated to treatment, one in a placebo and one in a drug-treated patient.

Lead Product Candidate—Resmetirom

We believe that resmetirom may be the first THR-agonist product candidate in development for NASH that selectively targets the THR-ß pathway. Active thyroid hormone, known as T3, interacts with two nuclear receptors, THR-α, which is the predominant receptor expressed in most human tissues, including heart and bone, and THR-ß, which has more restricted tissue expression, and is the predominant receptor responsible for metabolic actions in the liver, including both cholesterol- and TG-lowering. Selective activation of the THR-ß

receptor in liver tissue is believed to favorably affect cholesterol and lipoprotein levels via multiple mechanisms, which may be complementary to those of other lipid-lowering therapies such as statin drugs. We believe that these characteristics of THR-ß activation by resmetirom will in turn lead to clinically meaningful reductions in LDL-C, and plasma and liver TGs.

We believe that resmetirom is the first selective small molecule THR-ß agonist compound. Resmetirom, along with MGL-3745, a potential backup compound to resmetirom, was discovered at Hoffmann-La Roche, or Roche, in Nutley, New Jersey, by utilizing a novel functional assay that, unlike a simple receptor binding assay, assessed the functional activity of compounds which interacted with thyroid hormone receptors. In a published study by Madrigal and Roche in the Journal of Medicinal Chemistry using this functional assay, resmetirom was shown to be highly selective for the THR-ß receptor, with almost no effect on THR-α, unlike other compounds purported in published studies to be ß -selective based on binding affinity, but which were shown to equally activate THR-α and THR-ß in the novel functional assay.

We believe that the ß-selectivity and liver-targeting properties of resmetirom are critically important for resmetirom's beneficial metabolic actions in the liver, and enable avoidance of safety issues associated with THR-α activation by thyroid hormone and/or less selective THR agonists in tissues such as heart and bone. In a variety of preclinical animal model studies, resmetirom showed enhanced safety relative to T3 or other thyroid agonists. In animal models, resmetirom demonstrated cholesterol lowering, liver TG lowering, and reduction of markers of NASH-related liver inflammation and fibrosis at drug levels similar to those that lowered LDL-C in human clinical trials, providing data to support the advancement of resmetirom into NASH and FH clinical trials. In chronic animal toxicology studies in dogs and rats, no effects on bone or cartilage histology were seen at any resmetirom dose in either species.

Resmetirom did not increase liver enzymes in Phase 1 studies and there were no bone and cartilage histologic findings in chronic animal toxicology studies.

Resmetirom Clinical and Non-Clinical Development Program

To date, we have completed a series of Phase 1 and 2 clinical studies, Phase 2-enabling preclinical good laboratory practice, or GLP, toxicology studies, and drug manufacturing studies to support further clinical development, including active pharmaceutical ingredient, or API, manufacturing and drug product development studies, drug metabolism studies, acute, subchronic and chronic animal toxicology studies, and other safety pharmacology and toxicology studies.

We have completed Phase 1 studies with resmetirom in a total of 252 subjects to evaluate the safety, tolerability, pharmacokinetics and pharmacodynamic effects of resmetirom. Our Phase 1 studies included randomized, placebo-controlled, double-blind, single and 14-day multiple-dose escalation studies, drug-interaction studies with statins, with the antidiabetic agent pioglitazone, and with the antiplatelet agent clopidogrel. In addition, a study using radiolabeled resmetirom, a study of a tablet versus capsule formulation of resmetirom, and a multiple dose drug interaction and food effect study have also been completed. In Phase 1 studies, resmetirom was well-tolerated up to 200 mg once daily. The results of these studies suggest that resmetirom is suitable for once-daily oral dosing. Currently there is an ongoing Phase 1 hepatic impairment study to characterize the safety and pharmacokinetics of resmetirom in patients with hepatic impairment, a Phase 1 drug-interaction study with warfarin, and a drug interaction study of resmetirom and pravastatin and simvastatin.

In a Phase 1 multiple ascending dose study in healthy subjects, the effects of resmetirom on lipid parameters were assessed as initial markers of pharmacodynamic activity (Atherosclerosis 230:373-380, 2013). As illustrated in the figure below, daily doses of resmetirom ranging from 50 to 200 mg showed highly statistically significant reductions relative to placebo of up to 30% for LDL-C (range, p=.05-<0.0001), 28% for non-high-density lipoprotein cholesterol, or non-HDL-C (range, p =0.027-p<0.0001) and 24% for ApoB (range,

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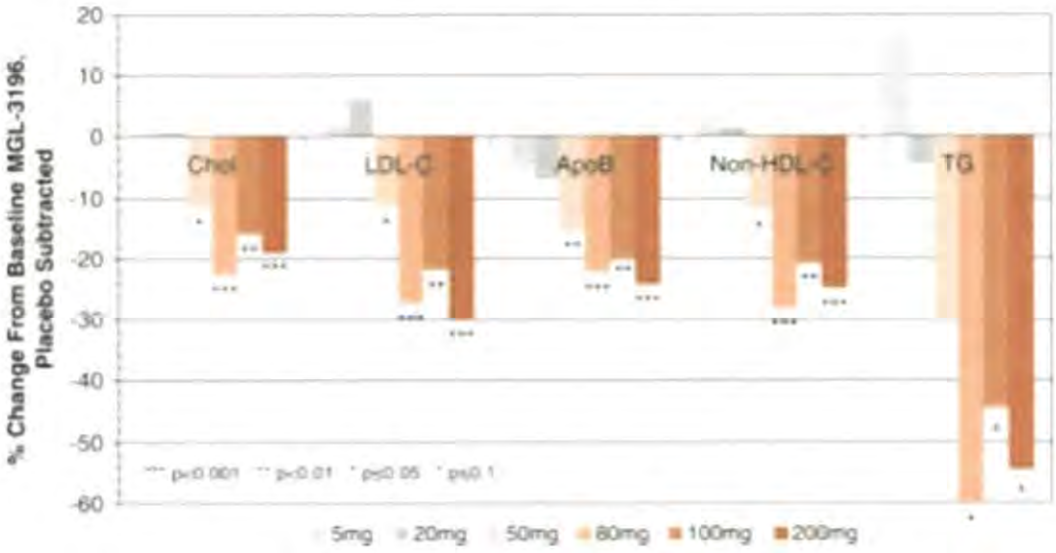
p =0.008-0.0004), and statistical trends of up to 60% reduction in TG (range, p =0.13-0.016). The near maximal lipid effects were observed at a resmetirom dose of 80 mg once-daily. Resmetirom was well-tolerated at all doses, with no dose-related adverse events or liver enzyme, electrocardiography, or vital-sign changes. At the highest dose of resmetirom (200 mg), there was a reversible reduction of 20% in the level of a precursor hormone to T3, free T4, which was significantly different from placebo ($p < 0.0001$) that may be explained by increased liver metabolism of free T4. There was no change in thyrotropin, a pituitary hormone that regulates the level and production of thyroid hormone by the thyroid gland or T3, or other evidence of central thyroid axis dysfunction at any dose of resmetirom.

Change in Lipids After 14 Days



Change from Baseline (CFB) by mean % CFB calculated for each individual subject 24 h after 14th dose; baseline value obtained just prior to first dose; ApoB, apolipoprotein B; Chol, total cholesterol; LDL-C, LDL cholesterol directly measured; Non-HDL-C, non-HDL cholesterol; TG, triglycerides (median %CFB).

In a Phase 2 double-blind, placebo-controlled, multi-center clinical trial, 116 patients with HeFH who were not at their LDL-C goal were randomized in a 2:1 ratio to receive either resmetirom or placebo, in addition to their current cholesterol lowering regimen, which included approximately 75% taking high intensity statins (20/40 mg rosuvastatin or 80 mg atorvastatin), and about two-thirds of patients also taking ezetimibe. Compared to placebo, resmetirom treated patients achieved highly significant ($p< 0.0001$) LDL-C lowering of 18.8%, and 21% LDL-C lowering in those on an optimal dose of resmetirom. LDL-C lowering was 28.5% in resmetirom treated compared to placebo in a prespecified group of patients who did not tolerate high intensity statin doses. Highly significant ($p<0.0001$) and numerically similar results were observed with ApoB. Highly significant reductions ($p<0.0001$) in TG (25-31%), ApoCIII (22.7%) and Lp(a) (26-33%) were observed in all resmetirom treated patients and prespecified subgroups, irrespective of statin treatment.

In the NASH Phase 2 double-blind, placebo-controlled, multi-center clinical trial, 125 patients 18 years of age and older with liver biopsy-confirmed NASH were randomized at approximately 25 clinical sites in the United States. Patients were randomized to receive either placebo (N=41) or resmetirom (N=84). The starting dose in resmetirom-treated patients was 80 mg once a day. The study employed an adaptive dosing design whereby, in a blinded fashion, the dose could be adjusted by small amounts (i.e. 20 mg up or down) or remain at

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80 mg in each resmetirom-treated patient based on a pharmacokinetic analysis of drug level performed in each patient at 2 weeks. The primary endpoint of the study was the reduction of liver fat at 12 weeks compared with baseline (relative change), assessed by MRI-PDFF, with efficacy confirmed at the end of the trial (36 weeks) by repeat MRI-PDFF and conventional liver biopsy to examine histological evidence for the resolution of NASH. Other secondary endpoints included changes in clinically relevant biomarkers at 12 and 36 weeks, improvement in fibrosis by at least one stage with no worsening of steatohepatitis, and safety and tolerability.

Resmetirom demonstrated statistical significance ($p<0.0001$) in the primary endpoint, the relative reduction of liver fat on MRI-PDFF at 12 weeks. At 36 weeks, statistically significant results were demonstrated in multiple histology endpoints including key secondary endpoints related to the reduction and resolution of NASH. At 36 weeks, resmetirom treated patients demonstrated sustained, statistically significant ($p<0.0001$) reductions compared to placebo treated patients in LDL-C and ApoB of more than 20%, TGs of 36% and Lp(a) of 37%. In addition, resmetirom demonstrated statistically significant reductions in liver enzymes (ALT, AST and GGT) relative to placebo (all $p=0.002$).

Published data showed that patients with >=30% PDFF reduction at Week 12 had a higher rate of NASH resolution and accompanying fibrosis reduction. A secondary analysis of the Phase 2 NASH clinical trial further supported the potential of PDFF to predict NASH response.

- Percentages of patients with NASH resolution at Week 36 increased with greater PDFF reduction (agreement between two independent pathologist central biopsy readers)
- In resmetirom-treated patients with ≥ 50% fat reduction at Week 12, 64% had NASH resolution with a component response driven primarily by ballooning and inflammation
- PDFF reduction ≥ 30 and ≥ 50% at Week 12 was associated with improvement in all NAS components including fibrosis reduction on subsequent liver biopsy and achievement of both endpoints: NASH resolution and ≥ 1 point fibrosis reduction PDFF reduction ≥ 30 and ≥ 50% at Week 12 was also associated with fibrosis reduction on subsequent liver biopsy

These findings support the pathogenicity of liver steatosis in NASH and fibrosis progression.

Our Strategy

Our goal is to become a leading biopharmaceutical company developing and commercializing innovative liver-directed, ß-selective thyroid hormone receptor agonists for the treatment of cardio-metabolic and liver disease, fibrosis and inflammation. A key element is building a multi-therapy NASH focused company. To achieve our goal, we plan to:

- ***Complete clinical development and seek regulatory approval of resmetirom in NASH.*** We successfully completed a Phase 2 clinical trial in NASH in 2018. NASH is a disease driven by the growing epidemic of obesity, with a significant unmet need for approved therapies that are effective and well tolerated. We believe resmetirom is an excellent candidate for the chronic treatment of NASH due to its safety profile and first-in-class pleiotropic actions in liver cells and potential to reduce cardiovascular risk in NASH patients.
- ***Establish commercial capabilities to market resmetirom as a leading treatment for NASH.*** If approved, we may choose either to establish a sales and marketing organization with technical expertise and supporting distribution capabilities to commercialize resmetirom, or to collaborate with one or more third parties to accomplish these tasks. Patients with NASH are primarily managed by a concentrated group of liver specialists in the United States and Europe. We believe this will enable us to launch resmetirom in NASH in a cost-effective, targeted manner.
- ***Grow our pipeline through additional indications for resmetirom potentially including orphan indications.*** We believe that resmetirom has the potential to be an effective treatment for other disease indications that are rare diseases or may be designated rare diseases and we may pursue orphan drug designation where possible.

4U

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: McKesson Medical-Surgical Inc.

Physical Address: 17956 East 84th Ave, Suite 100

City: Commerce City State: CO Zip: 80022

Mailing Address (if different from physical address): 17956 East 84th Ave, Suite 100, Attn Licensing

City: Commerce City State: CO Zip: 80022

Telephone: 714-470-8144 Website: www.mckesson.com

Name of Designated Representative (DR): Xavier Garza

Licensing Company Email: danna.sturgill@mckesson.com DR Email: xavier.garza@mckesson.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		■ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached

Original Signature (electronic, copies or stamps not accepted)

Date 11/1/22

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attached

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Virginia

Parent Company (if any): McKesson Medical Surgical Holdings Inc. - ultimate owner McKesson Corporation publicly traded

Corporation Name: McKesson Medical-Surgical Inc.

Mailing Address: McKesson Licensing Team c/o Debora Bliss, 6555 N State Highway 161

City: Irving State: TX Zip: 75039

Telephone: 714-470-8144 Email: danna.sturgill@mckesson.com

Contact Person Name: Danna Sturgill

Date of SEC Registration: 07/07/1994 | SEC Registration Number: 2417015 | Stock Exchange Symbol: MCK

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

McKesson Medical-Surgical Inc.

Facility Name

Stanton J McComb

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/1/22

Date

Board Use Only	Date Received: 11-7-22	Amount: 1000.00 CC 12/8/22

McKESSON

January 9, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy
Suite 206
Reno, NV 89521

Re: Alabama State Board of Pharmacy Action Against
McKesson Medical-Surgical Inc.'s Roseville, CA NV-WH02437
McKesson Medical-Surgical Inc.'s Manteno, IL -NV-WH02927
McKesson Corporation's Aurora, IL NV-WH01292

To Whom It May Concern

Please accept these notices of disciplinary actions on behalf of McKesson Medical-Surgical Inc and McKesson Corporation pursuant to McKesson's wholesaler licensure notification requirements.

McKesson Medical-Surgical Inc.'s Roseville, CA License No(s): WH02437

On December 20, 2022, McKesson Medical-Surgical Inc.'s Roseville, CA facility entered into a Deferral Agreement with the Alabama State Board of Pharmacy in connection with an Administrative Compliant from November 2022. The Administrative Complaint is a result of alleged reciprocal discipline for failure to notify the Board of Designated Representative changes that occurred at the facility in violation Rule 680-X-2.23(2)(h)(1)(ii). Pursuant to the Deferral Agreement, the alleged violation will be deferred, deemed non-disciplinary and will be dismissed in 12/31/2023 upon compliance with the Deferral Agreement and payment of $2,500.00 costs to the Board.

McKesson Medical-Surgical Inc.'s Manteno, IL License No(s): WH02927

On December 20, 2022, McKesson Medical-Surgical Inc.'s Manteno, IL facility entered into a Deferral Agreement with the Alabama State Board of Pharmacy in connection with an Administrative Compliant from September 2022. The Administrative Complaint is a result of alleged reciprocal discipline for failure to notify the Board of Designated Representative changes that occurred at the facility in violation of Rule 680-X-2.23(2)(h)(1)(ii). Pursuant to the Deferral Agreement, the alleged violation will be deferred, deemed non-disciplinary and will be dismissed in 12/31/2023 upon compliance with the Deferral Agreement and payment of $2,500.00 costs to the Board.

McKesson Corporation Aurora, IL License No(s): WH01292

On December 20, 2022, McKesson Corporation's Aurora, IL facility entered into a Deferral Agreement with the Alabama State Board of Pharmacy in connection with an Administrative Compliant from September 2022. The Administrative Complaint is a result of alleged failure comply with certain licensing requirements required to maintain a license in violation of Rule 680-X-2.23(g)(3). Pursuant to the Deferral Agreement, the alleged violation will be deferred, deemed non-disciplinary and will be dismissed in 12/31/2023 upon compliance with the Deferral Agreement and payment of $2,500.00 costs to the Board.

Notwithstanding the action taken by the Boards of Pharmacy in these instances, McKesson has already satisfied all of its obligations under the terms of the Deferral Agreements. The facilities listed above have active licenses in good standing in all states where they currently operate.

If you have any questions or require additional information, please do not hesitate to contact me at beatrix.erdei@mckesson.com.

Sincerely,

Beatrix Erdei
Senior Manager, McKesson Corporation
925-286-5067
beatrix.erdei@mckesson.com

JAN 11 2023

terms of terms of the WCH Ohio Settlement, there were no findings of any violation of law and McKesson made no admissions to the same. McKesson was subject to a reprimand and a fine of twenty-thousand dollars ($20,000).

On December 20, 2021, **McKesson Corporation** entered into a Consent Order with the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation (the "IDFPR") based on reciprocal state action from the 2020 Clear Lake Consent. The Illinois Consent applied to McKesson's Clear Lake, IA distribution center. Under the terms of the Illinois Consent Order, the facility was subject to a public reprimand by the IDFPR.

On January 18, 2022, **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Urbancrest, OH distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $500 was imposed and paid on January 18, 2022.

February 15, 2022, **McKesson Corporation** entered into a Settlement Agreement with the United States Department of Justice, the United States Attorney's Office for the Western District of Tennessee, and the Drug Enforcement Administration resolving allegations of recordkeeping and reporting deficiencies at one of its packaging facilities located in Memphis, Tennessee, known as McKesson **RxPak**. McKesson RxPak ceased all operations on March 4, 2020 and is no longer in business. There are no admissions of liability or wrongdoing under the terms of the Settlement Agreement.

On March 24, 2022, **McKesson Corporation** and the California Board of Pharmacy (the "Board") entered into a settlement agreement which resolved allegations against McKesson relating to the sale of controlled substances in 2017 and 2018 to an outpatient hospital pharmacy that the pharmacy discovered were being stolen by a pharmacy employee. Pursuant to the settlement agreement, the Board publicly reproved McKesson's Santa Fe Springs distribution center permit, and McKesson agreed to pay the board's costs related to the investigation and enforcement of the matter. As set forth in the settlement agreement, McKesson denies any allegation that it violated California laws regarding the distribution of controlled substances and there are no findings of any violation of state or federal laws.

On May 20, 2022, **McKesson Medical Surgical, Inc.**'s Urbancrest, Ohio facility entered into a consent order with the MI Dept of Licensing in connection with an Administrative Compliant from January 2022. The Administrative Complaint is a result of two settlement agreements with the Ohio BOP. Michigan states that these settlement agreements violated MCL 333.17768(2)(d). A $500.00 fine was imposed and paid.

On July 19, 2022, **McKesson Medical Surgical, Inc.**'s Urbancrest, Ohio facility entered into a settlement agreement with the Alabama Board of Pharmacy. The Alabama discipline was in response to discipline the facility received from the Ohio Board of Pharmacy in 2021 McKesson paid a $3,000 fine under the Alabama settlement.

On September 16, 2022, **McKesson Medical-Surgical Inc.'s** Leetsdale, PA facility entered into a consent order with the MI Dept of Licensing in connection with an Administrative Compliant from January 2022. The Administrative Complaint is a result of two settlement agreements with the Ohio BOP. Michigan states that these settlement agreements violated MCL 333.17768(2)(d). A $500.00 fine was imposed and paid.

On May 29, 2020, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Roseville, CA distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid on July 1, 2020.

On April 20, 2021, **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Ohio Board of Pharmacy, regarding its Leetsdale, PA distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $1,125 was imposed and paid on April 20, 2021.

On May 05, 2021, **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Maine Board of Pharmacy, regarding its Roseville, CA distribution center, in relation to the late reporting of a disciplinary action that was imposed by the Colorado Board of Pharmacy, for failure to report a change of designated representative within the required timeframe. A $500 civil penalty/fine was paid on 5/7/2021.

On May 22, 2021, in response to the DEA Settlement, **McKesson Corporation** entered into a final agreement with the Illinois Department of Financial and Professional Regulation. The Illinois Consent Order applies to the McKesson distribution centers located in Aurora, Colorado, Livonia, Michigan and Washington Court House, Ohio.

- Aurora, Colorado - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2020 except for various exceptions that mirror exceptions in the DEA settlement;

- Livonia, Michigan - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On May 27, 2021, **McKesson Corporation** entered into a consent agreement with the Maine Board of Pharmacy regarding its Aurora, IL distribution center failing to report the Colorado disciplinary action to the Maine Board of Pharmacy within 10 days as required. The Colorado disciplinary action is now reported to the Maine Board of Pharmacy. The terms of the consent agreement included a fine in the amount of $500.00.

On June 6, 2021, **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Leetsdale, PA distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $500 was imposed and paid on June 8, 2021.

On June 15, 2021, **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Urbancrest, OH distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $3000.00 was imposed and paid on June 15, 2021.

On June 23, 2021, **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Urbancrest, OH distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $125 was imposed and paid on June 23, 2021.

On October 14, 2021, in response to the DEA Settlement, **McKesson Corporation** entered into a Settlement Agreement with the Ohio Board of Pharmacy (the "WCH Ohio Settlement"). The WCH Ohio Settlement applies to the McKesson distribution center located in Washington Court House, Ohio. The Ohio Settlement also resolved allegations of suspicious order reporting violations related to sales occurring between 2011 and 2017. Under the

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On June 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On August 29, 2019, **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("McKesson St. Louis").

On August 29, 2019, **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On January 7, 2020, **McKesson Corporation** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products that had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and butalbital products that continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019 (the "2020 Clear Lake Consent").

On January 14, 2020, **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $1,000 was imposed and paid on January 14, 2020.

On February 20, 2020, in response to the DEA Settlement, **McKesson** entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. The suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On November 7, 2018, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Denver, Colorado distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid November 29, 2018. The Board released McKesson Medical-Surgical Inc. from the terms and conditions of the December 6, 2018, Stipulation and Final Agency Order and restored the Registration to unencumbered status.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019, **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 1, 2019, the Ohio Board of Pharmacy sent a Notice of Opportunity for Hearing to the **McKesson Medical-Surgical Inc.** distribution center in Urbancrest, OH, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing. The allegations relate to an investigation that McKesson Medical-Surgical Inc. shipped dangerous drugs to an unlicensed site in September 2017. A monetary penalty of $4,500 was imposed and paid on March 27, 2019.

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its wholly owned subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 100 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines.***

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson**'s distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** (Lakeland distribution center) entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and
- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

Facility Description:

McKesson Medical-Surgical Inc. located at 17956 East 84th Avenue, Suite 100 Commerce City, CO 80022 is a wholesale distributor of prescription drugs, devices, over the counter medications, medical supplies and equipment to the primary and extended care markets.

Title	Name	Work Address	Work Phone	Email Address	% Ownership
President; Director	Stanton J. McComb	9954 Mayland Drive, Suite 4000 Richmond, VA 23233		Stanton.McComb@McKesson.com	0%
VP & CFO	Willard C. Station	9954 Mayland Drive, Suite 4000 Richmond, VA 23233		Will.Station@McKesson.com	0%
Corporate Secretary	Saralisa C. Brau	505 9th St. NW Washington DC 20001		Saralisa.Brau@McKesson.com	0%

Ownership
McKesson Corporation
Federal ID 94-3207296
6535 N. State Highway 161
Irving, TX 75039
McKesson Medical-Surgical Top Holdings Inc.
Federal ID 59-2280364
6651 Gate Parkway
Jacksonville, FL 32216
McKesson Medical-Surgical Holdings Inc.
Federal ID 13-3734754
9954 Mayland Drive Suite 4000
Richmond, VA 23233
McKesson Medical-Surgical Inc.
Federal ID 94-2640465
9954 Mayland Drive, Suite 4000
Richmond, VA 23233
McKesson Medical-Surgical Inc.
Federal ID 94-2640465
17956 East 84th Avenue, Suite 100 Commerce
City, CO 80022

Commonwealth of Virginia

State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That McKesson Medical-Surgical Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 27, 1980;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

January 20, 2023

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER : 2023012018259962

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy
McKesson Medical-Surgical Inc.

Wholesaler In-State

WHI.0006127	10/17/2022
Number	**Issue Date**
Active	10/31/2024
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Ronne Hines | Credential Holder Signature

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy
McKesson Medical-Surgical Inc.

Wholesaler In-State

WHI.0006127	10/17/2022
Number	**Issue Date**
Active	10/31/2024
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Ronne Hines | Credential Holder Signature

This is a new facility that is in process of hiring employees. Therefore, we do not have a complete list of each employee. Below are the top employees that have been established.

- Duanne Pemberton - Director of Operations
- Xavier Garza - Transportation Supervisor/Security Marshall

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH RISK & INSURANCE SERVICES FOUR EMBARCADERO CENTER, SUITE 1100 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94111	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED MCKESSON CORPORATION AND ALL ITS SUBSIDIARIES 6555 STATE HIGHWAY 161 IRVING, TX 75039	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Old Republic Insurance Company — 24147 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** SEA-003837349-05 **REVISION NUMBER:** 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			MWZY-313829-22	07/01/2022	07/01/2023	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
	X CONTRACTUAL LIABILITY						MED EXP (Any one person)	$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$ 1,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						GENERAL AGGREGATE	$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY			MWTB-313827-22	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS			SELF INSURED FOR			BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY			PHYSICAL DAMAGE			PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			MWC-313826-22	07/01/2022	07/01/2023	X PER STATUTE [ ] OTH-ER	
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH)	N/A		MWXS-313828-22 (OH, WA)	07/01/2022	07/01/2023	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			Subject to a self-insured retention per policy terms and conditions.			E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

McKesson Corporation
6555 State Hwy 161
Irving, TX 75039

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh Risk & Insurance Services

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG McKesson Medical-Surgical Inc. MDEG License # (if applicable) _____

Physical Address 17956 East 84th Avenue, Suite 100

City Commerce City State CO Zip 80022

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 303-524-6190 Website www.mckesson.com

Licensing Company Email mckessonlicensing@mckesson.com

Section 2: Personal Information

First Xavier Middle J Last Garza

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] E 119 Ave

City Commerce City State CO Zip 80022

Telephone [redacted] Email xavier.garza@mckesson.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)		
Front Range Community College	2001- 2004		
Address	**City**	**State**	**Zip**
3645 W 112th ave	Westminster	CO	80031
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
Red Rocks Community College	1999-2001		
Address	**City**	**State**	**Zip**
13300 W 6th ave	Lakewood	CO	80228
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
Holy Family High School	1999		
Address	**City**	**State**	**Zip**
5195 W 144th ave	~~Denver~~ Broomfield	CO	80023
Diploma/Degree obtained, if any			
Diploma			

School Name	From - To (MM/YY – MM/YY)		
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/21/2021- Present	[redacted] E 119 Ave	Commerce City	CO	80022
8/15/2018 - 5/21/2021	[redacted] Finch Ave	Brighton	CO	80601
6/1/2008 – 8/15/2018	[redacted] E 104 Ave, Unit [redacted]	Commerce City	CO	80022

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: McKesson Medical-Surgical Inc.			From - To (MM/YY – MM/YY): 9/13/2006-Present
Business Address: 5301 Peoria Street Unit E	City: Denver	State: CO	Zip: 80239
Phone: 303-373-1145	Title: Transportation Supervisor		Number of Employed Hours: 1,500+
Description of Duties: Transportation Supervisor, Delivery Professional, Material Handler. Trained in all aspects of the warehouse and transportation of products			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2-4-2023
Date

I, Xavier Garza, **certify that as the MDEG Administrator for**

McKesson Medical-Surgical Inc., Commerce City, CO,

that I (initial that you have read and meet the following requirements):

1. XG Have a high school diploma or its equivalent;
2. XG Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. XG Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. XG Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Xavier Garza
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2-4-2023
Date

Board Use Only	Date Received:

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of report (Date of earliest event reported): September 7, 2022

McKESSON CORPORATION
(Exact Name of Registrant as Specified in Charter)

Delaware	1-13252	94-3207296
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

6555 State Hwy 161
Irving, TX 75039
(Address of Principal Executive Offices, and Zip Code)

(972) 446-4800
Registrant's Telephone Number, Including Area Code

Not Applicable
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

☐ Written communication pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communication pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communication pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, $0.01 par value	MCK	New York Stock Exchange
1.500% Notes due 2025	MCK25	New York Stock Exchange
1.625% Notes due 2026	MCK26	New York Stock Exchange
3.125% Notes due 2029	MCK29	New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 5.02 **Departure of Directors or Certain Officers; Election of Directors; Appointment of Certain Officers; Compensatory Arrangements of Certain Officers.**

On September 7, 2022, Tracy L. Faber, Executive Vice President and Chief Human Resources Officer, who is a named executive officer of McKesson Corporation ("Company"), gave the Company notice of her decision to retire from the Company effective on December 1, 2022.

Item 7.01 **Regulation FD Disclosure.**

On September 13, 2022, the Company issued and posted on its website (https://www.mckesson.com/About-McKesson/Newsroom/Press-Releases/ and https://investor.mckesson.com/news/default.aspx) a news release announcing that the Company has designated LeAnn B. Smith to become Executive Vice President and Chief Human Resources Officer effective upon Ms. Faber's retirement. A copy of that news release is attached hereto as Exhibit 99.1.

The information contained in this item, including Exhibit 99.1, is furnished to the Commission, but shall not be deemed "filed" with the Commission for purposes of Section 18 of the Securities Exchange Act of 1934 ("Exchange Act"), or incorporated by reference in any filing under the Exchange Act or the Securities Act of 1933, except as expressly stated in any such filing.

Item 9.01 **Financial Statements and Exhibits.**

(d) Exhibits.

Exhibit No.	Description
99.1	News release issued by McKesson Corporation on September 13, 2022
104	Cover Page Interactive Data File - the cover page iXBRL tags are embedded within the Inline XBRL document

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: **September 13, 2022**

McKesson Corporation

By: /s/ Lori A. Schechter
Lori A. Schechter
Executive Vice President, Chief Legal Officer
and General Counsel

Press Release Exhibit 99.1

MCKESSON

McKesson Names LeAnn B. Smith as Next Chief Human Resources Officer

Tracy L. Faber to Retire After More Than a Decade at the Company

IRVING, TX, September 13, 2022 — (BUSINESS WIRE) — McKesson Corporation (NYSE:MCK) today announced that LeAnn B. Smith has been selected to become executive vice president and chief human resources officer (CHRO). Ms. Smith will succeed Tracy L. Faber, McKesson's current CHRO, who will be retiring after an accomplished 11-year tenure with McKesson. These changes are expected to be effective December 1, 2022.

In her new role, Ms. Smith will report to Brian Tyler, chief executive officer (CEO), and serve as a member of the executive operating team. As McKesson continues to focus on people and culture as a strategic priority, Ms. Smith will have responsibility for all human resources disciplines, including attracting, developing and retaining talent across the company, championing employee diversity and inclusion initiatives, and leading transformational change.

"McKesson is committed to developing talent at all levels of the organization and we are pleased to promote LeAnn to the role of chief human resources officer," said Brian Tyler, CEO, McKesson. "In this dynamic time, we look forward to benefitting from her more than 20 years of experience as McKesson continues to address the changing needs of our employees, foster a diverse and inclusive culture and become the best place to work in healthcare."

Ms. Smith joined McKesson in 2021 and currently serves as senior vice president, talent management and development with responsibility for helping to advance McKesson's future growth plans and business performance. In this role, she has direct functional responsibility for leadership and executive development, performance and engagement, talent and succession planning, executive talent acquisition, organizational effectiveness and change management. Previously, Ms. Smith served as chief people leader, global corporate functions for Walmart, where she collaborated with C-Suite leaders on the company's corporate transformation strategy. Ms. Smith also served in a variety of human resources leadership roles at Accenture. Ms. Smith graduated from Saint Louis University with a Bachelor of Science in Health Information Management and earned an Executive Masters in Human Resource Management from Cornell University, ILR School.

"I would also like to congratulate Tracy Faber on such an accomplished career and offer my thanks for her significant contributions to McKesson," added Mr. Tyler. "As CHRO, Tracy led our human resources organization to establish new programs that have improved our employee experience, increased our commitment to diversity and inclusion, enhanced our leadership development efforts and helped attract top talent to our company. Tracy has also played a pivotal role over the past three years in helping our company to navigate through the COVID-19 pandemic. We are extremely grateful for her leadership in addressing the evolving workplace, health and safety needs of our employees and their families during such an uncertain and unpredictable period."

###

Press Release **Exhibit 99.1**

About McKesson Corporation

McKesson Corporation is a diversified healthcare services leader dedicated to advancing health outcomes for patients everywhere. Our teams partner with biopharma companies, care providers, pharmacies, manufacturers, governments, and others to deliver insights, products and services to help make quality care more accessible and affordable. Learn more about how McKesson is impacting virtually every aspect of healthcare at McKesson.com and read Our Stories.

Investor Contact:
Rachel Rodriguez
469-260-0556
Rachel.Rodriguez@McKesson.com

Media Contact:
David Matthews
214-952-0833
David.Matthews@McKesson.com

4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02238	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information ■ LLC

Facility Name: Kenco Logisitic Services, LLC

Physical Address: 4309 Distribution Drive

City: Chattanooga State: TN Zip: 37416

Mailing Address (if different from physical address): Same

City: _____ State: _____ Zip: _____

Telephone: 423-702-9306 Website: www.kencogroup.com

Name of Designated Representative (DR): Michael D. Smith

Licensing Company Email: N/A DR Email: Michael.D.Smith@kencogroup.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: 3PL

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Bausch Health and Bausch & Lomb

Address: 400 Somerset Corporate Blvd. City: Bridgewater State: NJ Zip: 08807

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Please see attached for explanation of LLC

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• ✓ **List of all Officers and Directors.**	✓	✓ ✓		
• **List the top four corporation shareholders and their percent ownership.** (org chart)	✓			
• **List of all corporation shareholders and their percent ownership.** (Org chart)		✓ ✓		
• **List of all partners and their percent ownership.**			✓	
• ✓ **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
N/A • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
✓ **Copy of DEA certificate if handling controlled substances**	✓	✓ ✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
✓ **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓ ✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ - FORM NOT AVAILABLE	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Henco Logistic Services, LLC
Facility Name

Michael D. Smith
Print Name of Authorized Person Submitting Application

Michael D. Smith
Original signature of Authorized Person (copies or stamps not accepted)

12-20-2022
Date

Board Use Only	Date Received: 12-22-22	Amount: 1000.00 CK-173262

KENCO LOGISTIC SERVICES, LLC
4309 Distribution Drive
Chattanooga, TN 37416

Michael Smith – General Manager

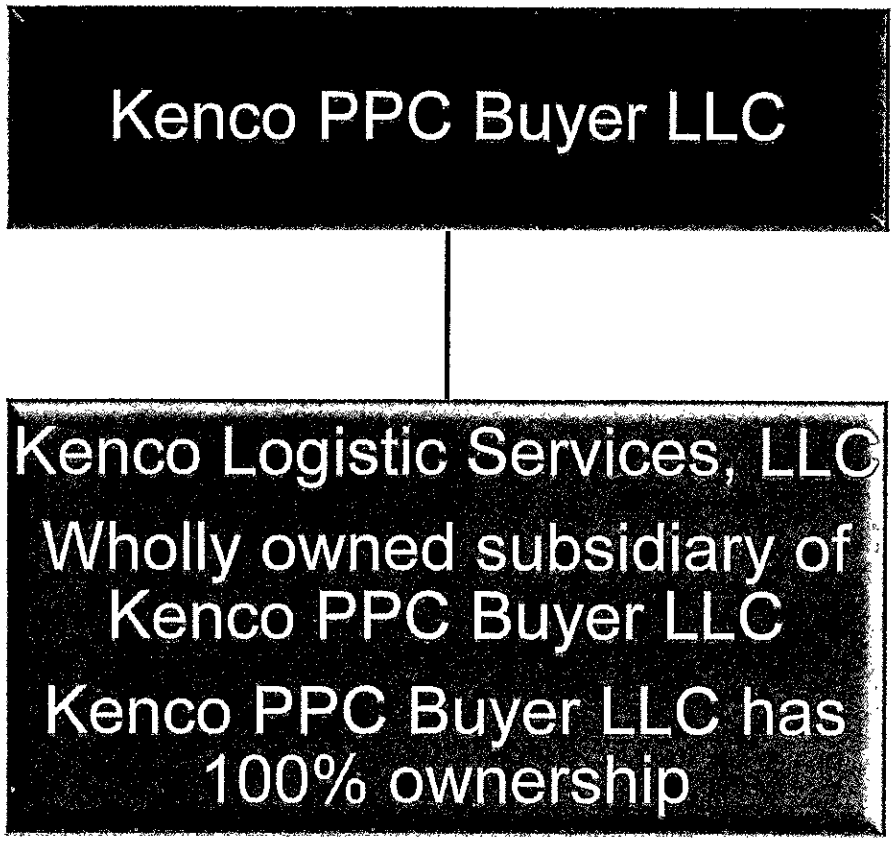
KENCO LOGISTIC SERVICES, LLC-WHOLLY OWNED SUBSIDIARY OF KENCO PPC Buyer LLC
2001 RIVERSIDE DRIVE
CHATTANOOGA, TN 37406-4308 FEIN # 88-3891482

Organized in Delaware

PHONE: (423) 756-5552

Officers & Directors	Title	
David Caines	President & Chief Operating Officer	2001 Riverside Drive Chattanooga, TN 37406 David.caines@kencogroup.com 423-756-6552
Denis Riley	Chief Executive Officer	2001 Riverside Drive Chattanooga, TN 37406 Denis.Riley@Kencogroup.com 423-643-3454

Kenco Logistic Services, LLC Organizational Chart



13234486

32446

State of Tennessee
Department of Health

BOARD OF PHARMACY
THIRD PARTY LOGISTICS
KENCO LOGISTIC SERVICES LLC
4309 DISTRIBUTION DR
CHATTANOOGA TN 37416

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000006360
EXPIRATION DATE: 12/05/2024

CONTROLLED SUBSTANCE REGISTRATION

Jennifer L. Rutnam, Esq
ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

Morgan McDonald
COMMISSIONER

DCF171

NABP ACCREDITED
DRUG DISTRIBUTOR

Kenco Logistic Services, LLC

located at

4309 Distribution Dr, Chattanooga, TN 37416

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

6/12/2020 - 6/11/2023
Period of Accreditation

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

8/1/2023

DATE (MM/DD/YYYY) 7/26/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000 kctsu@lockton.com	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED 1491774 KENCO LOGISTIC SERVICES, LLC 2001 RIVERSIDE DRIVE CHATTANOOGA TN 37406	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : The Travelers Indemnity Company of Connecticut — 25682 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES ** **CERTIFICATE NUMBER:** 17490095 **REVISION NUMBER:** XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [X] LOC [ ] OTHER:	N	N	HC2E-GLSA-3P390676-TCT-22	8/1/2022	8/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 5,000,000 $ 2,000,000 $
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ XXXXXXX $ XXXXXXX $ XXXXXXX $ XXXXXXX $ XXXXXXX
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			NOT APPLICABLE			EACH OCCURRENCE AGGREGATE [ ]	$ XXXXXXX $ XXXXXXX $ XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] N/A If yes, describe under DESCRIPTION OF OPERATIONS below			NOT APPLICABLE			[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ XXXXXXX $ XXXXXXX $ XXXXXXX

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: BAUSCH HEALTH COMPANIES INC. (FNA VALEANT PHARMACEUTICALS INTERNATIONAL) - 4309 DISTRIBUTION DR.; CHATTANOOGA, TN 37416

CERTIFICATE HOLDER

17490095
ARKANSAS STATE BOARD OF PHARMACY
ATTN: INSURANCE COMPLIANCE
322 S. MAIN ST.
SUITE 600
LITTLE ROCK AR 72201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Joseph M Agnello

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "KENCO PPC BUYER LLC", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2022, AT 10:09 O`CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

6980736 8100
SR# 20223320009

Authentication: 204222720
Date: 08-23-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:09 AM 08/22/2022
FILED 10:09 AM 08/22/2022
SR 20223320009 - File Number 6980736

CERTIFICATE OF FORMATION

OF

KENCO PPC BUYER LLC

This Certificate of Formation is being executed as of August 22, 2022, for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Company Act, 6 Del. C. §§ 18-101, et seq.

The undersigned, being duly authorized to execute and file this Certificate of Formation, does hereby certify as follows:

1. Name. The name of the limited liability company is Kenco PPC Buyer LLC (the "Company").

2. Registered Office and Registered Agent. The Company's registered office in the State of Delaware is located at 3411 Silverside Road, Tatnall Building #104, in the city of Wilmington, New Castle County, Delaware 19810. The registered agent of the Company for service of process is Corporate Creations Network Inc. located at 3411 Silverside Road, Tatnall Building #104, in the city of Wilmington, New Castle County, Delaware 19810.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Formation as of the day and year first above written.

By: */s/ Sandra Ruiz*
Sandra Ruiz, an Authorized Person

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RK0500682	12-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N,4,5	DISTRIBUTOR	11-03-2022

KENCO LOGISTIC SERVICES, LLC
4309 DISTRIBUTION DRIVE
CHATTANOOGA, TN 374163155

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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Form DEA-223 (9/2016)

KENCO LOGISTIC SERVICES, LLC	
Name	Job Title
Ford, Will	Warehouse Lead
West, Amanda	Warehouse Lead
Young, Monica	Warehouse Associate
Delgado, Johnny	Forklift Operator II
Owensby, Ronnie	Forklift Operator I
James, Star	Warehouse Associate
Greene, Maria	Warehouse Associate
Koop, Cathie	Warehouse Associate
Sears, Nellie	Warehouse Associate
Russell, Therese	Warehouse Associate
Marbury, Kadedra	Warehouse Clerk (CSR)
Brown, Tiffany	Wave Planner
Hatten, Marcus	Forklift Operator II
Russell, Winfred	Forklift Operator II
Albert, Tanisha	Warehouse Associate
Armour, Arianna	Warehouse Associate
Aulich, Jerry	Warehouse Associate
Evans, Madeana	Warehouse Associate
Hass, Jennifer	Warehouse Associate
Hill, Angela	Warehouse Associate
Jackson, Lisa	Warehouse Associate
Knowles, Terry	Warehouse Associate
Abbot, Cecil	Warehouse Associate
Jones, Gregory	Warehouse Associate
Pollard, Lauren	Warehouse Associate
Webb, Polly	Warehouse Associate
Yanagida, Deborah	Warehouse Associate
Williams, Brittany	Warehouse Associate
Delgado, Angel	Warehouse Associate
Chambers, Shelley	Warehouse Clerk
Vinson, Eric	Warehouse Associate
Mankel, William	Forklift Operator II
Palmer, David	Forklift Operator II
Brooks, Teresa	Warehouse Associate
Johnston, Steven	Warehouse Associate
Sexton, Sharma	Warehouse Associate
Crowder, Mark	1st Shift Lead
Young, Daniel	Forklift Operator II
Gates, Sarah	Warehouse Associate
Smith, Greg	Warehouse Lead
Walker, Justin	Forklift Operator II
Wilson, Jermichael	Warehouse Associate
Loyd, Darnell	Warehouse Associate

Tipton, Dejuan	Warehouse Associate
Jones, Lisa	Warehouse Lead
Earnshaw, Erik	Forklift Operator II .
Powell, A. D.	Forklift Operator I
Richardson, Michael	Forklift Operator I
Sharp, Paula	Inventory Lead
Phifer, Isabella	Inventory Lead
Smith, Benjamin	Inventory Coordinator
Teasley, Chris	Inventory Coordinator
Neal, Craig	Inventory Coordinator
Williams, Lindsey	Inventory Coordinator
Sewell, Kendall	Safety/Security Coordinator
Hailston, Edward	Maintenance Tech
Derryberry, Bridgett	Quality Assurance Specialist
West, Jenne	Surgical Quality Coordinator
Jones, Judy	Surgical Quality Coordinator
Eddington, Anita	Housekeeping Associate
Pulley, Stephanie	Housekeeping Associate
Usher, Adrienne	Accounting Specialist
Smith, Michael	General Manager
Wooten, Eric	Ops Manager - Pharma
Brand, David	Ops Manager - Surgical
Ofsuryk, David	CI Leader
Tigue, Dwayne	Inventory Supervisor
Hughes, Taylor	Pharma Supervisor - 1st Shift
Haralson, Jason	Pharma Supervisor - 3rd Shift
Turner, Stephanie	Surgical Supervisor
Emmett, Greg	Operations System Analyst
Burger, Ron	Quality Manager
Derryberry, Bridgett	Quality Assurance Specialist
Blevins, Amy	HR Manager
Peoples, Chris	Business Support Analyst

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Kenco Logisitic Services, LLC

Pharmacy/Wholesaler License # (if applicable): WO02238

Physical Address: 4309 Distribution Drive

City: Chattanooga State: TN Zip: 37416

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: 423-702-9315 Website: www.kencogroup.com

Licensing Company Email: N/A

Section 2: Personal Information

First: Michael Middle: Dean Last: Smith

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 4309 Distribution Drive

City: Chattanooga State: TN Zip: 37416

Telephone: [redacted] Email: Michael.D.Smith@Kencogroup.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Tennessee Temple University		08/84-05/91	
Address	City	State	Zip
	Chattanooga	TN	37404
Diploma/Degree obtained, if any			
BA Speech Communications			

School Name		From - To (MM/YY – MM/YY)	
Tennessee Temple High School		08/82-05/83	
Address	City	State	Zip
	Chattanooga	TN	37404
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Hillcrest Christian School		08/73-05/82	
Address	City	State	Zip
	Richmond	IN	47374
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted]E. Valley Rd	Jasper	TN	37347
From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted]Saunders Rd	Ringgold	TN	30736
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
See attached resume			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Michael D. Smith, **certify that as the designated representative for**

Kenco Logistic Services, LLC 4309 Distribution Drive, Chattanooga TN 37416

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MDS I am at least 21 years of age;
3. MDS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MDS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MDS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MDS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MDS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Michael Smith
Print Name (First, Last)

Michael D. Smith
Original Signature (electronic, copies or stamps not accepted)

12-20-2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Smith

Print Name (First, Last)

Michael D. Smith

Original Signature (electronic, copies or stamps not accepted)

12-20-2022

Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Hamilton

I, Michael D. Smith, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Michael D. Smith

Original Signature

12-20-2022

Date

Subscribed and Sworn to before me this 20th day of December 2022

Bridgett Derryberry

Notary Public Signature

BRIDGETT DERRYBERRY
STATE OF TENNESSEE
NOTARY PUBLIC
HAMILTON COUNTY

(Seal)

MICHAEL D. SMITH

[redacted]East Valley Road, Jasper, TN 37347 · [redacted]
michael.d.smith@kencogroup.com

Responsible and trustworthy Operations Manager with 9+ years of pharmaceutical and medical device distribution experience including WMS implementations, site expansions, and building relocations. Strong customer service focus and proven record of collaboration to achieve positive results.

EXPERIENCE

APRIL 2020 – PRESENT

OPERATIONS MANAGER, KENCO (BAUSCH HEALTH)

- Assisted in transfer of Surgical distribution from Bausch's VA site; +3M Revenue, +200k Income 1st full year
- Continued to exceed customer expectations on pharma side during surgical transition

OCTOBER 2012 – APRIL 2020

OPERATIONS SUPERVISOR, KENCO (VALEANT & BAUSCH HEALTH)

- Responsible for daily outbound operations on 1st shift
- Implemented Kenco's 1st JDA WMS: reached baseline in 10 days; awarded top implementation by JDA
- Relocated operation to 240k sf building with no impact to end-customers
- Responsible for coaching and training associates

AUGUST 2202 – JUNE 2012

WAREHOUSE SUPERINTENDENT, MCKEE FOODS

- Assisted in maintaining $1.5 million budget.
- Managed inventory in excess of 200,00 cases weekly
- Administrator for WMS (Red Prairie)
- Ensured proper rotation of finished goods using FEFO
- Handled customer complaints
- Initiated damaged product tracking procedure

FEBRUARY 2005 – AUGUST 2007

SUPPORT SERVICES COORDINATOR, MCKEE FOODS

- Coordinated activities of 3 shift operation, including handling of over 1,000,000 cases per week
- Acted as liaison between shipping department and other McKee Foods departments
- Involved in period end and yearend inventory

SEPTEMBER 1998 – FEBRUARY 2005

SHIPPING SUPERVISOR, MCKEE FOODS

- Responsible to efficient operation of 3rd shift shipping department with up to 60 hourly direct report
- Oversaw handling of up to 100,000 cases per shift
- Maintained employee timecards and attendance records
- Trained and coached direct reports

SKILLS

- **Operationally sound**: 2019 KOS Bronze, 2020 Site of the Year (mid-size), 2021 KOS Silver
- **Regulatory**: VAWD accredited; ISO-13485 certified; DSCSA compliant; FDA, DEA, TN BOP registered
- **Customer connected**: VOC NPS of 9

EDUCATION

MAY 1991

BA SPEECH COMMUNICATIONS, TENNESSEE TEMPLE UNIVERSITY

KENCO

- LDP
- LSSGB (course only)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Kenco Logistic Services, LLC — MDEG License # (if applicable): _____

Physical Address: 4309 Distribution Drive

City: Chattanooga — State: TN — Zip: 37416

Mailing Address (if different from physical address): Same

City: _____ — State: _____ — Zip: _____

Telephone: 423-702-9315 — Website: www.kencogroup.com

Licensing Company Email: N/A

Section 2: Personal Information

First: Michael — Middle: Dean — Last: Smith

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☒ M ☐ F ☐ X

Mailing Address: 4309 Distribution Drive

City: Chattanooga — State: TN — Zip: 37416

Telephone: [redacted] — Email: Michal.D.Smith@Kencogroup.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Tennessee Temple University		08/84-05/91	
Address	City	State	Zip
	Chattanooga	TN	37404
Diploma/Degree obtained, if any			
BA Speech Communications			

School Name		From - To (MM/YY – MM/YY)	
Tennessee Temple High Schoole		08/82-05/83	
Address	City	State	Zip
	Chattanooga	TN	37404
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Hill crest Christian School		08/73-05/82	
Address	City	State	Zip
	Richmond	IN	47374
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] E. Valley Rd	Jasper	TN	37347
From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Saunders Rd	Ringgold	TN	30736
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
See attached resume				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
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Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

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Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Michael D. Smith, **certify that as the MDEG Administrator for**

Kenco Logisitic Services, LLC,

that I (initial that you have read and meet the following requirements):

1. MDS Have a high school diploma or its equivalent;
2. MDS Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MDS Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MDS Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Smith
Print Name (First, Last)

Michael D. Smith
Original Signature (electronic, copies or stamps not accepted)

2-7-2023
Date

Board Use Only	Date Received:

MICHAEL D. SMITH

[redacted] East Valley Road, Jasper, TN 37347 · [redacted]
michael.d.smith@kencogroup.com

Responsible and trustworthy Operations Manager with 9+ years of pharmaceutical and medical device distribution experience including WMS implementations, site expansions, and building relocations. Strong customer service focus and proven record of collaboration to achieve positive results.

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EDUCATION

MAY 1991

BA SPEECH COMMUNICATIONS, TENNESSEE TEMPLE UNIVERSITY

KENCO

- LDP
- LSSGB (course only)

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 106550130

Application/License No. _____

Kenco Logistic Services, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 4309 Distribution Drive, Chattanooga, TN 37416 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on July 26, 2016 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 26th day of July, 2016.

APPLICANT/PRINCIPAL

Kenco Logistic Services, LLC

Authorized Representative

SURETY COMPANY

Travelers Casualty and Surety Company of America

Surety Company's Representative

Jeffrey M. Wilson, Attorney-in-fact & Nevada Licensed Agent
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Alisa B. Ferris

Witness Evondia H. Woessner

Countersigned by:

not applicable
Nevada Resident Agent

TRAVELERS

POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company
St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Attorney-In Fact No. 228029 **Certificate No.** 006347808

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

Robert Read Davis of Atlanta, Georgia; Robert M. Verdin of Metairie, Louisiana; Mark W. Edwards, II, Ronald B. Gladrosich, Jeffrey M. Wilson, William M. Smith, Evondia H. Woessner, Robert R. Freel, Alisa B. Ferris of Birmingham, Alabama, and Christopher C. Gardner

of the City of Union, State of Mississippi, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 23rd day of July, 2015.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company
St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

State of Connecticut
City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the 23rd day of July, 2015, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.
My Commission expires the 30th day of June, 2016.

MARIE C. TETREAULT NOTARY PUBLIC CONNECTICUT

Marie C. Tetreault
Marie C. Tetreault, Notary Public

58440-8-12 Printed in U.S.A.

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 26 day of July, 20 16

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.

4W

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02204	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☒ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 5701 Promontory Pkwy Suite 100

City: Tracy State: CA Zip: 95377

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Name of Designated Representative (DR): Rudy Pena

Licensing Company Email: ralicensing@medline.com DR Email: rpena@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: Cosmetics, Veterinary Legend Pharmaceuticals	☒ Warehouse
☒ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Assisted Living, Surgical Centers, Nursing Homes		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer Inc
Address: 235 E 42nd St City: New York State: NY Zip: 10017
Name: ICU Medical
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673
Name: Baxter Healthcare
Address: 1 Baxter Parkway City: Deerfield State: IL Zip: 60015
Name: B Braun Medical Inc
Address: 824 12th Ave. City: Bethelem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: Medline Industries, LP
Mailing Address: Three Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: 847-949-5500 Email: ralicensing@medline.com
Contact Person Name: Tanya Hughes

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara N. Simmons

Print Name of Authorized Person Submitting Application

Lara N. Simmons

Original signature of Authorized Person (copies or stamps not accepted)

5/25/22

Date

Board Use Only	Date Received: 10-31-22	Amount: 500.00 CK-101236355	11/1/22

Renewal License

Wholesale Drug Permit

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

LICENSE NO. WLS 6844
RECEIPT NO. 00183255

VALID UNTIL JANUARY 01, 2024

MEDLINE INDUSTRIES, L.P.
5701 PROMONTORY PARKWAY STE 100
TRACY CA 95377

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

12/02/22
12/02/22

The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS

Board of Pharmacy
2720 Gateway Oaks Dr, Suite 100
Sacramento CA 95833

MEDLINE INDUSTRIES, L.P.
5701 PROMONTORY PARKWAY STE 100
TRACY CA 95377

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2225502154

Authenticate at: https://www.ilsos.gov

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* SEPTEMBER *A.D.* 2022 .

Jesse White

SECRETARY OF STATE

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

5701 Promontory Parkway, Tracy, CA 95377

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

03/21/2020 - 03/20/2023
Period of Accreditation

Medline Industries, LP
FEIN 36-2596612

Limited Partnership Partners:

PARTNERS	Business Address	General or Limited	% of Ownership	FEIN
Mozart GP, LLC	Three Lakes Drive Northfield IL 60093	General	0%	87-2508203
Medline Borrower, LP	Three Lakes Drive Northfield IL 60093	Limited	100%	87-2530238

PARENT COMPANY INFORMATION:
Medline Intermediate, LP
FEIN 87-2521736
State of Formation: IL
Managing Members:

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

THREE LAKES DRIVE
NORTHFIELD IL 60093
PHONE #: 847-949-5500

Title	Name	Address
President	Andrew J. Mills	[redacted] Woodbridge Lane Highland Park, IL 60035
CEO	Charles N. Mills	[redacted] Shoreline Court, Glencoe, IL 60022
COO	James D. Abrams	[redacted] Sheridan Road Highland Park, IL 60035
CFO	Michael B. Drazin	[redacted] W. Kingsley Dr., Arlington Heights, IL 60004
President - QA/RA	Lara N. Simmons	[redacted] 60th Street Bristol, WI 53104

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): MP01384

Physical Address: 5701 Promontory Pkwy #100

City: Tracy — State: CA — Zip: 95377

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield — State: IL — Zip: 60093

Telephone: (209) 836-7027 — Website: medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Rudy — Middle: Daniel — Last: Pena

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☒ M ☐ F ☐ X

Mailing Address: 5701 Promontory Pkwy #100

City: Tracy — State: CA — Zip: 95377

Telephone: [redacted] — Email: rpena@meldine.com

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
San Bernardino Valley College		08/2005 - 05/2006	
Address	**City**	**State**	**Zip**
701 S Mt Vernon Ave	San Bernardino	CA	92410
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Eisenhower High School		09/2001 - 06/2005	
Address	**City**	**State**	**Zip**
321 N Lilac Ave	Rialto	CA	92376
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/21- Present	[redacted]N. Pershing Ave.	Stockton	CA	95207
10/18-12/21	[redacted]American Farms Ave	Lathrop	CA	95330
10/17-10/18	[redacted]Pavillion Pkwy	Tracy	CA	95377
10/16-10/17	[redacted]Stratford Cir	Stockton	CA	95207
10/15-10/16	[redacted] Mitchell Lane	Manteca	CA	95336
05/10-05/15	[redacted]Bunker Hill Dr	San Bernardino	CA	92410
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			02/21 - Present
Business Address	**City**	**State**	**Zip**
5701 Promontory Pkwy #100	Tracy	CA	95377
Phone	**Title**		**Number of Employed Hours**
(209) 836-7027	Warehouse Manager		2,100
Description of Duties			
Manage receiving, storage,and distribution of drugs, devices, and medical products. Medline is strictly a mail order provider of medical products. No products require fitting, maintenance, installation, or in home-education.			

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			06/17 - 02/21
Business Address	**City**	**State**	**Zip**
5701 Promontory Pkwy #100	Tracy	CA	95377
Phone	**Title**		**Number of Employed Hours**
(209) 836-7027	Sr. Warehouse Supervisor		7,200
Description of Duties			
Manage receiving, storage,and distribution of drugs, devices, and medical products. Medline is strictly a mail order provider of medical products. No products require fitting, maintenance, installation, or in home-education.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Rudy Pena, certify that as the MDEG Administrator for

Medline Industries, LP

that I (initial that you have read and meet the following requirements):

1. ✓ Have a high school diploma or its equivalent;
2. ✓ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ✓ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ✓ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rudy Pena
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/5/22
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Y

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Medline Industries, LP

Pharmacy/Wholesaler License # (if applicable) WH02204

Physical Address 5701 Promontory Parkway

City Tracy State CA Zip 95377

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Rudy Middle Daniel Last Pena

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] N Pershing Ave

City Stockton State CA Zip 95330

Telephone [redacted] Email rpena@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Eisenhower High School		06/01 - 06/05	
Address	**City**	**State**	**Zip**
1321 N Lilac Ave	Rialto	CA	92376
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/21 - Current	[redacted] N Pershing Ave	Stockton	CA	95207
08/18 - 09/21	[redacted] American Farms Ave.	Lathrop	CA	95330
07/17 - 08/18	[redacted] Pavillion Parkway	Tracy	CA	95304
08/16 - 07/17	[redacted] Stratford Circle	Stockton	CA	95207
1/16 - 08/16	[redacted] Mitchell Ave.	Manteca	CA	95336
05/10 - 01/16	[redacted] Bunker Hill DR	San Bernadino	CA	92410

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, LP		2/01/21 - Current	
Business Address	**City**	**State**	**Zip**
5701 Promomtory Parkway	Tracy	CA	95377
Phone	**Title**	**Number of Employed Hours**	
209 - 836 - 8726	Warehouse Manager	40 + hours weekly	

Description of Duties
Manages receiving, distribution and dispensing of prescription drugs and medical devices.
Monitors inventory, developed and trained Supervisors

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, Inc.		6/15/2017 - 1/31/2021	
Business Address	**City**	**State**	**Zip**
5701 Promontory Parkway	Tracy	CA	95377
Phone	**Title**	**Number of Employed Hours**	
209 - 836 - 8726	Sr Warehouse Supervisor	40+ hours weekly	

Description of Duties
Ensured proper record keeping, trained and supervised Branch Administrators
Monitored distribution, storage, shipping, and other capacities related to prescription drugs and medical devices.

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, Inc.		6/01/2012 - 10/14/2015	
Business Address	**City**	**State**	**Zip**
1089 E Mill St.	San Bernadino	CA	92410
Phone	**Title**	**Number of Employed Hours**	
847-949-5500	Warehouse Lead	40+ hours weekly	

Description of Duties
Assisted in developing to ensure pickers were picking items correctly. Developed and mainained picker shifts and schedules.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached

See Attached Corporate Disciplinary History

No Personal

Original Signature (electronic, copies or stamps not accepted)

10/5/22
Date

I, Rudy Pena, **certify that as the designated representative for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Rudy Pena
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/5/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rudy Pena

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/05/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Rudy Pena, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/05/22

Date

Subscribed and Sworn to before me this 5 day of October 2022

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

Rudy Peña

rpena@medline.com - [redacted]

Accomplishments

- 13+ years of warehouse experience.
- Mentored and trained over 20 supervisors and 30 leads in Medline's systems.
- Contributed to C46 start up by hiring and training over 300 Team Members.

Professional Experience

Warehouse Manager – Medline Industries, 5701 Promontory Pkwy #100 Tracy, CA
Feb. 2021 – Present (209) 836-7027

- Managed receiving, distribution, and dispensing of prescription drugs and medical devices.
- Monitored record keeping, inventory, storage, and other requirements related to security and storage.
- Partnered with local sales team and leadership to deliver customer service.
- Researched to help resolve customer complaints via root cause analysis.
- Developed and trained supervisors.

Senior Warehouse Supervisor – Medline Industries, 5701 Promontory Pkwy #100 Tracy, CA
July 2017 – Feb. 2021 (209) 836-7027

- Monitored distribution, storage, shipping, and other capacities related to prescription drugs and medical devices.
- Ensured proper record keeping, inventory, storage, and product security.
- Mentored and monitored the development of supervisors and leads.
- Conduct Bi-monthly meetings for leads.
- Assisted in all departments when necessary.
- Trained and supervise Branch Administrators.

Supervisor – Medline Industries, 400 D'arcy Pkwy, Lathrop, CA (Closed)
Oct. 2015 – July 2017 (847) 949-5500

- Lead team responsibilities for assigned areas related to prescription drug and medical device distribution.
- Mentored and developed leads to promote to supervisor.
- Managed reports to help reduce overtime and raise productivity.
- Supervised 27 team members and ensured team was being held accountable for errors along with performance.
- Coached team members from negative performance into positive performance by monitoring and tracking performance on a weekly basis.

Shipping Lead–Medline Industries, 1089 E. Mill St., San Bernardino, CA 92410 (Closed)
Nov., 2012– Oct.2015 (847) 949-5500

- Assist in developing a hard to pick folder to ensure that our pickers have the best information to pick items correctly.
- Developed and maintained 30 case picker shift and lunch schedules.
- Collaborate with other Leads to share information and coordinate on new ideas.

Warehouse Operator– Medline Industries, 1089 E. Mill St., San Bernardino, CA 92410 (Closed)

Feb., 2009– Oct., 2012 (847) 949-5500

- Picked medical device and pharmaceuticals orders with little to no errors and was constantly on the top of our top performers list.
- Assist dock lead on making sure our crew is staying on task and loading every truck before cut off.

Medline Industries, L.P.
Disciplinary History

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave, Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries' Kansas City, MO license (#2003031660) was disciplined for failure to renew on-time and for insufficient temperature control procedures. Medline was placed on probation for 5 years. Throughout the probationary period, the state conducted multiple inspections of the facility and found Medline to be in compliance with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialist that monitor and ensure each of our 200+ licenses are renewed on-time. A temperature control room was also constructed at the facility to ensure product is stored at the appropriate temperature and humidity levels. These control rooms are now a standard feature at our distribution centers, and we have worked closely with VAWD throughout our distribution network to ensure that our temperature control facilities and procedures align with industry best practices.
12/7/2006	9101 Riverside Parkway, Lithia Springs, GA 30122	**FILE CLOSED 2008** Medline's Florida Certified Designated Representative at our Georgia facility resigned unexpectedly. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Designated Representative was hired at the facility.	To prevent a situation like this from occurring in the future, every Medline facility licensed in FL has multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Drive, Orlando, FL 32824 401 Commerce Blvd., Oldsmar, FL 34677 4750 118th Ave N Clearwater, FL 33762	**FILE CLOSED 2008** Medline Industries was cited for several violations including: failure to pass and maintain a pedigree that met Florida's specific requirements; having the wrong type of permit for activities being performed (in addition to the manufacturing permit that we had, Florida required that we also have a repacker permit); distribution of saline to an unauthorized recipient; and an Rx drug item was found at an unlicensed raw materials storage facility. Several of the violations were challenged and reduced substantially or removed during the settlement process. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct. In 2010, Medline made an unrelated business decision to close the Oldsmar and Clearwater facilities.	To address the pedigree issues, Medline instituted a Florida specific pedigree system to ensure that any pedigree shipments within our distribution network with potential to end up in Florida have the required Florida specific documentation. (Note - these requirements have since been preempted by federal law). To address the issue of having the wrong permit type, Medline secured a repackaging permit, in addition to the manufacturing permit the facility already had. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx drug purchases; this procedure generates an automatic block of any Rx drug orders by an unlicensed customer in our SAP system. The Rx drug item unintentionally stored at our raw materials facility was properly disposed of, and our waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd., Gainesville, FL	**FILE CLOSED 2008** Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008 (Case # 2007-37412). In 2010, Medline made an unrelated business decision to close this facility.	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, an internal auditing program was implemented to ensure that each distribution center is in compliance with internal policies and procedures, as well as state and federal regulations.
3/5/2008	149 New Camellia Blvd., Covington, LA 70433	**FILE CLOSED 2008** Medline Industries' license #4318 was cited for failure to properly maintain copies of current customer licenses on site (Louisiana Administrative Docket #2008006). Medline was assessed and paid a fine. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct.	In addition to storing copies of our customers' licenses at headquarters, we now store these licenses digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave., Wausau, WI	**FILE CLOSED 2009** Medline Industries' license (# 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing during an inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to have a dividing fence between the Medline managed portion of the facility and the hospital portion of the facility - even though all of the products were owned by the hospital. Medline was also cited for failure to access several policies and procedures during the inspection. Corrections were made and the facility was re-inspected, to the satisfaction of the state (Case #08 PHM 037). After duly notifying state authorities, as required, we were fined by the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) out-of-state professional misconduct. . In 2010, Medline made an unrelated business decision to close this facility.	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the faculty. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.
8/21/2008	94-1420 Moaniani St., Waipahu, Hawaii	**FILE CLOSED 2013** Medline Industries' license (PWD 115) was fined $5000 and placed on probation for 5 years for failure to report the Florida and Missouri disciplinary actions within 30 days. While Medline filed the required reports, the 30 day deadline was missed. Probationary period ended August 2013. (Case # PHA 2008-17-L)	Medline takes this oversight very seriously and we have implemented a new process to notify the required boards of any future disciplinary actions within 10 days of a final action.
3/19/2010	1401 N. Universal Ave, Kansas City, MO 64120	**FILE CLOSED 2010** Medline applied for a Colorado Out of State Wholesaler license for the Missouri distribution center and was issued a conditional license by the CO Board of Pharmacy until the facility's MO probation period ended (approximately 5 months). The CO BOP was informed when the MO probationary period was completed, and subsequently removed the encumbered status of this facility's CO license.	See above for corrective actions related to the underlying sanction.
1/6/2021	1501 Harris Rd, Libertyville, IL 60048	**FILE CLOSED 2021** Medline Industries, Inc. License #01-1985050 received a fined $250 by the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired, unbeknownst to Medline. Case No. A-2020-0054 I-2019-0972-B. The fine was paid on January 21, 2021 and the case was closed. After duly notifying state authorities, as required, we were fined $500 by The Alabama State Board of Pharmacy (Case No:21-L-0048) for the same underlying conduct as the Ohio matter. The fine was paid and the matter closed.	Medline takes this oversight very seriously. We reviewed our processes and updated our guidelines for the type of license required for business in Ohio to ensure proper type of licenses applied to the customer are valid and current. The TDDD Ohio licenses are reviewed on an annual basis to ensure compliance.

First Name	Last Name	Job Title	Location
ZACHARY	POLISKY	Assoc Supv Warehouse	TRACY
JOANN	ESTRADA-LAWSON	Dispatcher	TRACY
FERDINAND	MANANTAN	Dispatcher	TRACY
RONALD	CHANDRA	Mgr Maintenance	TRACY
MICHAEL	MORGAN	Mgr Warehouse	TRACY
RUDY	PENA	Mgr Warehouse	TRACY
JAMES	WOODS	Mgr Warehouse	TRACY
NICOLE	FENNOY	OPS-Branch Administrator	TRACY
JUANA	FLORES	OPS-Branch Administrator	TRACY
DIANE	GANDALL	OPS-Branch Administrator	TRACY
SUZANNE	RITZEMA	OPS-Branch Administrator	TRACY
MARTHA	RODRIGUEZ	OPS-Branch Administrator	TRACY
DARLENE	SIMMONS	OPS-Branch Administrator	TRACY
SAIYAD	AKHTAR	OPS-Branch Trainer	TRACY
PAUL	CARDENAS RUIZ	OPS-Branch Trainer	TRACY
PHILLIPE	CARLON	OPS-Branch Trainer	TRACY
STEVEN	CHERRY	OPS-Branch Trainer	TRACY
TROY	COLLINS	OPS-Branch Trainer	TRACY
KARINA	CRUZ	OPS-Branch Trainer	TRACY
JENINA	DELA CRUZ	OPS-Branch Trainer	TRACY
MARK RENZO	DULAY	OPS-Branch Trainer	TRACY
MARIA	GARCIA	OPS-Branch Trainer	TRACY
VICTORIA	GARCIA	OPS-Branch Trainer	TRACY
AMBER	GOLISANO	OPS-Branch Trainer	TRACY
AMANDA	HENDERSON	OPS-Branch Trainer	TRACY
TERESA	HENRY	OPS-Branch Trainer	TRACY
PRESLYN	HERNANDEZ	OPS-Branch Trainer	TRACY
HABRAHAM	HERRERA	OPS-Branch Trainer	TRACY
ALEX	LAINEZ	OPS-Branch Trainer	TRACY
RATANA	LATH	OPS-Branch Trainer	TRACY
ERIC	LEWIS	OPS-Branch Trainer	TRACY
JUDITH	LIMON	OPS-Branch Trainer	TRACY
MARKIZES	LINSAY	OPS-Branch Trainer	TRACY
DANNY	LO	OPS-Branch Trainer	TRACY
RAUL	LOPEZ	OPS-Branch Trainer	TRACY
RYAN	MAILHOT	OPS-Branch Trainer	TRACY
RYAN	MARTINEZ	OPS-Branch Trainer	TRACY
CYNTHIA	MCDONALD	OPS-Branch Trainer	TRACY
ALONZO	MORALES	OPS-Branch Trainer	TRACY
LEONARDO	RODRIGUEZ	OPS-Branch Trainer	TRACY
KAO	SAELEE	OPS-Branch Trainer	TRACY
KAITLYN	SHEEHY	OPS-Branch Trainer	TRACY
TANISHA	SHOEMAKER	OPS-Branch Trainer	TRACY
SANA	SOK	OPS-Branch Trainer	TRACY
SAMUEL	SOLORZANO	OPS-Branch Trainer	TRACY
TIMOTHY	TAVARES JR	OPS-Branch Trainer	TRACY

RAUL	TELLO	OPS-Branch Trainer	TRACY
IVAN	THOMAS	OPS-Branch Trainer	TRACY
LUIS	TIRADO	OPS-Branch Trainer	TRACY
MIGUEL	TORRES	OPS-Branch Trainer	TRACY
RAQUEL	TORRES	OPS-Branch Trainer	TRACY
VICTOR	VERDIN	OPS-Branch Trainer	TRACY
MICHAEL	WOODY	OPS-Branch Trainer	TRACY
MICHAEL	XIONG	OPS-Branch Trainer	TRACY
RANDY	CARTER	OPS-Delivery Driver	TRACY
SAMUEL	GARCIA	OPS-Delivery Driver	TRACY
BLAKE	HELZER	OPS-Delivery Driver	TRACY
MAURICIO	JOSEPH	OPS-Delivery Driver	TRACY
ELIM	MARSHALL	OPS-Delivery Driver	TRACY
MARIO	ANDRADE	OPS-Driver I	TRACY
SCOTT	BATY	OPS-Driver I	TRACY
ZAVON	BEED	OPS-Driver I	TRACY
JOHN	CANADA	OPS-Driver I	TRACY
JENNY	CARPENTER	OPS-Driver I	TRACY
IGNACIO	FARFAN	OPS-Driver I	TRACY
BALTAZAR	GALVAN	OPS-Driver I	TRACY
JESUS	GARCIA	OPS-Driver I	TRACY
TIMOTHY	GOODMAN	OPS-Driver I	TRACY
NICKOLAS	KRAUTH	OPS-Driver I	TRACY
MARIA A	LEON	OPS-Driver I	TRACY
JOVITO	LIMBAG	OPS-Driver I	TRACY
MURIEL	TAPUSOA	OPS-Driver I	TRACY
ERNESTO	ZAMORA	OPS-Driver I	TRACY
GUSTAVO	ALVARADO	OPS-Driver II	TRACY
MANUEL	ANTUNA	OPS-Driver II	TRACY
BRUCE	ARTHUR	OPS-Driver II	TRACY
ISHTIAQ	BACHA	OPS-Driver II	TRACY
CHRISTOPHER	BAKER	OPS-Driver II	TRACY
ERNESTO	BAUTISTA	OPS-Driver II	TRACY
SYED	BUKHARI	OPS-Driver II	TRACY
ISAK	CARMONA	OPS-Driver II	TRACY
TOM	CASTRO SR	OPS-Driver II	TRACY
ROBERT	CERVANTEZ	OPS-Driver II	TRACY
FRANCISCO	COLUNGA	OPS-Driver II	TRACY
ROBERT	DABBS	OPS-Driver II	TRACY
JOSE	DE JESUS MARIANO	OPS-Driver II	TRACY
ANTHONY	DEMAG	OPS-Driver II	TRACY
SAMUEL	DEMENT	OPS-Driver II	TRACY
JOSEPH	DEVAUGHN	OPS-Driver II	TRACY
FRANK	ELIAS JR	OPS-Driver II	TRACY
GARY	ERNEST	OPS-Driver II	TRACY
ALBERTO	FLORES	OPS-Driver II	TRACY
ANTONIO	GONZALEZ	OPS-Driver II	TRACY

CODY	HARRIS	OPS-Driver II	TRACY
NICHOLAS	HARRIS	OPS-Driver II	TRACY
ROBERTO	HENRIQUEZ	OPS-Driver II	TRACY
DONALD	HOEVEN	OPS-Driver II	TRACY
COLE	HUGHES	OPS-Driver II	TRACY
CHAD	KAKU	OPS-Driver II	TRACY
KEVIOUS	KELLER	OPS-Driver II	TRACY
KATRINA	LA MAR	OPS-Driver II	TRACY
JERRELL	LEAP	OPS-Driver II	TRACY
DENNIS	LEMIER	OPS-Driver II	TRACY
JOSE	LOPEZ	OPS-Driver II	TRACY
CESAR	MACIEL	OPS-Driver II	TRACY
MARK	MADEIRA	OPS-Driver II	TRACY
JOSE	MADRIGAL RAMIREZ	OPS-Driver II	TRACY
MARIO	MARTINEZ	OPS-Driver II	TRACY
FLINT	MCCULLEY	OPS-Driver II	TRACY
MELINDA	MEZA	OPS-Driver II	TRACY
ROBERTO	ORDAZ-MORALES	OPS-Driver II	TRACY
JOSE	ORTIZ	OPS-Driver II	TRACY
JOSE	PEREZ JR.	OPS-Driver II	TRACY
PHONEXAY	PHOMMACHAK	OPS-Driver II	TRACY
PABLO	PONCE	OPS-Driver II	TRACY
RORY	PURDY	OPS-Driver II	TRACY
DANIEL	RAMIREZ	OPS-Driver II	TRACY
CHARLES	REED	OPS-Driver II	TRACY
REGGIE	RICKS	OPS-Driver II	TRACY
CY	ROBERTS	OPS-Driver II	TRACY
GARY	SAINT	OPS-Driver II	TRACY
CRISTOFER	SANCHEZ	OPS-Driver II	TRACY
ROBERT	SCHUPP	OPS-Driver II	TRACY
PAVITER	SINGH	OPS-Driver II	TRACY
TRACY	SMITH	OPS-Driver II	TRACY
JOE	SOUNTALAVONG	OPS-Driver II	TRACY
TAVITA	SUESUE	OPS-Driver II	TRACY
CHARLES	THURMAN	OPS-Driver II	TRACY
RODNEY	TOBER	OPS-Driver II	TRACY
MANUEL	TORRES	OPS-Driver II	TRACY
SAMRACH	UTH	OPS-Driver II	TRACY
ALAN	VANDEPOL	OPS-Driver II	TRACY
MOUA	VANG	OPS-Driver II	TRACY
JEROME	WINTERS	OPS-Driver II	TRACY
SENG	XIONG	OPS-Driver II	TRACY
KYLE	BOSCACCI	OPS-Driver Ld	TRACY
ROBERT	SPEARMAN	OPS-Driver Ld	TRACY
JOSEPH	WOODS	OPS-Driver Ld	TRACY
VI-BERLY	FREGILLANA	OPS-Inventory Control Ld	TRACY
ALEXANDER	SUELTO	OPS-Inventory Control Ld	TRACY

ARTURO	ACEVEDO TAFOLLA	OPS-Inventory Coord	TRACY
LISA	AMBRIZ	OPS-Inventory Coord	TRACY
ANTHONY	ARCINIEGA	OPS-Inventory Coord	TRACY
LAURA	ARROYO DIAZ	OPS-Inventory Coord	TRACY
MUHAMMAD	AZAM	OPS-Inventory Coord	TRACY
JENNIFER	BANUELOS	OPS-Inventory Coord	TRACY
MARLANEA	BLACK	OPS-Inventory Coord	TRACY
JULIAN EDUARDO	BRAVO LEMUS	OPS-Inventory Coord	TRACY
MOISES	BUSTOS	OPS-Inventory Coord	TRACY
JOEL	CLIFTON	OPS-Inventory Coord	TRACY
LIZETH	CUELLAR RAMOS	OPS-Inventory Coord	TRACY
ALANA	DE LEON	OPS-Inventory Coord	TRACY
SAMANTHA	ESTRELLA ISLAS	OPS-Inventory Coord	TRACY
CHARITY	FULGUERAS	OPS-Inventory Coord	TRACY
ENDY	GARCIA	OPS-Inventory Coord	TRACY
LETICIA	GARCIA	OPS-Inventory Coord	TRACY
COLT	GONZALES	OPS-Inventory Coord	TRACY
RYAN	GONZALES	OPS-Inventory Coord	TRACY
DOLORES	JACKSON	OPS-Inventory Coord	TRACY
EDUVIJES	JASINSKY	OPS-Inventory Coord	TRACY
ELISABETH	KNAPP	OPS-Inventory Coord	TRACY
SOMONTHA	MAM	OPS-Inventory Coord	TRACY
NERMIN	MESDARY-BERTAN	OPS-Inventory Coord	TRACY
TIFFANY	MESSINGER NUNLEY	OPS-Inventory Coord	TRACY
CHRISTINE	NARANJO	OPS-Inventory Coord	TRACY
DANIEL	NIETO	OPS-Inventory Coord	TRACY
LUIS	ORTEGA	OPS-Inventory Coord	TRACY
JORGE	PARAMO	OPS-Inventory Coord	TRACY
VYLET	PAREDEZ	OPS-Inventory Coord	TRACY
JESUS	PONCE	OPS-Inventory Coord	TRACY
ALONDRA	RAMIREZ	OPS-Inventory Coord	TRACY
ROMMEL	RESIDE	OPS-Inventory Coord	TRACY
VICTOR	RIVAS	OPS-Inventory Coord	TRACY
EVELYN	ROSALES	OPS-Inventory Coord	TRACY
CHRISTOPHER	SAMPINO	OPS-Inventory Coord	TRACY
REENA	SANCHEZ	OPS-Inventory Coord	TRACY
ERICA	SMITH	OPS-Inventory Coord	TRACY
BELINDA	TANIQUE CRUZ	OPS-Inventory Coord	TRACY
ROSA CARMINA	TORRES ULLOA	OPS-Inventory Coord	TRACY
KOLBY JILLIAN	VIDAL	OPS-Inventory Coord	TRACY
MELODY	VILAYPHONE	OPS-Inventory Coord	TRACY
DAISY	ZARAGOZA	OPS-Inventory Coord	TRACY
JENNY	ZHOU	OPS-Inventory Coord	TRACY
RAYMOND	CORREA	OPS-Inventory Coord Sr	TRACY
JINKY	HANSEN	OPS-Inventory Coord Sr	TRACY
MARIA	MONTANEZ-VAZQUEZ	OPS-Inventory Coord Sr	TRACY
PATRICIA	SANDOVAL	OPS-Inventory Coord Sr	TRACY

FIANA	VIGUERIAS	OPS-Inventory Coord Sr	TRACY
ZENAPHAN	WARD	OPS-Inventory Coord Sr	TRACY
KEVIN	WARTHAN	OPS-Inventory Coord Sr	TRACY
ALFREDO	BAGUNAS	OPS-Janitor	TRACY
CHRISTOPHER	BEATTY	OPS-Janitor	TRACY
JOSEPH	BOTHELIO	OPS-Janitor	TRACY
ONEAL	BRACKEN JR	OPS-Janitor	TRACY
WILLIAM	BUCHANAN	OPS-Janitor	TRACY
KORY	BURKS	OPS-Janitor	TRACY
BEANEY	CERVANTES	OPS-Janitor	TRACY
CINDY	CHIPRES	OPS-Janitor	TRACY
PAUL	CHRISTOPHER	OPS-Janitor	TRACY
ZACHARIAH	DECARSKY	OPS-Janitor	TRACY
BRITTANY	ECKERT	OPS-Janitor	TRACY
JOHN	FARIAS	OPS-Janitor	TRACY
CLIFTON	HOLLIDAY	OPS-Janitor	TRACY
JONATHAN	MILLIER	OPS-Janitor	TRACY
ZAKI	NIZAM	OPS-Janitor	TRACY
DAN	PHIMMASONE	OPS-Janitor	TRACY
HAFEESAH	WILLIAMS	OPS-Janitor	TRACY
KEO	YOU	OPS-Janitor	TRACY
JASON	TROIE	OPS-Maintenance Apprentice	TRACY
RICHARD	ALLTUS	OPS-Maintenance Mechanic I	TRACY
IGNACIO	GARZA	OPS-Maintenance Mechanic I	TRACY
MICHAEL	JACKSON	OPS-Maintenance Mechanic I	TRACY
KYLE	KAUFMANN	OPS-Maintenance Mechanic I	TRACY
RODNEY	LAMPKIN	OPS-Maintenance Mechanic I	TRACY
KELLY	CASE	OPS-Maintenance Mechanic II	TRACY
NICHOLAS	FREDRICKSON	OPS-Maintenance Mechanic II	TRACY
RICHARD	HEARN	OPS-Maintenance Mechanic II	TRACY
GLENN	KIZER	OPS-Maintenance Mechanic II	TRACY
DORAN	PHILLIPS	OPS-Maintenance Mechanic II	TRACY
ANDRE	TAYLOR	OPS-Maintenance Mechanic II	TRACY
DON	WATARI	OPS-Maintenance Mechanic II	TRACY
CHARLES	MORRIS	OPS-Maintenance Mechanic Sr	TRACY
LORI	DIONNE	OPS-MedTrans Branch Admin	TRACY
GAGANDEEP	GREWAL	OPS-MedTrans Branch Admin	TRACY
ERIK	CAMPOS	OPS-Shuttle Driver	TRACY
MICHAEL	DELLA-RUSSO	OPS-Shuttle Driver	TRACY
LORENZO	JIMENEZ	OPS-Shuttle Driver	TRACY
JANELLE	CHAVARRIA	OPS-Warehouse Clerk	TRACY
ANTHONY	DE LEON	OPS-Warehouse Clerk	TRACY
CLARA	ESTRELLA ISLAS	OPS-Warehouse Clerk	TRACY
TIFFANY	GARRIDO	OPS-Warehouse Clerk	TRACY
AMY	PADILLA	OPS-Warehouse Clerk	TRACY
BRISEIDA	REYES	OPS-Warehouse Clerk	TRACY
MARGARITA	ROMERO	OPS-Warehouse Clerk	TRACY

KAREN	WERNER	OPS-Warehouse Clerk	TRACY
DAVID	ACEVEDO	OPS-Warehouse Ld	TRACY
ARMANDO	ANGUIANO	OPS-Warehouse Ld	TRACY
YOLANDA	ARENAS	OPS-Warehouse Ld	TRACY
GARDENIA	BARAJAS	OPS-Warehouse Ld	TRACY
CHRISTOPHER	BIRALDE	OPS-Warehouse Ld	TRACY
ANGELA	CASTILLO	OPS-Warehouse Ld	TRACY
JACQUELINE	CORDOVA	OPS-Warehouse Ld	TRACY
JASMIN	DELA CRUZ	OPS-Warehouse Ld	TRACY
KODY	DIXON	OPS-Warehouse Ld	TRACY
LAURA	GARCIA	OPS-Warehouse Ld	TRACY
MARCUS	GUTIERREZ	OPS-Warehouse Ld	TRACY
JOSEPH	HIGGINS	OPS-Warehouse Ld	TRACY
PHILLIP	HUNT	OPS-Warehouse Ld	TRACY
DESIREE	LOPEZ	OPS-Warehouse Ld	TRACY
JASMINE	MANNING	OPS-Warehouse Ld	TRACY
MONICA	MARTINEZ-REDONDA	OPS-Warehouse Ld	TRACY
TANAIA	MCGEE	OPS-Warehouse Ld	TRACY
DAVITH	MOEUN	OPS-Warehouse Ld	TRACY
MELISSA	MONJES	OPS-Warehouse Ld	TRACY
CLARISA MARIE	MORALES	OPS-Warehouse Ld	TRACY
MICHAEL	MUNOZ	OPS-Warehouse Ld	TRACY
MICHAEL	PREVOST	OPS-Warehouse Ld	TRACY
UMER	REHMAN	OPS-Warehouse Ld	TRACY
ISMAEL	RIVERA	OPS-Warehouse Ld	TRACY
SETH	SANCHEZ-CLAFFEY	OPS-Warehouse Ld	TRACY
NATALIE	SILVEIRA	OPS-Warehouse Ld	TRACY
DICK	TALATHAM	OPS-Warehouse Ld	TRACY
TERRANCE	THOMAS	OPS-Warehouse Ld	TRACY
SANDRA	VAZQUEZ	OPS-Warehouse Ld	TRACY
DILLAN	VILAYPHONE	OPS-Warehouse Ld	TRACY
JAMES	WACHTEL	OPS-Warehouse Ld	TRACY
KYLE	WIGGINS	OPS-Warehouse Ld	TRACY
BEATRIZ	ACEVEDO TAFOLLA	OPS-Warehouse Operator	TRACY
DAWN	ADAMS	OPS-Warehouse Operator	TRACY
CONNOR	AFOA	OPS-Warehouse Operator	TRACY
RUSANA	AGDEPPA	OPS-Warehouse Operator	TRACY
DANESA	AGUIRRE	OPS-Warehouse Operator	TRACY
SHARNIE LOUISSE	ALANDY	OPS-Warehouse Operator	TRACY
MIGUEL	ALCANTAR MORENO	OPS-Warehouse Operator	TRACY
PERLA	ALEMAN	OPS-Warehouse Operator	TRACY
WALTER	ALEMAN	OPS-Warehouse Operator	TRACY
DAMEIAN	ALEXANDER	OPS-Warehouse Operator	TRACY
SERGIO	ALEXANDER	OPS-Warehouse Operator	TRACY
ERIC	ALOP	OPS-Warehouse Operator	TRACY
ERIC	ALTAMIRANO	OPS-Warehouse Operator	TRACY
DAMARIZ	ALVAREZ	OPS-Warehouse Operator	TRACY

ADRIEL RYAN	ALVIS	OPS-Warehouse Operator	TRACY
KIYONNA	ANDERSON	OPS-Warehouse Operator	TRACY
SHAWN	ANDREWS	OPS-Warehouse Operator	TRACY
NOEMI	ANGELES	OPS-Warehouse Operator	TRACY
KRISTEL ANNE	ARANAS	OPS-Warehouse Operator	TRACY
RANNIEL	ARANAS	OPS-Warehouse Operator	TRACY
RYAN	ARANAS	OPS-Warehouse Operator	TRACY
RUBEN	ARELLANO	OPS-Warehouse Operator	TRACY
JUNIE	ARGONCILLO	OPS-Warehouse Operator	TRACY
ISAAC	ARGUETA	OPS-Warehouse Operator	TRACY
XAVIER	ARGUETA	OPS-Warehouse Operator	TRACY
ESTEBAN	ARROYO	OPS-Warehouse Operator	TRACY
KIANI	ASUNCION	OPS-Warehouse Operator	TRACY
NATHANIEL	ATKINS	OPS-Warehouse Operator	TRACY
ANDRE	AUGUSTIN	OPS-Warehouse Operator	TRACY
JOSE	AVALOS	OPS-Warehouse Operator	TRACY
DIANA	AVILA	OPS-Warehouse Operator	TRACY
MONICA	AVILA	OPS-Warehouse Operator	TRACY
RUBEN	AYALA	OPS-Warehouse Operator	TRACY
JAYMAR	BACLAGAN	OPS-Warehouse Operator	TRACY
MARLON	BACNIS	OPS-Warehouse Operator	TRACY
JOSEPH	BALGAS	OPS-Warehouse Operator	TRACY
ANGELO	BALLESTEROS	OPS-Warehouse Operator	TRACY
ARZEN MAE	BANGUIS	OPS-Warehouse Operator	TRACY
TIARRA	BANKS	OPS-Warehouse Operator	TRACY
DANNY	BARON	OPS-Warehouse Operator	TRACY
KATIE	BATIS	OPS-Warehouse Operator	TRACY
PAUL	BATY	OPS-Warehouse Operator	TRACY
JOSUE	BAUTISTA JIRON	OPS-Warehouse Operator	TRACY
JOSEPH	BAYONA	OPS-Warehouse Operator	TRACY
RUFUS	BEARD	OPS-Warehouse Operator	TRACY
ALIZA	BEGUM	OPS-Warehouse Operator	TRACY
STEPHANIE	BELLIDO	OPS-Warehouse Operator	TRACY
ROMULO	BELTRAN	OPS-Warehouse Operator	TRACY
AMAIYA	BENTON	OPS-Warehouse Operator	TRACY
BERTHA	BERLANGA	OPS-Warehouse Operator	TRACY
ALLAN	BEST	OPS-Warehouse Operator	TRACY
GLENN	BETANIO	OPS-Warehouse Operator	TRACY
ROBERT	BLACK	OPS-Warehouse Operator	TRACY
DARNELL	BLACKMON	OPS-Warehouse Operator	TRACY
WHITNEY	BLACKMON	OPS-Warehouse Operator	TRACY
DEAN	BOATENG	OPS-Warehouse Operator	TRACY
SHAWN	BOGART	OPS-Warehouse Operator	TRACY
PARAMJIT	BOPARAI	OPS-Warehouse Operator	TRACY
DANIEL	BORJON	OPS-Warehouse Operator	TRACY
HALIMAH	BRADLEY	OPS-Warehouse Operator	TRACY
DEWEY	BROWN	OPS-Warehouse Operator	TRACY

ANNAMARIA	BROWN-DESTARAC	OPS-Warehouse Operator	TRACY
CHRISTOPHER	BRYANT	OPS-Warehouse Operator	TRACY
TALAHEU	BULIGON	OPS-Warehouse Operator	TRACY
RANILLO	BURBANO	OPS-Warehouse Operator	TRACY
MARIA	BUSTOS	OPS-Warehouse Operator	TRACY
TATIANA	CABEZAS	OPS-Warehouse Operator	TRACY
KAREN	CABRAL	OPS-Warehouse Operator	TRACY
DAGOBERTO	CABRERA	OPS-Warehouse Operator	TRACY
JIMENA	CABRERA	OPS-Warehouse Operator	TRACY
FERNANDA	CABRERA HIDALGO	OPS-Warehouse Operator	TRACY
ANDRES	CAMPOS	OPS-Warehouse Operator	TRACY
RICHELLE	CANDIDO	OPS-Warehouse Operator	TRACY
MARIANN	CARDENAS	OPS-Warehouse Operator	TRACY
RUBEN	CARDOZA-LOERA	OPS-Warehouse Operator	TRACY
STEPHANIE SHANE	CARENA	OPS-Warehouse Operator	TRACY
LORINA	CARORO	OPS-Warehouse Operator	TRACY
AARON	CARRANZA	OPS-Warehouse Operator	TRACY
BLANCA	CARRILLO	OPS-Warehouse Operator	TRACY
NATASHA	CARTER	OPS-Warehouse Operator	TRACY
JONATHAN	CASEY	OPS-Warehouse Operator	TRACY
DAVID	CASH	OPS-Warehouse Operator	TRACY
DEVIDA	CASILLAS	OPS-Warehouse Operator	TRACY
ELENA	CASTANEDA	OPS-Warehouse Operator	TRACY
LUIS	CASTILLO	OPS-Warehouse Operator	TRACY
SARAI	CASTILLO	OPS-Warehouse Operator	TRACY
ARZELY	CAULAWON	OPS-Warehouse Operator	TRACY
EMILY	CEDILLO	OPS-Warehouse Operator	TRACY
MIRIAM	CEDILLO	OPS-Warehouse Operator	TRACY
TANYA	CHAMBERLAIN	OPS-Warehouse Operator	TRACY
PAWANPREET	CHANDI	OPS-Warehouse Operator	TRACY
ALBERTO	CHAVEZ	OPS-Warehouse Operator	TRACY
YURITZI	CHAVEZ	OPS-Warehouse Operator	TRACY
JOSE	CHAVEZ MILLAN	OPS-Warehouse Operator	TRACY
CASSAUNDRA	CLARK	OPS-Warehouse Operator	TRACY
KATHERINE	CLAUDIO	OPS-Warehouse Operator	TRACY
KELLY	CLOUGH	OPS-Warehouse Operator	TRACY
ALYSSA	CLUTTER	OPS-Warehouse Operator	TRACY
JULIUS	COLLINS	OPS-Warehouse Operator	TRACY
BIANCA	COLORADO	OPS-Warehouse Operator	TRACY
ENRIQUE	COLORADO	OPS-Warehouse Operator	TRACY
SERAFIN	COLSA	OPS-Warehouse Operator	TRACY
CRISTIAN	CONTRERAS	OPS-Warehouse Operator	TRACY
GABRIEL	CONTRERAS	OPS-Warehouse Operator	TRACY
JUAN	CONTRERAS	OPS-Warehouse Operator	TRACY
CATHERINE	COOLEY	OPS-Warehouse Operator	TRACY
LIDIA	CORTEZ	OPS-Warehouse Operator	TRACY
BRANDON	CRABB	OPS-Warehouse Operator	TRACY

CAMERON	CRAIG	OPS-Warehouse Operator	TRACY
RACHEL	CRAIG	OPS-Warehouse Operator	TRACY
TERESS	DADE	OPS-Warehouse Operator	TRACY
FINIAN	DANIEL	OPS-Warehouse Operator	TRACY
DEJA	DANIELS	OPS-Warehouse Operator	TRACY
DANYEL	DAVIS	OPS-Warehouse Operator	TRACY
JOSEPH	DE ANDA	OPS-Warehouse Operator	TRACY
RAFAEL	DE LA CRUZ	OPS-Warehouse Operator	TRACY
VERONICA	DE LA TORRE	OPS-Warehouse Operator	TRACY
ROBERT	DE LEON	OPS-Warehouse Operator	TRACY
SERGIO	DE LEON	OPS-Warehouse Operator	TRACY
JENINA	DELGADO	OPS-Warehouse Operator	TRACY
MARIO	DELGADO	OPS-Warehouse Operator	TRACY
MARK	DELISLE	OPS-Warehouse Operator	TRACY
JESSICA	DELITO	OPS-Warehouse Operator	TRACY
JOSE	DIAZ	OPS-Warehouse Operator	TRACY
DOMINIQUE	DICKERSON	OPS-Warehouse Operator	TRACY
MONNIK	DINH	OPS-Warehouse Operator	TRACY
MALAIKA	DONELSON	OPS-Warehouse Operator	TRACY
ALYSSA	DURAN	OPS-Warehouse Operator	TRACY
DESTINY	DURAN	OPS-Warehouse Operator	TRACY
KARINA	DURAN	OPS-Warehouse Operator	TRACY
MAYRA	DURAN PUENTES	OPS-Warehouse Operator	TRACY
ANDREW	ECHEVERRIA	OPS-Warehouse Operator	TRACY
GILBERT	ESCALANTE	OPS-Warehouse Operator	TRACY
MICHAEL	ESCOBAR	OPS-Warehouse Operator	TRACY
VIRIDIANA	ESPINOZA	OPS-Warehouse Operator	TRACY
EDNA	ESTRADA	OPS-Warehouse Operator	TRACY
TAMARA	ESTRELLA ISLAS	OPS-Warehouse Operator	TRACY
GILBERT	FALEPOUONO	OPS-Warehouse Operator	TRACY
GILMAN	FALEPOUONO	OPS-Warehouse Operator	TRACY
JOSE	FAUDOA	OPS-Warehouse Operator	TRACY
MERCEDEZ MARIE	FELARCA	OPS-Warehouse Operator	TRACY
TAAPEIFALETELEUPU	FELETI	OPS-Warehouse Operator	TRACY
SUSAN	FELICIANO	OPS-Warehouse Operator	TRACY
IRMALEXUS	FELIX	OPS-Warehouse Operator	TRACY
WILLIAM	FENTON	OPS-Warehouse Operator	TRACY
MARLENE	FIELDS	OPS-Warehouse Operator	TRACY
ANDREA JILL	FLAUTA	OPS-Warehouse Operator	TRACY
CYNTHIA	FRIAS-OCAMPO	OPS-Warehouse Operator	TRACY
VICKY	GAILEY	OPS-Warehouse Operator	TRACY
JOSE	GALINDO	OPS-Warehouse Operator	TRACY
JOSEPH	GALLAGHER	OPS-Warehouse Operator	TRACY
MARIA	GALLARDO	OPS-Warehouse Operator	TRACY
MARISELA	GALLARDO	OPS-Warehouse Operator	TRACY
JOSHUA	GALLEGOS	OPS-Warehouse Operator	TRACY
GREG	GALLI	OPS-Warehouse Operator	TRACY

JIMMY	GARCIA	OPS-Warehouse Operator	TRACY
JOSIAH	GARCIA	OPS-Warehouse Operator	TRACY
RICARDO	GARCIA	OPS-Warehouse Operator	TRACY
SERAFIN	GARCIA	OPS-Warehouse Operator	TRACY
TINA	GARCIA	OPS-Warehouse Operator	TRACY
IMELDA	GATES	OPS-Warehouse Operator	TRACY
ALLEN	GATMAITAN	OPS-Warehouse Operator	TRACY
JAMAL	GIBBS	OPS-Warehouse Operator	TRACY
GURPREET	GILL	OPS-Warehouse Operator	TRACY
SHANNEN	GIVENS	OPS-Warehouse Operator	TRACY
ROBERT	GLEOCKLER	OPS-Warehouse Operator	TRACY
SARAH	GLEOCKLER	OPS-Warehouse Operator	TRACY
ANDRES	GOMEZ	OPS-Warehouse Operator	TRACY
ALEJO	GONZALES	OPS-Warehouse Operator	TRACY
MICHAEL	GONZALES	OPS-Warehouse Operator	TRACY
ALEXIS	GONZALEZ	OPS-Warehouse Operator	TRACY
BARBARA	GONZALEZ	OPS-Warehouse Operator	TRACY
BERENIS	GONZALEZ	OPS-Warehouse Operator	TRACY
MIGUEL	GONZALEZ	OPS-Warehouse Operator	TRACY
DELANNA	GRAYSON	OPS-Warehouse Operator	TRACY
CASEY	GREGOIRE	OPS-Warehouse Operator	TRACY
CHRISTOPHER	GUZMAN	OPS-Warehouse Operator	TRACY
JANAIA	HALE	OPS-Warehouse Operator	TRACY
VICTORIA	HALFACRE	OPS-Warehouse Operator	TRACY
JONISHA	HAMILTON	OPS-Warehouse Operator	TRACY
KYLE	HANIFIN	OPS-Warehouse Operator	TRACY
ALICIA	HARRELL	OPS-Warehouse Operator	TRACY
MACY	HARRIS	OPS-Warehouse Operator	TRACY
DELORES	HEDGEMON	OPS-Warehouse Operator	TRACY
BALRAJ	HEHAR	OPS-Warehouse Operator	TRACY
JOANNA	HENG	OPS-Warehouse Operator	TRACY
DIANA	HERNANDEZ	OPS-Warehouse Operator	TRACY
JESUS	HERNANDEZ	OPS-Warehouse Operator	TRACY
JOSE	HERNANDEZ	OPS-Warehouse Operator	TRACY
LOUIE	HERNANDEZ	OPS-Warehouse Operator	TRACY
MANUEL	HERNANDEZ	OPS-Warehouse Operator	TRACY
ALEJANDRO	HERNANDEZ RAMIREZ	OPS-Warehouse Operator	TRACY
AILEEN	HERNANDEZ-GUTIERREZ	OPS-Warehouse Operator	TRACY
ROBERT	HERRERA	OPS-Warehouse Operator	TRACY
JESSE	HIGGINS-MOLINA	OPS-Warehouse Operator	TRACY
SONOVAH	HILLMAN	OPS-Warehouse Operator	TRACY
ANGEL	HINES	OPS-Warehouse Operator	TRACY
WESTON	HOGLE	OPS-Warehouse Operator	TRACY
MICHAEL	HOLTZ	OPS-Warehouse Operator	TRACY
THERESA	HOUSTON	OPS-Warehouse Operator	TRACY
JORDAN	HOUTZ	OPS-Warehouse Operator	TRACY
ERIK	HUYNH	OPS-Warehouse Operator	TRACY

MELISSA	INTERIANO	OPS-Warehouse Operator	TRACY
LESLIE	IZUMI	OPS-Warehouse Operator	TRACY
STEVEN	JACKSON POINTON	OPS-Warehouse Operator	TRACY
DESHAWNNA	JACQUET	OPS-Warehouse Operator	TRACY
BELINDA	JAMES	OPS-Warehouse Operator	TRACY
ELVIRA	JIMENEZ	OPS-Warehouse Operator	TRACY
FRANCISCO	JIMENEZ	OPS-Warehouse Operator	TRACY
JAIME	JIMENEZ	OPS-Warehouse Operator	TRACY
JESSICA	JIMENEZ	OPS-Warehouse Operator	TRACY
AIANNA	JONES	OPS-Warehouse Operator	TRACY
JERRIK	JONES	OPS-Warehouse Operator	TRACY
MCKARLA	JONES	OPS-Warehouse Operator	TRACY
TERRELL	JONES	OPS-Warehouse Operator	TRACY
SYNAIDA	JORDAN	OPS-Warehouse Operator	TRACY
BENNIE	JUCUTAN	OPS-Warehouse Operator	TRACY
AMANDEEP	KAUR	OPS-Warehouse Operator	TRACY
BALJINDER	KAUR	OPS-Warehouse Operator	TRACY
HARKAMALPREET	KAUR	OPS-Warehouse Operator	TRACY
MANINDER	KAUR	OPS-Warehouse Operator	TRACY
NARINDER PAL	KAUR	OPS-Warehouse Operator	TRACY
NAVJOT	KAUR	OPS-Warehouse Operator	TRACY
PARAMDEEP	KAUR	OPS-Warehouse Operator	TRACY
PARAMJIT	KAUR	OPS-Warehouse Operator	TRACY
RAJWANT	KAUR	OPS-Warehouse Operator	TRACY
DONNEE	KELLY	OPS-Warehouse Operator	TRACY
QUINCY	KENOLY	OPS-Warehouse Operator	TRACY
FARIDA	KHAN	OPS-Warehouse Operator	TRACY
SUMAIYAH	KHAN	OPS-Warehouse Operator	TRACY
SAMUEL	KHON	OPS-Warehouse Operator	TRACY
ALAYSHIA	KING	OPS-Warehouse Operator	TRACY
CHRISTINE	KING-SABLAN	OPS-Warehouse Operator	TRACY
ZENAH	KNIGHT	OPS-Warehouse Operator	TRACY
ALEXIS	LAIR	OPS-Warehouse Operator	TRACY
ANTHONY	LANAHAN	OPS-Warehouse Operator	TRACY
BRIAN	LARA	OPS-Warehouse Operator	TRACY
BYRON	LEE	OPS-Warehouse Operator	TRACY
JERON	LEE	OPS-Warehouse Operator	TRACY
KENNY	LEFFLE	OPS-Warehouse Operator	TRACY
MIRIAM	LIMAS	OPS-Warehouse Operator	TRACY
LUPE	LINDLEY	OPS-Warehouse Operator	TRACY
PHILIP	LINDSEY	OPS-Warehouse Operator	TRACY
RHEA	LLANES	OPS-Warehouse Operator	TRACY
EBONY	LOFTON	OPS-Warehouse Operator	TRACY
JENEE'	LOGETTE	OPS-Warehouse Operator	TRACY
ISSIAH	LOPEZ	OPS-Warehouse Operator	TRACY
REBECCA	LOPEZ	OPS-Warehouse Operator	TRACY
ROGELIO	LOPEZ	OPS-Warehouse Operator	TRACY

TERESA	LOREDO	OPS-Warehouse Operator	TRACY
BREYANA	LOVICK	OPS-Warehouse Operator	TRACY
ALOALII	LUALEMANA	OPS-Warehouse Operator	TRACY
JENNA	LYNCH	OPS-Warehouse Operator	TRACY
JODI	MACDONALD	OPS-Warehouse Operator	TRACY
DIANA	MADRIGAL	OPS-Warehouse Operator	TRACY
EDUARDO	MAGANA	OPS-Warehouse Operator	TRACY
PAMELA	MAGANINI	OPS-Warehouse Operator	TRACY
ANDREA	MALDONADO	OPS-Warehouse Operator	TRACY
ARTHUR	MALDONADO	OPS-Warehouse Operator	TRACY
BENJIE	MANINGDING	OPS-Warehouse Operator	TRACY
ARNAUD	MANTUIDI	OPS-Warehouse Operator	TRACY
MOETT	MANTUIDI	OPS-Warehouse Operator	TRACY
DAVID	MARGIE	OPS-Warehouse Operator	TRACY
RONEY	MARKOSE	OPS-Warehouse Operator	TRACY
CELESTE	MARQUEZ	OPS-Warehouse Operator	TRACY
JAVIER	MARQUEZ	OPS-Warehouse Operator	TRACY
RICARDO	MARQUEZ	OPS-Warehouse Operator	TRACY
KENO	MARTIN	OPS-Warehouse Operator	TRACY
ANTHONY	MARTINEZ	OPS-Warehouse Operator	TRACY
DAVID	MARTINEZ	OPS-Warehouse Operator	TRACY
FRANCISCO	MARTINEZ	OPS-Warehouse Operator	TRACY
JUAN	MARTINEZ	OPS-Warehouse Operator	TRACY
LURDES	MARTINEZ	OPS-Warehouse Operator	TRACY
PAUL	MARTINEZ	OPS-Warehouse Operator	TRACY
RICHARD	MASCORRO	OPS-Warehouse Operator	TRACY
NAKIO	MASON	OPS-Warehouse Operator	TRACY
JEREMIAH	MATI	OPS-Warehouse Operator	TRACY
BOBBI-JO	MATTSON	OPS-Warehouse Operator	TRACY
MICHELLE	MAXIMO	OPS-Warehouse Operator	TRACY
TIMOTHY	MCCULLAGH	OPS-Warehouse Operator	TRACY
CHAD	MCDONALD	OPS-Warehouse Operator	TRACY
JAMIE	MELENDEZ	OPS-Warehouse Operator	TRACY
XAVIER	MENDOZA	OPS-Warehouse Operator	TRACY
ZACHARIAH	MICHAEL	OPS-Warehouse Operator	TRACY
VIVIANA	MILLAN	OPS-Warehouse Operator	TRACY
CLYDE	MILLER	OPS-Warehouse Operator	TRACY
KRISTINA	MILLER	OPS-Warehouse Operator	TRACY
JORGE	MIRAMONTES	OPS-Warehouse Operator	TRACY
PURCELL	MITCHELL	OPS-Warehouse Operator	TRACY
BRIAN	MONREAL	OPS-Warehouse Operator	TRACY
JAMES	MONTGOMERY	OPS-Warehouse Operator	TRACY
DENISE	MONTINOLA	OPS-Warehouse Operator	TRACY
ALAN	MORA	OPS-Warehouse Operator	TRACY
CECILIA	MORA	OPS-Warehouse Operator	TRACY
FELICIA	MORA	OPS-Warehouse Operator	TRACY
LETICIA	MORA	OPS-Warehouse Operator	TRACY

JOHN	MORALES	OPS-Warehouse Operator	TRACY
MARISSA	MOREIRA	OPS-Warehouse Operator	TRACY
BIANCA	MORENO	OPS-Warehouse Operator	TRACY
VELMA	MORGAN-JOHNSON	OPS-Warehouse Operator	TRACY
CHARLES	MORRIS	OPS-Warehouse Operator	TRACY
JOSEPH	MOSE	OPS-Warehouse Operator	TRACY
BRISHONN	MURRAY	OPS-Warehouse Operator	TRACY
JOHANA	NAVARRETE	OPS-Warehouse Operator	TRACY
RICARDO	NEGRETE	OPS-Warehouse Operator	TRACY
JAMAICA	NELMIDA	OPS-Warehouse Operator	TRACY
LUPITA	NICOLE	OPS-Warehouse Operator	TRACY
RONALD	NOUN	OPS-Warehouse Operator	TRACY
D'AIREON	NOURN	OPS-Warehouse Operator	TRACY
KO RENA	NUNNALLY	OPS-Warehouse Operator	TRACY
ALEXIS	OBERG	OPS-Warehouse Operator	TRACY
OKSAUNNA	OBERG	OPS-Warehouse Operator	TRACY
JOAQUIN	OCHOA	OPS-Warehouse Operator	TRACY
ARMANI	OLIVA	OPS-Warehouse Operator	TRACY
JOVANA	OLIVARES	OPS-Warehouse Operator	TRACY
SERGIO	OLIVA-VASQUEZ	OPS-Warehouse Operator	TRACY
EMILIANO	OLMOS	OPS-Warehouse Operator	TRACY
GRETEL LYNNE	ONG	OPS-Warehouse Operator	TRACY
IVONNE	OROZCO	OPS-Warehouse Operator	TRACY
EDMUND	PACULBA	OPS-Warehouse Operator	TRACY
MARCOS	PADILLA	OPS-Warehouse Operator	TRACY
ANGELICA	PALACIO	OPS-Warehouse Operator	TRACY
ELIODORO	PALACIOS	OPS-Warehouse Operator	TRACY
JOHN	PALARUAN	OPS-Warehouse Operator	TRACY
VANESSA	PALINO	OPS-Warehouse Operator	TRACY
MARJORIE	PANLILIO	OPS-Warehouse Operator	TRACY
JOSE	PATAGUE	OPS-Warehouse Operator	TRACY
PATRICIA	PATAGUE	OPS-Warehouse Operator	TRACY
NIRAV	PATEL	OPS-Warehouse Operator	TRACY
LUPE	PATTERSON	OPS-Warehouse Operator	TRACY
HARRY	PAYE	OPS-Warehouse Operator	TRACY
LAMORE	PAYNE	OPS-Warehouse Operator	TRACY
RANITA	PERAZA	OPS-Warehouse Operator	TRACY
ENRIQUE	PEREZ	OPS-Warehouse Operator	TRACY
NICOLAS	PEREZ	OPS-Warehouse Operator	TRACY
ROSA	PEREZ	OPS-Warehouse Operator	TRACY
ANZEL	PERILLA	OPS-Warehouse Operator	TRACY
CHRISTOPHER	PERKINS	OPS-Warehouse Operator	TRACY
ANNALIE	PHANN	OPS-Warehouse Operator	TRACY
CRYSTAL	PIMENTEL	OPS-Warehouse Operator	TRACY
MATTHEW	PIMENTEL	OPS-Warehouse Operator	TRACY
JANETINUN	PISOLYABUTRA	OPS-Warehouse Operator	TRACY
JEYSON	POLOUSY	OPS-Warehouse Operator	TRACY

SINUANUA	POTTS	OPS-Warehouse Operator	TRACY
DEVIN	PRYOR	OPS-Warehouse Operator	TRACY
JOSHUA	PULLENS	OPS-Warehouse Operator	TRACY
MIURIEL	QUANT	OPS-Warehouse Operator	TRACY
BENNY	QUILANTANG	OPS-Warehouse Operator	TRACY
FRANKLIN	QUINTANILLA	OPS-Warehouse Operator	TRACY
DANIEL	QUINTERO	OPS-Warehouse Operator	TRACY
EFRAIN	QUINTERO	OPS-Warehouse Operator	TRACY
JAVIER	QUINTERO	OPS-Warehouse Operator	TRACY
LUIS	QUINTERO	OPS-Warehouse Operator	TRACY
JUSTIN	QUIROZ	OPS-Warehouse Operator	TRACY
ANDRES	RAMIREZ	OPS-Warehouse Operator	TRACY
YESENIA	RAMIREZ	OPS-Warehouse Operator	TRACY
RICHARD	RAMOS	OPS-Warehouse Operator	TRACY
NIRMAL	RANDHAWA	OPS-Warehouse Operator	TRACY
SEEMA	RANI	OPS-Warehouse Operator	TRACY
PHILIP	RAQUIPISO	OPS-Warehouse Operator	TRACY
VEERA VENKATA	RAYUDU	OPS-Warehouse Operator	TRACY
JESUS	REIS	OPS-Warehouse Operator	TRACY
RONALD	RENTERIA	OPS-Warehouse Operator	TRACY
JIM	REPORT	OPS-Warehouse Operator	TRACY
ADRIAN	REYES	OPS-Warehouse Operator	TRACY
CARMINA	REYES	OPS-Warehouse Operator	TRACY
DAWNFRANCES	REYES	OPS-Warehouse Operator	TRACY
JHONNA	REYES	OPS-Warehouse Operator	TRACY
PATRICIA	RIOS	OPS-Warehouse Operator	TRACY
JAVIER	RIOS-LOZA	OPS-Warehouse Operator	TRACY
NATHAN	RIVERA	OPS-Warehouse Operator	TRACY
ALEXANDRO	RODRIGUEZ	OPS-Warehouse Operator	TRACY
KEVIN	RODRIGUEZ	OPS-Warehouse Operator	TRACY
JACQUELINE	ROMERO GUERRERO	OPS-Warehouse Operator	TRACY
ESTRELLA	ROSAS	OPS-Warehouse Operator	TRACY
GEOMAR	ROTHSCHILD	OPS-Warehouse Operator	TRACY
ANGELICA	RUBALCABA	OPS-Warehouse Operator	TRACY
MICHAEL	RUBALCABA	OPS-Warehouse Operator	TRACY
KYEONN	RUFFIN-TURNER	OPS-Warehouse Operator	TRACY
MARISOL	RUIZ	OPS-Warehouse Operator	TRACY
JORDAN	SALES	OPS-Warehouse Operator	TRACY
JOSUE	SALGADO	OPS-Warehouse Operator	TRACY
MARIA	SALGADO	OPS-Warehouse Operator	TRACY
ALBERT	SANCHEZ	OPS-Warehouse Operator	TRACY
AUDREY	SANCHEZ	OPS-Warehouse Operator	TRACY
GABRIEL	SANCHEZ	OPS-Warehouse Operator	TRACY
KATRINA	SANCHEZ	OPS-Warehouse Operator	TRACY
LORENZO	SANCHEZ	OPS-Warehouse Operator	TRACY
SANDRA	SANCHEZ	OPS-Warehouse Operator	TRACY
ANDRES	SANCHEZ AVINA	OPS-Warehouse Operator	TRACY

JASWINDER	SANDHU	OPS-Warehouse Operator	TRACY
OSBALDO	SARAVIA	OPS-Warehouse Operator	TRACY
HOPE	SATOH-ELLIS	OPS-Warehouse Operator	TRACY
LUIS	SERRANO SANTIAGO	OPS-Warehouse Operator	TRACY
DAVID	SHAEFER	OPS-Warehouse Operator	TRACY
JOHN	SIBLEY	OPS-Warehouse Operator	TRACY
ALFREDO	SICSIC	OPS-Warehouse Operator	TRACY
SUNDAY	SIDAVONG	OPS-Warehouse Operator	TRACY
RAJVEER	SIDHU	OPS-Warehouse Operator	TRACY
MIGUEL	SILVA	OPS-Warehouse Operator	TRACY
TOMMY	SIMKINS	OPS-Warehouse Operator	TRACY
VONTRIALE	SIMS	OPS-Warehouse Operator	TRACY
SOTHY	SIMUONG	OPS-Warehouse Operator	TRACY
HARPREET	SINGH	OPS-Warehouse Operator	TRACY
JOBANPREET	SINGH	OPS-Warehouse Operator	TRACY
SATWINDER	SINGH	OPS-Warehouse Operator	TRACY
RAUL	SIXTOS	OPS-Warehouse Operator	TRACY
ZACHARY	SMITH	OPS-Warehouse Operator	TRACY
NATHANAEL	SMITH-MOTA	OPS-Warehouse Operator	TRACY
LUKE	SOARES	OPS-Warehouse Operator	TRACY
FREDERICK	SOMUAH	OPS-Warehouse Operator	TRACY
ALBERT	SORIANO	OPS-Warehouse Operator	TRACY
BUNARA	SORN	OPS-Warehouse Operator	TRACY
JAMAREA	SPIVEY	OPS-Warehouse Operator	TRACY
RODNEY	STAHL	OPS-Warehouse Operator	TRACY
RHONDA	STEWARD	OPS-Warehouse Operator	TRACY
THEODORE	STITT	OPS-Warehouse Operator	TRACY
NYIELLA	STOKOE	OPS-Warehouse Operator	TRACY
DIANA	SUAREZ	OPS-Warehouse Operator	TRACY
NADIA	SUAREZ	OPS-Warehouse Operator	TRACY
CHERYL	SWEEZER	OPS-Warehouse Operator	TRACY
MARIO	TAPIA	OPS-Warehouse Operator	TRACY
DEION	TERRY	OPS-Warehouse Operator	TRACY
NICK	THACH	OPS-Warehouse Operator	TRACY
LAWRENCE	THOMAS	OPS-Warehouse Operator	TRACY
SHARDAI	THOMASSON	OPS-Warehouse Operator	TRACY
ANTONIO	THOMPSON	OPS-Warehouse Operator	TRACY
ANTONIO	THOMPSON	OPS-Warehouse Operator	TRACY
ANDREW	THONGTHIRAK	OPS-Warehouse Operator	TRACY
JAVIER	TIENDA	OPS-Warehouse Operator	TRACY
JERRY	TIRADO	OPS-Warehouse Operator	TRACY
SPIKE	TOLENTINO	OPS-Warehouse Operator	TRACY
YURITZIA	TORRES-VASQUEZ	OPS-Warehouse Operator	TRACY
JENNIFER	TOVAR	OPS-Warehouse Operator	TRACY
ERIC	TRAVIS	OPS-Warehouse Operator	TRACY
DERRELL	TURNER	OPS-Warehouse Operator	TRACY
JOSE	URBINA	OPS-Warehouse Operator	TRACY

ALAN	FLANAGAN	Supv Training Facility	TRACY

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/24/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661	CONTACT NAME: Medline Industries, LP PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: riskmanagement@medline.com
CN101705524-Stnd-GAWUP-22-23 USA	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Safety National Casualty Corporation — 15105 INSURER B : National Fire & Marine Insurance Co — 20079 INSURER C : — INSURER D : — INSURER E : — INSURER F : —
INSURED Medline Industries, LP 3 Lakes Dr Northfield, IL 60093	

COVERAGES **CERTIFICATE NUMBER:** CHI-010059544-36 **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2022	07/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ SEE BELOW
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY			CA 6675933	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			42-UMO-100007-10	07/01/2022	07/01/2023	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [Y] N/A If yes, describe under DESCRIPTION OF OPERATIONS below			LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2022 07/01/2022	07/01/2023 07/01/2023	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
B	Products/Completed Operations Liability			42-PCO-301515-07	07/01/2022	07/01/2023	Each Occurrence Aggregate	1,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569. B56 – 190 Medline Drive, Ste 200, Richmond Hill, GA 31324. C40 – 81 Campanelli Drive, Uxbridge, MA 01569. C42 – 3446 Highway 51 N. Southaven, MS 38672. C59 – 2100 Industrial Park Road, Hammond, LA 70401. D46 – 18601 Christopher Way, Ste 100. Lathrop, CA 95330. MXC – 16415 Cosmos St. Moreno Valley, CA 92551.

SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Branch Locations:
A59 - 19230 S Hi Park LN, Hammond, IN 70403
A36 - 5786 Collett Road, Farmington, NY 14425
B01 - 1 Medline Place, Mundelein, IL 60060,
B02 - 1501 Harris Road, Libertyville, IL 60048,
B04 - NPS - 1160 North point Blvd., Waukegan, IL 60085,
B04 - RC - 1710 Lakeside Drive, Waukegan, IL 60085,
B04 - SPT - 1170 North point Blvd., Waukegan, IL 60085,
B05 - 10601 Southport Drive, Orlando, FL 32824,
B06 - 1 Medline Drive, Wilmer, TX 75172
B22 - 9670 NW 112th Ave., Miami, FL 33178,
B24 - 8001 SW 47th Street, Oklahoma City, OK 73179,
B25 - 1401 N. Universal Ave., Kansas City, MO 64120,
B26 - 650 S Perry Road, Ste 190, Plainfield, IN 46168,
B27 - 8005 SW Hunziker St., Tigard, OR 97223,
B28 - 735 County Road 4 East, Prattville, AL, 36067,
B29 - 13115 Brockton Lane N, Rogers, MN 55374-9571,
B30 - 1900 Meadowville Technology Pkwy.., Chester, VA 23836,
B31 - 500 Sharkey Drive, Maumelle, AR 72113,
B33 - 917 E Powell Drive, Lincolnton, NC 28092,
B34 - 6645 Change point Drive, Anchorage, AK 99518,
B36 - 1989 Transit Way, Brockport, NY 14420,
B37 - 1659 Sauget Business Blvd., East St. Louis, IL 62206,
B40 - 560 West Street, Mansfield, MA 02048,
B43 - 3800 Commerce Street, SW, Canton, OH 44706,
B44 - 1030 Runway Drive, Stockton, CA 95206,
B45 - 1119 W Middlesex Ave., Port Reading, NJ 07064,
B47A - 2203 Lakeside Boulevard, Edgewood, Maryland 21040,
B48 - 10401 Harrison, Suite 101, Romulus, MI 48174,
B49 - 42500 Winchester Rd, Temecula, CA 92590,
B51 - 60 Athlete's Way Suite 100, MT Juliet TN 37122
B52 - 974 Main Street, Alamo TN 38001
B54 - 3301 Route 6, Middletown, NY 10941,
B57- 8475 Automation Drive, Bldg D, Concord NC 28027
B58- 198 Commercial Blvd, Blakeslee PA 18610
B59 - 149 New Camellia Blvd., Covington, LA 70433,
B64- 308 Church Street, Honea Path SC 29654
B71 - 1781,1831 South 4800 West, Salt Lake City, UT 84104
B80- 2341 Lauwiliwili St, Kapolei HI 96707
B82- 9103 Riverside Parkway, Douglasville , GA
C02 - 2200 Cornerstone Parkway, Grayslake, IL 60030
C03 - 1500 Medline Place, McDonough, GA 30253
C05 - 1062 Old Dixie Highway, Auburndale, FL 33823
C09 - 1960 W Miro Way, Rialto, CA 92376
C11 - 21111 E 36th Drive, Aurora, CO 80011
C37 - 5000 Premier Parkway, Saint Peters, MO 63376
C41- 1040 Enterprise Parkway South, West Jefferson, OH 43162
C46 - 5701 Promontory Parkway, Suite 100, Tracy, CA 95377
C47-239 Belvidere Rd , Perryville MD 21903

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

C50 - 8787 W Buckeye Rd, Tolleson, AZ 85353
C53 - 100 Highland Dr, Westampton NJ 08060
C75 - 3770 Hogum Bay Rd NE, Lacey, WA 98516
C89-251 Hilton Dr , Jeffersonville IN, 47130
E15 - 30 Germantown Road, Danbury, CT 06810
C54- 494 St. Route 416, Montgomery, NY 12549.
C57 - 5511 W. Ten Road, Mebane, NC 27302.

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VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536, issued by Travelers Casualty and Surety Company of America, dated this 20th Day of July, 2015 , in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, LP. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) for Pharmaceutical Wholesaler Surety Bond, covers a term which began on the 20th Day of July, 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Travelers Casualty and Surety Company of America
(Name of Surety)

BY: _____
Peter S. Forker, Attorney-in-Fact

07/20/2022
*Use current or renewal date.

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: License & Permit

Bond No. : 105625536

Dated effective: 7/20/2015
(MONTH, DAY, YEAR)

executed by: Medline Industries, LP. , **as Principal,**
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America , **as Surety,**
(SURETY)

and in favor of : Nevada State Board of Pharmacy .
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

Add Location: Medline Industries, LP. 494 St. Route 416, Montgomery, NY 12549

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 2/25/2022
(MONTH, DAY, YEAR)

Signed and Sealed 2/25/2022
(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America
SURETY

BY: _____
Peter S. Forker, ATTORNEY-IN-FACT

GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	105625536
For	Pharmaceutical Wholesaler Surety Bond
Dated effective	07/20/2015 (MONTH, DAY, YEAR)
Executed by	Medline Industries, LP., as Principal, (PRINCIPAL)
And by	Travelers Casualty and Surety Company of America, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Name	Medline Industries, Inc.	Medline Industries, LP.

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **12/16/2021**

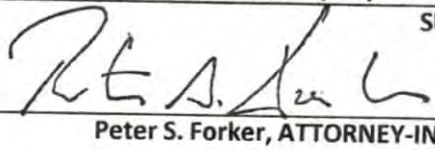
(MONTH, DAY, YEAR)

Signed and Sealed **12/16/2021**

(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America

SURETY



BY

Peter S. Forker, ATTORNEY-IN-FACT

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-In-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-In-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-In-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-In-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25th day of February, 2022

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-In-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 25th day of February, 2022, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

XDP

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: License & Permit

Bond No. : 105625536

Dated effective: 7/20/2015
(MONTH, DAY, YEAR)

executed by: Medline Industries, Inc. , as Principal.
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America , as Surety.
(SURETY)

and in favor of : Nevada State Board of Pharmacy .
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

Add Location Medline Industries, Inc. 2200 Cornerstone Parkway, Grayslake, IL 60030

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 11/5/2020
(MONTH, DAY, YEAR)

Signed and Sealed 11/5/2020
(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America
SURETY

BY: _____
Peter S. Forker, ATTORNEY-IN-FACT

Medline Industries, Inc.

medline.com

November 5, 2020

List of Facilities for Nevada State Board of Pharmacy Bond No. 105625536

Location 1: Medline Industries, Inc. One Medline Place Mundelein, IL 60060	Location 9: Medline Industries, Inc. 16415 Cosmos St Moreno Valley, CA 92551
Location 2: Medline Industries, Inc. 1501 Harris Road Libertyville, IL 60048	Location 10: Medline Industries, Inc. 2200 Cornerstone Parkway Grayslake, IL 60030
Location 3: Medline Industries, Inc. 42500 Winchester Road Temecula, CA 92590	
Location 4: Medline Industries, Inc. 1820 S 5200 W Salt Lake City, UT 84104	
Location 5: Medline Industries, Inc. 1960 W. Miro Way Rialto, CA 92376	
Location 6: Medline Industries, Inc. 5701 Promontory Parkway, Ste 100 Tracy, CA 95377	
Location 7: Medline Industries, Inc. 8787 W. Buckeye Rd Tolleson, AZ 85353	
Location 8: Medline Industries, Inc. 3770 Hogum Bay Road NE Lacey, WA 98516	

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S. Forker** of **Rolling Meadows, Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary, or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 3rd day of February, 2017

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 5th day of November, 2020, before me personally appeared Peter S. Forker, known to me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

AMY E CALLAHAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Jul 17, 2021

Amy E. Callahan
Notary Public in the State of Illinois
County of Cook

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 16th day of December , 2021 , before me personally appeared Peter S. Forker , known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America , the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medline Industries, LP

Physical Address: 5701 Promontory Parkway ste#100

City: Tracy State: CA Zip: 95377

Mailing Address (if different from physical address): Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Michael Middle: B Last: Drazin

Alias(es, nicknames, name changes, etc.): Mike

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Email: ralicensing@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: MD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northwestern University		2009 - 2010	
Address	**City**	**State**	**Zip**
633 Clark St	Evanston	IL	60208
Diploma/Degree obtained, if any			
Executive Masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Illinois, Urbana-Champaign		1992 - 1996	
Address	**City**	**State**	**Zip**
610 East John Street	Champaign	IL	61820
Diploma/Degree obtained, if any			
Bachelor of Science in Accountancy			

School Name		From - To (MM/YY – MM/YY)	
Peoria High School		1988 - 1992	
Address	**City**	**State**	**Zip**
1615 N. North St.	Peoria	IL	61604
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/20 - Present	[redacted]W Kingsley DR	Arlington Heights	IL	60004
6/05 to 06/20	[redacted]W. Ashford Lane	Arlington Heights	IL	60004

Applicant's initials MD

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			2018 - Present	
Business Address		**City**	**State**	**Zip**
Three Lakes Drive		Northfield	IL	60093
Phone	**Title**			
847-949-5500	Chief Financial Officer			
Description of Duties				
Member of Executive team responsible for leading the Finance organization.				

Business Name			From - To (MM/YY – MM/YY)	
Illinois Tool Works			2006-2017	
Business Address		**City**	**State**	**Zip**
155 Harlem Avenue		Glenview	IL	60025
Phone	**Title**			
224-661-8870	Vice President Global FP&A and Investor Relations			
Description of Duties				
Communicate with existing and prospective investors, Simplify and enhance the Investor Relations strategy and reported directly to the Chief Financial Officer.				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials MD

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached Disciplinary History

Original Signature (electronic, copies or stamps not accepted)

9/20/22
Date

Applicant's initials MD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael B. Drazin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/20/22

Date

Please have this section completed in the presence of a Notary Public.

State of ILLINOIS, ss. County of COOK

I, Michael B. Drazin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/20/22

Date

Subscribed and Sworn to before me this 20 day of SEPT 2022.

Notary Public Signature

OFFICIAL SEAL
ADELWISA B DOMINGO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/05/23

(Seal)

Applicant's initials MD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 5701 Promontory Pkwy Suite 100

City Tracy State CA Zip 95377

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First JamesA Middle D Last Abrams

Alias(es, nicknames, name changes, etc.) Jimmy

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The University of Chicago Law School		1984-1987	
Address	**City**	**State**	**Zip**
1111 E 60th St	Chicago	IL	60637
Diploma/Degree obtained, if any			
Law Degree			

School Name		From - To (MM/YY – MM/YY)	
The University of Michigan		1980-1984	
Address	**City**	**State**	**Zip**
500 S State Street	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Bachelor of Arts Degree			

School Name		From - To (MM/YY – MM/YY)	
Highland Park High School		1976-1980	
Address	**City**	**State**	**Zip**
433 Vine Avenue	Highland Park	IL	60032
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted]Sheridan Rd	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, LP - formerly known as Medline Industries, Inc.		1992 - Present	
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	Chief Operating Officer		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials JDA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James D. Abrams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, James D Abrams, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials JDA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) WH02204

Physical Address 5701 Promontory Parkway Ste# 100

City Tracy State CA Zip 95377

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Andrew Middle J Last Mills

Alias(es, nicknames, name changes, etc.) Andy

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
J.L. Kellogg School of Management at Northwestern University		1983-1985	
Address	**City**	**State**	**Zip**
2211 Campus Dr.	Evanston	IL	60208
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Tulane University		1979 - 1983	
Address	**City**	**State**	**Zip**
6823 St. Charles Avenue	New Orleans	LA	70118
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Woodbridge Ln	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP - formerly known as Medline Industries, Inc.			1992 - Current
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
947-949-5500	President		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name	From - To (MM/YY – MM/YY)	
N/A		
Business Address	City	State / Zip
Phone	Title	
Description of Duties		

Business Name	From - To (MM/YY – MM/YY)	
Business Address	City	State / Zip
Phone	Title	
Description of Duties		

Business Name	From - To (MM/YY – MM/YY)	
Business Address	City	State / Zip
Phone	Title	
Description of Duties		

Business Name	From - To (MM/YY – MM/YY)	
Business Address	City	State / Zip
Phone	Title	
Description of Duties		

Business Name	From - To (MM/YY – MM/YY)	
Business Address	City	State / Zip
Phone	Title	
Description of Duties		

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?	✓	
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials AM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew J. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Andrew J . Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Mary Nelson

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials AM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) WH02204

Physical Address 5701 Promontory Pkwy Suite# 100

City Tracy State CA Zip 95377

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.Medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Charles Middle N Last Miller

Alias(es, nicknames, name changes, etc.) Charlie

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cornell University		1979-1984	
Address	**City**	**State**	**Zip**
616 Thurston Avenue	Ithaca	NY	14853
Diploma/Degree obtained, if any			
Undergrad in 1983 and Masters in 1984			

School Name		From - To (MM/YY – MM/YY)	
New Trier West High School		1975-1979	
Address	**City**	**State**	**Zip**
7 Happ Road	Northfield	IL	60093
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019 - Present	[redacted] Shoreline Ct	Glencoe	IL	60022
2017 - 2019	[redacted] Ardsley Road	Winnetka	IL	60093
1999 - 2017	[redacted] South Ridge Road	Lake Forest	IL	60045

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Medline Industries, LP formerly known as Medline Industries, Inc.	1986 - Current

Business Address	City	State	Zip
Three Lakes Drive	Northfield	IL	60093

Phone	Title
847-949-5500	CEO

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

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Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials CM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles N. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Charles N. Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September.

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials CM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) WH02204

Physical Address 5701 Promontory Pkwy Suite 100

City Tracy State CA Zip 95377

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Lara Middle N Last Simmons

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Northfield State IL Zip 60093

Telephone [redacted] Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, **2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, **2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 14th day of December 2021

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside		1986-1991	
Address	**City**	**State**	**Zip**
900 Wood Rd	Kenosha	WI	53144
Diploma/Degree obtained, if any			
BA in Economics			

School Name		From - To (MM/YY – MM/YY)	
Waterford Union High School		1982-1986	
Address	**City**	**State**	**Zip**
611 W Main St	Waterford	WI	53185
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1997 - Present	[redacted] 60th Street	Bristol	WI	53104
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, LP formerly known as Medline Industries, Inc.		1991 - Present	
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	President QA/RA		
Description of Duties			
See Attached			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liabilty company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/19/22
Date

Applicant's initials LS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara N. Simmons

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/19/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Lara N. Simmons, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/19/22

Date

Subscribed and Sworn to before me this 19 day of September 2022.

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials LS

4X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Y

Where is the facility located? Texas	☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☑ Ownership Change* ☑ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01706	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Prodigy Health LLC

Physical Address: 7901 E Riverside Drive Ste. 125

City: Austin State: TX Zip: 78744

Mailing Address (if different from physical address): SAME

City: State: Zip:

Telephone: 877-693-4376 Website: www.prodigyhealth.com

Name of Designated Representative (DR): Ty Dishman

Licensing Company Email: charris@prodigyhealth.com DR Email: ty@prodigyhealth.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☑ Pharmacies	☑ Dangerous Drugs	☐ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☑ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Signed Documents

Ty Dishm

Original Signature (electronic, copies or stamps not accepted)

09/27/2022

Date

Section 3: List the top five suppliers your company has been most active with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: CSL Behring
Address: 1020 First Avenue City: King of Prussia State: PA Zip: 19406
Name: Kedrion Biopharma
Address: 400 Kelby Street 11th Floor City: Fort Lee State: NJ Zip: 07024
Name: Takeda Pharmaceuticals USA, Inc.
Address: 95 Hayden Avenue City: Lexington State: MA Zip: 02421
Name: Novo Nordisk Inc.
Address: 800 Scudders Mill Road City: Plainsboro State: NJ Zip: 08536

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Prodigy Holdings, Inc.
Corporation/Organization Name: ~~Prodigy Holdings, Inc.~~ Prodigy Health LLC TD 10/27/22
Mailing Address: 7901 E Riverside Drive Ste. 125
City: Austin State: TX Zip: 78744
Telephone: 512-693-4316 Email: jon@prodigyhealth.com
Contact Person Name: Jonathan Houssian

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: In process		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• ✓ **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• ✓ **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• ✓ **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• N/A **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• ✓ **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• ✓ **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Prodigy Health LLC
Facility Name

Ty Dishman
Print Name of Authorized Person Submitting Application

Ty Dishman
Original signature of Authorized Person (copies or stamps not accepted)

10/27/2022
Date

Board Use Only	Date Received: 10-31-22	Amount: 1000.00 CK-30170 11/1/22

Prodigy Health Supplier Corporation, 7901 East Riverside Drive, Ste 125, Austin, TX

vawd@nabp.pharmacy <vawd@nabp.pharmacy>

Tue 9/27/2022 4:12 PM

To: Crystal Harris <charris@prodigyhealth.com>

Good Afternoon Crystal,

NABP can confirm Prodigy Health Supplier Corporation located at 7901 East Riverside Drive, Ste 125, Auston, TX had an NABP Supply Chain Inspection on **July 19, 2022**. NABP is in receipt of the inspector's report, and it is being reviewed. NABP is currently experiencing some delays, however, we hope to have the Inspection Report to you within the next 30-60 days.

Please let me know if you have any questions.

Cordially,

Mary Baqueiro, MBA, SSYBC
Specialist, Distribution Inspections
P: 847/391-4539
D: 847/391-4589

National Association of Boards of Pharmacy
1600 Feehanville Dr, Mount Prospect, IL 60056
www.nabp.pharmacy | vawd@nabp.pharmacy

NABP
National Association of Boards of Pharmacy

Main Menu

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

Current list of 1 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
Prodigy Health Supplier Corporation	9417 Brodie Ln Austin, TX 78748	Reaccreditation in process

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Contact

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TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Consumer Protection Division
PO Box 149347, Austin, TX 78714
(512) 834-6660

Name	PRODIGY HEALTH LLC PRODIGY HEALTH LLC	License Type	Devices
Address	7901 E RIVERSIDE DR STE 125 AUSTIN TX 78744	License Number	1003018
Inspection Type	Periodic/Routine	Inspection Number	250513
Inspector	MARKWARDT, JASON T	Inspection Date	10/13/2022

NOTICE OF INSPECTIONAL OBSERVATIONS

This notice is to acknowledge that the Texas Department of State Health Services (DSHS) conducted an inspection of your business on the date listed above. The information that has been gathered is subject to further department review and you may receive additional correspondence as a result.

There is no deficiency/violation cited or noted within the scope of this inspection/visit.

Inspector:

MARKWARDT, JASON T

Date: 10/13/2022

Firm Representative:

Ty Dishman

Date: 10/13/2022

PRODIGY HEALTH

7days a week
24 hours a day

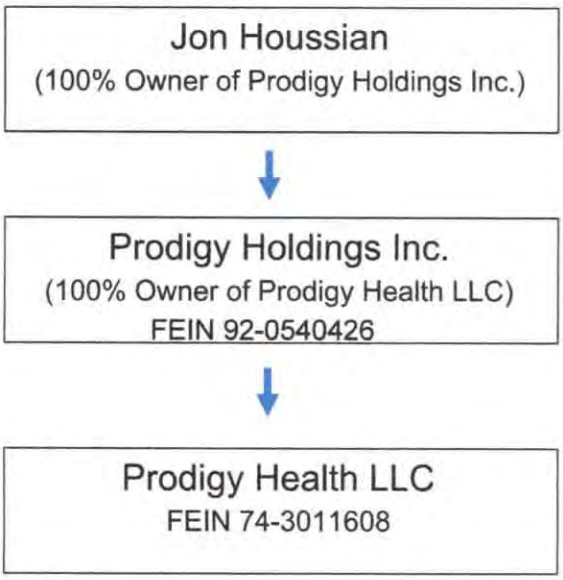
Prodigy Health LLC Officers and Owners

Officers

Jonathan Houssian, *CEO & President*
Home Address: [redacted] Flint Rock Loop, Driftwood, Texas, 78619
Business Address: 7901 E Riverside Dr, Ste 125, Austin, TX 78744
DOB [redacted] SS [redacted]

Ty Dishman, *Chief Operation Officer*
Home address: [redacted] Gray buck Road, Austin, Texas, 78748
Business Address: 7901 E Riverside Dr, Ste 125, Austin, TX 78744
DOB: [redacted] SS [redacted]

Owners



- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

PRODIGY HEALTH LLC
7901 E RIVERSIDE DR STE 125
AUSTIN TX 78744

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

PRODIGY HEALTH LLC

7901 E RIVERSIDE DR STE 125
AUSTIN, TX 78744

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 1003319
Expires: October 28, 2023

NON-TRANSFERABLE

Commissioner

515996

TEXAS
Health and Human Services

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Interim Commissioner

October 12, 2022

Prodigy Health
Attn: Crystal Harris
129 Van Fleet Court
Auburndale, FL 33823

CFN: 2100799
Lic.: 1003319
Type: 2501
File: 6469

To whom it may concern:

This letter shall serve as a verification of licensure for the following firm:

Prodigy Health LLC
7901 E Riverside Dr., Suite 125
Austin, TX 78744

License No.	1003319
Type of license:	Prescription Drug Distributor
Status of license:	Current
Date license issued:	09-22-2022
Date license expires:	10-28-2023
Disciplinary action:	None

The firm is in good standing at this time.

If you have questions or need additional information, please contact me or Mr. Justin Arnold at 512-834-6755, via fax at (512) 206-2777, or email me at Karen.Tannert@dshs.texas.gov.

Sincerely,

Karen Tannert, R.Ph., M.P.H.
Drugs and Medical Devices Branch
Consumer Protection Division

Mailing Address:
Karen Tannert, RPh, MPH
Drugs and Medical Devices Branch
PO Box 149347, Mail Code 1987
Austin, TX 78714-9347

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRODIGY HEALTH LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

7090927 8300

SR# 20223810296

Authentication: 204656594

Date: 10-19-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

John B. Scott
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Application for Registration for Prodigy Health LLC (file number 804778393), a DELAWARE, USA, Foreign Limited Liability Company (LLC), was filed in this office on October 19, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 21, 2022.

John B. Scott
Secretary of State

Prodigy Employees

Atanassova, Maria
Skaggs, Kalli
Brooks, Chase
Dishman, Ty
Dittman, Quinn
Fry, Kelly
Harris, Crystal
Hartley, Daniel
Houssian, Jonathan
Iwamura, Moani
Iwamura, Pilahi
Lee, Sean
Oudah, Ahmed
Patek, Eric
Patek, Keith
Patel, Ankita
Repp, Bryan
Stein, Mary Kay
Tasa, Tracy
Vrana, Scott
Warren, Tony
Williams, Marcee
Yoder, Ava
Harris, Christopher

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Prodigy Health LLC

Pharmacy/Wholesaler License # (if applicable) WH 01706

Physical Address 7901 E Riverside Drive Ste. 125

City Austin State TX Zip 78744

Mailing Address (if different from physical address) SAME

City _____ State _____ Zip _____

Telephone 512-693-4376 Website www.prodigyhealth.com

Licensing Company Email charris@prodigyhealth.com

Section 2: Personal Information

First Ty Middle Douglas Last Dishman

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Grayback Road

City Austin State TX Zip 78744

Telephone [redacted] Email ty@prodigyhealth.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 622.120)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.) 08/94 - 05/98

School Name		From - To (MM/YY – MM/YY)	
Ft. Bend Baptist Academy		August 94 - May 98	
Address	**City**	**State**	**Zip**
1250 7th Street	Sugar Land	TX	77478
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Abilene Christian University		08/98 - 04/2002	
Address	**City**	**State**	**Zip**
1600 Campus Court	Abilene	TX	79601
Diploma/Degree obtained, if any			
Bachelors of Business Administration in Marketing and Management			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2013 - Current	[redacted] Grayback Road	Austin	TX	78744
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he/she has been employed for at least 6,000 hours in pharmacies (NAC 639.3005) or wholesalers (NAC 639.5035) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Prodigy Health Supplier Corporation			07/2001 - Current
Business Address	**City**	**State**	**Zip**
7901 E Riverside Drive Ste 125	Austin	Tx	78744
Phone	**Title**	**Number of Employed Hours**	
512-693-4376	COO/DR	43,680	

Description of Duties Actively involved in daily operations, physically present during business hours. Supervising the record keeping, storage and shipment of drugs, makes sure all employees on the Operations team are adequately trained. Maintains maintenance of proper security, storage, and shipping conditions for all prescription drugs. Makes sure all records are maintained

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Convictions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? TD	✓	✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Documents

Original Signature (electronic, copies or stamps not accepted)

10/27/2022
Date

I, Ty Dishman, **certify that as the designated representative for** Prodigy Health LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ty Dishman
Print Name (First, Last)

Ty Dishman
Original Signature (electronic, copies or stamps not accepted)

10/27/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ty Dishman
Print Name (First, Last)

Ty Dishman
Original Signature (electronic, copies or stamps not accepted)

10/27/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Polk

I, Ty Dishman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Ty Dishman
Original Signature

10/27/2022
Date

Subscribed and Sworn to before me this 27 day of October.

Grant Marshall
Notary Public Signature

GRANT MARSHALL
NOTARY PUBLIC
STATE OF FLORIDA
NO. HH 234389
MY COMMISSION EXPIRES FEB. 28, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Prodigy Health LLC

Pharmacy/MDEG/Wholesaler License # (if applicable)

Physical Address 7901 E Riverside Drive Ste 125

City Austin State TX Zip 78744

Mailing Address (if different from physical address) N/A

City State Zip

Telephone 512-693-4376 Website www.prodigyhealth.com

Licensing Company Email charris@prodigyhealth.com

Section 2: Personal Information

First Jonathan Middle Clifford Last Houssian

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 7901 E Riverside Drive Ste. 125

City Austin State TX Zip 78744

Telephone 512-693-4376 Email jon@prodigyhealth.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)		
Utah State University	08/1993 - 04/1996		
Address	City	State	Zip
Old Main Hill	Logan	UT	84322
Diploma/Degree obtained, if any			
Bachelor's Business/Marketing/Finance			

School Name	From - To (MM/YY – MM/YY)		
Ricks College	08/1988 - 04/1993		
Address	City	State	Zip
525 S Center St.	Rexburg	ID	83460
Diploma/Degree obtained, if any			
Undergraduate Studies			

School Name	From To (MM/YY – MM/YY)		
Monte Vista High School	08/1984 - 05/1998		
Address	City	State	Zip
3131 Stone Valley Road	Danville	CA	94526
Diploma/Degree obtained, if any			
High School Diploma			

School Name	From - To (MM/YY – MM/YY)		
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY		
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/2014 - Current	[redacted] Flint Rock Loop	Driftwood	TX	78619
08/2013 - 02/2014	[redacted] Littleton Drive	Austin	TX	78737
04/2012 - 08/2013	[redacted] Gunn Highway	Odessa	FL	33556
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Prodigy Health LLC | From - To (MM/YY – MM/YY): 10/2022 - Current

Business Address: 7901 E Riverside Drive Ste. 125 | City: Austin | State: TX | Zip: 78744

Phone: 512-693-4376 | Title: CEO

Description of Duties: Supervising the record keeping, storage & shipment of products (prescription drugs). Oversees the maintenance of proper security, storage and shipping conditions.

Business Name: Prodigy Health Supplier Corporation | From - To (MM/YY – MM/YY): 04/2011 - 10/2022

Business Address: 7901 E Riverside Drive Ste. 125 | City: Austin | State: TX | Zip: 78744

Phone: 512-693-4376 | Title: CEO

Description of Duties: Supervising the record keeping, storage & shipment of products(prescription drugs). Oversees the maintenance of proper security, storage and shipping conditions.

Business Name | From - To (MM/YY – MM/YY)

Business Address | City | State | Zip

Phone | Title

Description of Duties

Business Name | From - To (MM/YY – MM/YY)

Business Address | City | State | Zip

Phone | Title

Description of Duties

Business Name | From - To (MM/YY – MM/YY)

Business Address | City | State | Zip

Phone | Title

Description of Duties

Continue on next page if additional space is needed.

Business Name | From - To (MM/YY – MM/YY)

Business Address | City | State | Zip

Phone | Title

Description of Duties

Business Name | From - To (MM/YY – MM/YY)

Business Address | City | State | Zip

Phone | Title

Description of Duties

Business Name | From - To (MM/YY - MM/YY)

Business Address | City | State | Zip

Phone | Title

Description of Duties

Business Name | From - To (MM/YY – MM/YY)

Business Address | City | State | Zip

Phone | Title

Description of Duties

Business Name | From - To (MM/YY – MM/YY)

Business Address | City | State | Zip

Phone | Title

Description of Duties

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jonathan Houssian
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Feburary 8th, 2023
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Polk

I, Jonathan Houssian, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Feburary 8th, 2023
Date

Subscribed and Sworn to before me this 8th day of Feburary.

Notary Public Signature

CHRISTOPHER DEREK HARRIS
NOTARY PUBLIC
STATE OF FLORIDA
NO. HH186148
MY COMMISSION EXPIRES OCT. 13, 2025

(Seal)

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 10. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge
Disciplinary Action by Board of Pharmacy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity
Prodigy Health Supplier Corporatin

Provide explanation below: Documents attached.

03/25/2010 - Florida Dept of Health case to deny license was dismissed with prejudice. A Florida wholesale prescription drug license was issued & license is Active.

06/02/2016 - Idaho disciplined Prodigy with a fine of $2,000.00. License is Active.

08/15/2022 - Illinois Dept. of Financial & Professional Regulation disciplined Prodigy for failure to disclose previous disciplinary actin. This was understood to be an oversight so No fine was assessed and license is Active.

Original Signature (electronic, copies or stamps not accepted)

02/08/2023
Date

Prodigy Health Supplier Corp. applied in April 2007 for a license from the State of Florida to operate a shipping facility located in that state. Prodigy has been shipping product into the State of Florida from its Texas headquarters for several years pursuant to an Out-of-State Prescription Drug Wholesaler Permit issued by the State of Florida in 2002 for the Prodigy Texas headquarters.

The intent of the 2007 application was to potentially streamline operations. In other words, rather than have the product shipped to Texas and then to Florida, Prodigy sought to establish a Florida facility so product could be shipped directly to a Florida facility and then to the customer.

Prodigy's 2007 application for the Florida facility was denied by the Florida Department of Health by letter dated February 11, 2008. Apparently, the basis for the denial was that product had allegedly been received and shipped at the Florida facility before final action on the license for the Florida facility. The Department subsequently issued a notice preliminarily denying renewal of the out-of-state wholesaler license issued to Prodigy for its Texas headquarters.

Prodigy administratively challenged the Department's preliminary decisions.

The case was dismissed with prejudice in a final order dated 03/25/2010. A Florida out-of-state and in-state license to wholesale prescription drugs was issued to Prodigy Health Supplier Corp. at 9417 Brody Ln Austin TX 78748 and 6708 Benjamin Rd Ste 300 Tampa, FL 33634.

For full details of this case, please visit http://ww2.doh.state.fl.us/finalordernet/ and search for Business name: Prodigy

The state of Florida classified this action as non-disciplinary. Certified documents affirming the above statements are available by request

at http://www.doh.state.fl.us/mqa/clientser/recreqfrm.htm

PRODIGY
HEALTH SUPPLIER

Your lifeline to plasma derivatives

7 days a week
24 hours a day

To whom it may concern:

On June 2, 2016, in Case No. BOP-16-050, Prodigy Health Supplier Corporation's Idaho License W15338 had a disciplinary action imposed on it. The disciplinary action was for one shipment of medication to a licensed facility in the state of Idaho during a brief lapse in the license's active status. The violation was discovered by Prodigy and self-reported to the state. A fine of $2,000 was paid to Idaho state board of pharmacy. The license is still active.

toll-free (877) 693-4376 | fax (512) 693-4067 | 9417 Brodie Lane | Austin, TX 78748 | www.phscorporation.com

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

IN RE: The License Application of	)	
PRODIGY HEALTH SUPPLIER CORPORATION,	)	Case No. 2022-06304
Application No. 004-app-005228, Applicant.	)	

CONSENT ORDER

The Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation ("Department"), by its attorney Meghan Pipolo, and Applicant Prodigy Health Supplier Corporation ("Applicant"), hereby agree to the following:

STIPULATIONS

Applicant has submitted an application for a licensed wholesale drug distributor pending under application no. 004-app-005228. Applicant disclosed to the Department that Applicant had been disciplined by the Idaho Board of Pharmacy in case BOP-16-050. Applicant was disciplined and fined $2,000.00. Applicant's case in Idaho was due to one incident of shipping medication to a facility in Idaho that had a brief lapse in licensure. Applicant's acts or omissions are in violation of and/or constitute grounds for disciplinary action against Applicant's Illinois wholesale drug distributor license pursuant to the Wholesaler Drug Distribution Licensing Act at 225 ILCS 120/55 (4); (5).

At all times material to the matter set forth in this Consent Order, the Department had jurisdiction over the subject matter and the parties herein. Applicant has been advised of the right to retain counsel, to a hearing, the right to present mitigating evidence, and the right to administrative review of any order resulting from a hearing. Applicant knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by the Director. Applicant acknowledges that Applicant has entered into this Consent Order freely and of Applicant's own will without threat or coercion by the Department or any person and has not relied upon any representation made by or on behalf of the Department other than those specifically included herein. Applicant acknowledges that the Department attorney may be requested to communicate with the Director

8-15-22
DATE

Department Attorney Meghan Pipolo

08/12/2022
DATE

Ty Dishman
Chief Operating Officer
Applicant Prodigy Health Supplier Corporation
(Please print name and position next to signature)

8/15/22
DATE

Illinois Board of Pharmacy Member

The foregoing Consent Order is approved in full.

DATED THIS 6th day of October, 2022.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY MARIO TRETO, JR.,

Director Cecilia Abundis
Division of Professional Regulation

Case No. 2022-06304
License No. 004-app-005228

VERIFICATION CERTIFICATE

THIS IS TO CERTIFY that Bond No. 0789172 issued by

HARCO NATIONAL INSURANCE COMPANY

dated the 18TH day of AUGUST, 2021,

in the amount of TWENTY FIVE THOUSAND and No/100-----($25,000.00),

on behalf of PRODIGY HEALTH SUPPLIER CORPORATION
(as Principal),
and in favor of STATE OF NEVADA (as Obligee),

covers a term which began on the 18TH day of AUGUST, 2021, and

ends only with the cancellation of said bond or other legal termination thereof; and that the

said bond remains in effect, subject to all its agreements, conditions and limitations.

*Signed, sealed and dated 11/23/21

*Use current or renewal date.

HARCO NATIONAL INSURANCE COMPANY

By: _____
D. JOSEPH, Attorney-in-Fact

POWER OF ATTORNEY

Bond # 0789172

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

LINDA C. SHEFFIELD, CONWAY C. MARSHALL, STEPHEN BEAHM, DAVID C. JOSEPH, JESSICA PALMERI, ROXANNE CRAVEN, ANDREA BECKER, CLARK P. FITZ-HUGH, DARLENE A. BORNT, CATHERINE C. KEHOE, KRISTINE DONOVAN, ELIZABETH W. KEARNEY

New Orleans, LA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, November 23, 2021

A00586

Irene Martins, Assistant Secretary

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

IN RE: The License Application of PRODIGY HEALTH SUPPLIER CORPORATION, Application No. 004-app-005228, Applicant.	)))	Case No. 2022-06304

CONSENT ORDER

The Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation ("Department"), by its attorney Meghan Pipolo, and Applicant Prodigy Health Supplier Corporation ("Applicant"), hereby agree to the following:

STIPULATIONS

Applicant has submitted an application for a licensed wholesale drug distributor pending under application no. 004-app-005228. Applicant disclosed to the Department that Applicant had been disciplined by the Idaho Board of Pharmacy in case BOP-16-050. Applicant was disciplined and fined $2,000.00. Applicant's case in Idaho was due to one incident of shipping medication to a facility in Idaho that had a brief lapse in licensure. Applicant's acts or omissions are in violation of and/or constitute grounds for disciplinary action against Applicant's Illinois wholesale drug distributor license pursuant to the Wholesaler Drug Distribution Licensing Act at 225 ILCS 120/55 (4); (5).

At all times material to the matter set forth in this Consent Order, the Department had jurisdiction over the subject matter and the parties herein. Applicant has been advised of the right to retain counsel, to a hearing, the right to present mitigating evidence, and the right to administrative review of any order resulting from a hearing. Applicant knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by the Director. Applicant acknowledges that Applicant has entered into this Consent Order freely and of Applicant's own will without threat or coercion by the Department or any person and has not relied upon any representation made by or on behalf of the Department other than those specifically included herein. Applicant acknowledges that the Department attorney may be requested to communicate with the Director

in furtherance of the approval of this Consent Order. Applicant acknowledges this Consent Order will be presented to the Director. If this Consent Order is not approved, Applicant waives any right to raise any prejudice resulting from the Director's consideration of this Consent Order. Applicant understands that this Consent Order is not effective unless and until it is adopted by the Director. A copy of any original signature(s) affixed to this Consent Order shall be given the full force and effect of an original signature(s) affixed to this Consent Order.

Applicant and the Department agree in order to resolve this case that Applicant be permitted to enter into a Consent Order with the Department providing for the terms and conditions contained herein which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

Wherefore, the Department, by its attorney Meghan Pipolo, and Applicant Prodigy Health Supplier Corporation, agree:

A. Applicant shall be issued a licensed wholesale drug distributor no. 004-app-005228.

B. Applicant's licensed wholesale drug distributor no. 004-app-005228 shall be reprimanded.

C. Applicant acknowledges that this Consent Order is a public disciplinary action and will be made available to the public. It will be reported to any applicable reporting databases.

D. This Consent Order shall become effective upon the Director's signature, as dated below.

Signatures on following page

8-15-22
DATE

Department Attorney Meghan Pipolo

08/12/2022
DATE

Ty Dishman
Chief Operating Officer
Applicant Prodigy Health Supplier Corporation
(Please print name and position next to signature)

8/15/22
DATE

Illinois Board of Pharmacy Member

The foregoing Consent Order is approved in full.

DATED THIS 6th day of October, 2022.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY MARIO TRETO, JR.,

Director Cecilia Abundis
Division of Professional Regulation

Case No. 2022-06304
License No. 004-app-005228

PRODIGY
HEALTH SUPPLIER

Your lifeline to plasma derivatives

7 days a week
24 hours a day

To whom it may concern:

On June 2, 2016, in Case No. BOP-16-050, Prodigy Health Supplier Corporation's Idaho License W15338 had a disciplinary action imposed on it. The disciplinary action was for one shipment of medication to a licensed facility in the state of Idaho during a brief lapse in the license's active status. The violation was discovered by Prodigy and self-reported to the state. A fine of $2,000 was paid to Idaho state board of pharmacy. The license is still active.

Ty Dustman 10/27/22

toll-free (877) 693-4376 | fax (512) 693-4067 | 9417 Brodie Lane | Austin, TX 78748 | www.phscorporation.com

PRODIGY HEALTH SUPPLIER

Your lifeline to plasma derivatives

7 days a week
24 hours a day

Prodigy Health Supplier Corp. applied in April 2007 for a license from the State of Florida to operate a shipping facility located in that state. Prodigy has been shipping product into the State of Florida from its Texas headquarters for several years pursuant to an Out-of-State Prescription Drug Wholesaler Permit issued by the State of Florida in 2002 for the Prodigy Texas headquarters.

The intent of the 2007 application was to potentially streamline operations. In other words, rather than have the product shipped to Texas and then to Florida, Prodigy sought to establish a Florida facility so product could be shipped directly to a Florida facility and then to the customer.

Prodigy's 2007 application for the Florida facility was denied by the Florida Department of Health by letter dated February 11, 2008. Apparently, the basis for the denial was that product had allegedly been received and shipped at the Florida facility before final action on the license for the Florida facility. The Department subsequently issued a notice preliminarily denying renewal of the out-of-state wholesaler license issued to Prodigy for its Texas headquarters.

Prodigy administratively challenged the Department's preliminary decisions.

The case was dismissed with prejudice in a final order dated 03/25/2010. A Florida out-of-state and in-state license to wholesale prescription drugs was issued to Prodigy Health Supplier Corp. at 9417 Brody Ln Austin TX 78748 and 6708 Benjamin Rd Ste 300 Tampa, FL 33634.

For full details of this case, please visit http://ww2.doh.state.fl.us/finalordernet/ and search for Business name: Prodigy

The state of Florida classified this action as non-disciplinary. Certified documents affirming the above statements are available by request at http://www.doh.state.fl.us/mqa/clientserv/recreqfrm.htm

Ty 10/27/22

(877) 693-4376 | (512) 693-4067 | 9417 Brodie Lane | Austin, TX 78748 | www.phscorporation.com

CERTIFICATION OF CRIMINAL HISTORY RECORD INFORMATION

STATE OF TEXAS
COUNTY OF TRAVIS

Pursuant to the authority contained in Rule 902, Sections 1 and 4, Texas Rules of Evidence, and Subchapter F, Chapter 411, Texas Government Code, I , Tanya Wilson, Supervisor, Criminal History Inquiry Unit, Access and Dissemination Bureau, Crime Records Division, Texas Department of Public Safety, do hereby certify I am the deputy custodian of the criminal history record information of Crime Records Division of the Texas Department of Public Safety. I further certify that there is no record on file with the search criteria which was supplied, or that I am legally authorized to produce, for the following:

Texas SID: **17106722**

TEXAS CRIMINAL HISTORY RECORD
DISHMAN,TY DOUGLAS
Date of Birth: [redacted]

In Testimony Whereof, I hereunto set my hand and affix the seal of the Texas Department of Public Safety. Done at my office in Austin, Texas on this 11th day of October, 2022.

Tanya Wilson

Tanya Wilson, Supervisor
Criminal History Inquiry Unit
Access and Dissemination Bureau
Crime Records Division
Texas Department of Public Safety

To receive a full explanation on the procedures to challenge the criminal history record information contained in a Texas record please visit http://www.dps.texas.gov/administration/crime_records/pages/errorresolution.htm

PRODIGY HEALTH

October 27, 2022

Dear Nevada Board of Pharmacy:

Prodigy Health Supplier Corporation is a license holder in your jurisdiction. Our license number is WH01706. We are submitting a Change of Ownership application. The effective date of the Change of Ownership is October 24, 2022.Prodigy Health Supplier Corporation is now Prodigy Health LLC. The parent is Prodigy Holdings, Inc. with 100% ownership.

Our FIEN number has not changed and officers remain Jonathan Houssian, CEO and President, and Ty Dishman, COO. Ty Dishman will remain the DR. As our DR has not changed and he has already submitted prints to the Board we did not include them with the application. I did include his most recent Federal and Texas Background results – both dated October 2022. If you still require the FP cards to be submitted please let me know.

If you need additional information regarding the Change of Ownership please let me know.

Thank you for your continued support,

Crystal Harris

Prodigy Health LLC

Licensing Specialist

charris@prodigyhealth.com

321-304-1053 w

4Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Aero-Med, LLC

Physical Address: 65 Olde Roberts St

City: East Hartford State: CT Zip: 06108

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA - Facility Licensing

City: Dublin State: OH Zip: 43017

Telephone: 860-659-0602 Website: www.cardinalhealth.com

Name of Designated Representative (DR): Santo Finocchiaro

Licensing Company Email: licensure@cardinalhealth.com DR Email: sfinocchiaro@aero-med.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
■ Practitioners	☐ Controlled Substances	■ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Labs & Patients		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Please see attached letter.

Original Signature (electronic, copies or stamps not accepted)

10/13/2022
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Please see attached

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Cardinal Health

Corporation Name: Cardinal Health Inc.

Mailing Address: 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 614-757-5000 Email: licensure@cardinalhealth.com

Contact Person Name: LaToyia Martin

Date of SEC Registration: 08/04/1983	SEC Registration Number: 0000721371	Stock Exchange Symbol: CAH

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnerships

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section B: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section C: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-Publicly Traded	Partnership	Sole Proprietor
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section B)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Aero-Med, LLC

Facility Name

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

K [signature]

Original signature of Authorized Person (copies or stamps not accepted)

10/13/2022

Date

Board Use Only	Date Received: 10-17-22	Amount: 2-$500.00

11/30/22

CK-10831195
CK-10840717

CardinalHealth

07/29/2022

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
Aero-Med – East Hartford, CT

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for our Out-of-State Wholesale Distributor License. Note that the below discipline does not apply to the facility that is the subject of this application. The below disciplinary history has been previously provided to the Nevada State Board of Pharmacy for other Cardinal Health, Inc. related entities.

On September 24, 2020, Cardinal Health finalized a settlement agreement with the Colorado Board of Pharmacy and paid a fine of $1,150. This settlement was regarding the failure of our Denver, Colorado distribution center to timely notify the Board of a change in that distribution center's designated representative.

Cardinal Health's pharmaceutical distribution center in Valencia, California entered into a settlement agreement with the California Board of Pharmacy in April 2019. As a condition of that settlement, the California Wholesale license for our Valencia distribution center was on probation from April 3, 2019, through April 2, 2021. This agreement resulted from the Valencia distribution center making sales to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled

substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012, administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

If you have any questions, Cory Kopitzke, Assistant General Counsel, Regulatory at Cory.Kopitzke01@cardinalhealth.com.

Sincerely,

Keegan Chamberlain,
Director, Quality Management

Aero-Med LLC
Cardinal Health
65 Olde Roberts Street
East Hartford, CT
06033
Phone # 860.659-0602

To Whom it may concern,

Aero-Med LLC is a division of Cardinal Health as of 2015. We specialize in the development and sale of Non-Sterile Medical Device Kits to Labs and Hospitals as well as provide Distribution services for medical devices within the continental United States, Alaska, and Hawaii.

Our facilities comply with 21 code of Regulations (CFR) part 820. Our kitting operation is registered with the FDA as a Re-packager/Re-labeler. Aero-Med follows FDA defined Quality Systems – Current Good Manufacturing Practices. All Aero-med labeling Complies with GTIN coding. All kits produced are considered non-sterile.

The top 4 med Device suppliers we utilize are as follows

- Becton Dickenson (BD)
- Cardinal Health Distribution
- PDI
- Biomerieux

If there are any Questions or Concerns, please contact the Cardinal Licensure team at licensure@cardinalhealth.com .

Thank you,

10/6/2022

Santo Finocchiaro

QC Supervisor

Aero-Med LLC /Cardinal Health

Officer List

CardinalHealth

65 Olde Roberts St
East Hartford, Connecticut 06108

Officer Name	Title	Company	Business Address	Business Phone Number
Stephen Michael Mason	CEO, Medical Segment	Aero-Med, LLC	7200 Cardinal Place, Dublin, OH 43017	614-757-7300
Keegan David Chamberlain	Director, Quality Management	Aero-Med, LLC	7200 Cardinal Place, Dublin, OH 43017	614-553-4640
Julie Erin Webb	VP, Quality Management	Aero-Med, LLC	7200 Cardinal Place, Dublin, OH 43017	614-757-6343
John Henry Martin Jr.	SVP, Tax	Aero-Med, LLC	7000 Cardinal Place, Dublin OH 43017	614-757-3769

U.S. Department of Health & Human Services

a A A

FDA U.S. FOOD & DRUG ADMINISTRATION

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Establishment Registration & Device Listing

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Establishment:
AERO-MED LLC
Business Trade Name:
Formerly Aero-Med, Ltd.

65 Olde Roberts St
East Hartford, CT 06108
Registration Number: 3006191977
FEI Number*: 3006191977
Status: Active
Date Of Registration Status: 2023

Owner/Operator:
Cardinal Health 200, LLC
3651 Birchwood Drive
Waukegan, IL US 60085
Owner/Operator Number: 9028292

Official Correspondent:
Stacey A Henning
Cardinal Health
3651 Birchwood Drive
Waukegan, IL 60085
Phone: 1-312-2702081

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated: 11/28/2022
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Stockholder	Stake
The Vanguard Group, Inc.	11.96%
SSgA Funds Management, Inc.	8.00%
T. Rowe Price Associates, Inc.	5.47%
BlackRock Fund Advisors	5.17%

Secretary of the State of Connecticut
Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: July 27, 2022

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	AERO-MED, LLC
Business ALEI	US-CT.BER:0166339
Formation Date	02/27/1985

Secretary of the State

Aero-Med, LLC

65 Olde Roberts St
East Hartford, Connecticut 06108

Employee List

Employee	Title	Company
Stephen Michael Mason	CEO, Medical Segment	Aero-Med, LLC
Keegan David Chamberlain	Director, Quality Management	Aero-Med, LLC
Julie Erin Webb	VP, Quality Management	Aero-Med, LLC
John Henry Martin Jr.	SVP, Tax	Aero-Med, LLC
Santo Finocchiaro	Supervisor, Quality Control	Aero-Med, LLC
Teddy Ramirez	Manager, Assembly	Aero-Med, LLC

CPL-03 Rev. 06/13

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions can be emailed to the Drug Control Division at dcp.drugmanufacturers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current to receive correspondence. All renewal notifications and certificates will only be emailed to your last reported email on record. You can update your email, mailing address or print a duplicate certificate by logging into your account with your User ID and Password at www.elicense.ct.gov. Visit our website at www.ct.gov/dcp.

Mailing address:

AERO-MED, LLC
Cynthia Rhodes
7000 Cardinal Pl
Dublin, OH 43017

Email on file to be used for receiving all notices from this office:

gmb-facility-licensing@cardinalhealth.com

879896

STATE OF CONNECTICUT ✦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

AERO-MED, LLC
65 OLDE ROBERTS STREET
EAST HARTFORD, CT 06108

has satisfied the qualifications required by law and is hereby issued a

MANUFACTURER OF DRUGS, COSMETICS & MEDICAL DEVICES

Controlled Substances: No **Rx Legend Drugs: No** **Non Rx Legend Drugs: No** **Medical Devices: Yes** **Cosmetics: No**

Medical Gases and Oxygen: No **Durable Medical Equipment (DME): Yes** **Number of Chemists: 0**

Registration #: CSM.0001158
Effective Date: 07/01/2022
Expiration Date: 06/30/2023

verify online at www.elicense.ct.gov

Michelle Seagull

Michelle Seagull, Commissioner

Help (./help/index.html)

DRLM Home (mainMenu.htm) > View Your Registrations and Listings

Registration Information

Facility

Registration Number
3006191977

FEI Number
3006191977

Registration Status
Active

Registration Status Reason
TofO facility purchase

Initial Importer
N

Facility Name
AERO-MED LLC

Legal Name

Facility Address
65 OLDE ROBERTS ST ,
EAST HARTFORD , CONNECTICUT , 06108 , UNITED STATES

DUNS Number

Foreign Trade Zone
N

Facility URL

Other Business Trade Name(s)
1. formerly Aero-Med, Ltd.

Establishment located on a campus

Owner/Operator

Owner/Operator Number
9028292

Contact Name
TATYANA - BOGDAN

Business Name
CARDINAL HEALTH 200, LLC

Address
3651 BIRCHWOOD DRIVE
WAUKEGAN , ILLINOIS , 60085 , UNITED STATES

Phone Number
312 - 2702089

Fax Number
847 - 7852461

E-mail tatyana.bogdan-curvin@cardinalhealth.com

DUNS Number

Official Correspondent

Contact Name
STACEY A HENNING

Business Name
CARDINAL HEALTH

Address
3651 BIRCHWOOD DRIVE
WAUKEGAN , ILLINOIS , 60085 , UNITED STATES

Phone Number
1 - 312 - 2702081

Fax Number

E-mail stacey.henning@cardinalhealth.com

DUNS Number

Registration Status

Expiration Date
2022-12-31

PIN - PCN
50341057 - 22502272

< Previous (drlm.htm?_flowExecutionKey=_c61157B6B-B304-5BD9-ECC1-DF645F11F66D_k2F00878D-C572-4720-D704-DD502BFD83F4&_eventId=back)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Aero-Med, LLC MDEG License # (if applicable): _____

Physical Address: 65 Olde Roberts St

City: East Hartford State: CT Zip: 06108

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA - Facility Licensing

City: Dublin State: OH Zip: 43017

Telephone: 614-553-3420 Website: www.cardinalhealth.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Santo Middle: _____ Last: Finocchiaro

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: _____ Sex: ☑ M ☐ F ☐ X

Mailing Address: 7000 Cardinal Place, QRA - Facility Licensing

City: Dublin State: OH Zip: 43017

Telephone: 860-659-8404 EXT 417 Email: sfinocchiaro@aero-med.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Connecticut- Greater Hartford		09/2007-12/2007	
Address	City	State	Zip
Defunct- Now UCONN Hartford in Hartford CT	West Hartford	CT	06119
Diploma/Degree obtained, if any			
None			
School Name		From - To (MM/YY – MM/YY)	
Flordida State University		08/2002-05/2005	
Address	City	State	Zip
	Tallahassee	Florida	32306
Diploma/Degree obtained, if any			
None			
School Name		From - To (MM/YY – MM/YY)	
Tallahssee Community College		01/2000-05/2002	
Address	City	State	Zip
444 Appleyard Drive	Tallahassee	Florida	32304
Diploma/Degree obtained, if any			
None			
School Name		From - To (MM/YY – MM/YY)	
University of Hartford		06-1996-06-1998	
Address	City	State	Zip
200 Bloomfield Ave	West Hartford	CT	06117
Diploma/Degree obtained, if any			
Associates of Arts: Liberal Arts			
School Name		From - To (MM/YY – MM/YY	
Wethersfied High School		09-1992-06/1996	
Address	City	State	Zip
411 Wolcott Hill Road	Wethersfield	CT	06109
Diploma/Degree obtained, if any			
High School Diploma			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2014- current	[redacted] Lenox Street	Manchester	CT	06044
08/2012-09/2014	[redacted] apt B Victoria Rd	Hartford	CT	06114

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Aero-Med LLC			08/01/2011-current	
Business Address		**City**	**State**	**Zip**
65 Olde Roberts Street		E.Hartford	CT	06108
Phone	**Title**		**Number of Employed Hours**	
860-659-0602	Quality Supervisor		22,880 hours	
Description of Duties				
Coordinates/supervises daily activities of operations/business support staff. Administers and executes policies and procedures,ensures employees operate within guidelines,Interact with customers,make direct impact decisions.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

08-10-2022
Date

I, Santo Finocchiaro, **certify that as the MDEG Administrator for**

Aero-Med, LLC,

that I (initial that you have read and meet the following requirements):

1. I Have a high school diploma or its equivalent;
2. I Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. I Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. I Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Santo Finocchiaro
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/10/2022
Date

Board Use Only	Date Received:

CardinalHealth™

June 30, 2022

To whom it may concern:

This is a declaration and confirmation by Cardinal Health, Inc. and its subsidiaries exclusively that:

Cardinal Health is self-insured for products, completed operations liability and pharmacist professional liability. You will not be named as additional insured for any of the self-insured retention limits of the product liability, completed operations liability and pharmacist professional liability coverages. Cardinal Health's self-insurance is backed by its financial strength documented in financial statements found at www.cardinalhealth.com. The existence of self-insurance within Cardinal Health's insurance program does not change any contractual obligation we may have, and shall not be deemed to exceed the scope of coverage and/or limits required, under our written contract or agreement with you.

As respects the Automobile Liability, Automobile Physical Damage, Comprehensive and Collision coverage is self-insured for all owned vehicles.

Please direct any questions or concerns to GMB-DUB-RiskManagement@cardinalhealth.com.

Denise Johnston
Director, Risk Management

JPK/as

enc.

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	XL Insurance America Inc	24554
INSURER B:	XL Specialty Insurance Co	37885
INSURER C:	Greenwich Insurance Company	22322
INSURER D:	Indian Harbor Insurance Company	36940
INSURER E:		
INSURER F:		

INSURED
Cardinal Health, Inc.
(See Additional Page)
7000 Cardinal Place
Dublin OH 43017 USA

COVERAGES **CERTIFICATE NUMBER:** 570094095707 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			RGD943716717 AOS, PR	06/30/2022	06/30/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liquor Liability Lim	$5,000,000 $1,000,000 $5,000,000 $5,000,000 Excluded Included
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY in			RAD943716817	06/30/2022	06/30/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$5,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION			US00092147LI22A SIR applies per policy terms & conditions	06/30/2022	06/30/2023	EACH OCCURRENCE AGGREGATE Products/Completed O	$5,000,000 $5,000,000 Excluded
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		RWD943512517 (AOS) RWR943512617 (WI)	06/30/2022 06/30/2022	06/30/2023 06/30/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	 $5,000,000 $5,000,000 $5,000,000
D	E&O-PL-Primary			RGD943797703 E&O SIR applies per policy terms & conditions	06/30/2022	06/30/2023	Loss Limit	$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Cardinal Health, Inc.
7000 Cardinal Place
Dublin OH 43017 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier : Z

Certificate No : 570094095707

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		RWR300142404 (AK)	06/30/2022	06/30/2023		
	OTHER							
B	Excess WC			RWE943514317 Xs Work Comp - OH SIR applies per policy terms & conditions	06/30/2022	06/30/2023	EL Each Accident	$4,500,000
							EL Disease - Ea Empl	$4,500,000

ACORD 101 (2008/01)

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570094095707	
CARRIER: See Certificate Number: 570094095707 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Evidence of Coverage

As respects the Commercial General Liability Policy:
Additional Insured Managers or Lessors of Premises : as required by written contract
Additional Insured Owners, Lessees or Contractors - Scheduled Persons or Organization : as required by written contract
Coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured and shall not increase the applicable Limits of Insurance

As respects the Automobile Liability Policy:
Coverage symbol 1 (Any Auto) applies to Automobile Liability which includes coverage for Hired / Non-Owned Autos
Lessor - Additional Insured: all leased autos.
The policy will pay as interest may appear, you (Cardinal Health) and the lessor named in this endorsement for "loss" to a "leased auto".
Additional Insured Where Required under Written Contract or Agreement Endorsement

As respects General Liability, Automobile Liability, and Workers Compensation Policies:
Waiver of Subrogation is permitted as required by written contract or agreement executed prior to loss and in accordance with the terms, conditions and exclusions of the applicable policies.

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ACORD

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insured Listing

Named Insured Listing for June 30, 2022 - June 30, 2023 includes but is not limited to the following:
A+ Secure Packaging, LLC
Abilene Nuclear, LLC
Access Closure, Inc.
Acuity GPO, LLC
Aero-Med, LLC
Allegiance (BVI) Holding Co. Ltd.
Allegiance Corporation
Allegiance Healthcare (Labuan) Pte. Ltd.
Allegiance I, LLC
Allegiance Labuan Holdings Pte. Ltd.
API (Suppliers) Limited
AssuraMed Acquisition Corp.
AssuraMed Group, Inc.
AssuraMed Holding, Inc.
AssuraMed Intermediate Holding, Inc.
AssuraMed, Inc.
C. International, Inc.
Cardinal Distribution Holding Corporation - I
Cardinal Distribution Holding Corporation - II
Cardinal Health 100, Inc.
Cardinal Health 104 LP
Cardinal Health 105, LLC
Cardinal Health 107, LLC
Cardinal Health 108, LLC
Cardinal Health 110, LLC
Cardinal Health 112, LLC
Cardinal Health 113, LLC
Cardinal Health 114, Inc.
Cardinal Health 115, LLC
Cardinal Health 116, LLC
Cardinal Health 118, LLC
Cardinal Health 119, LLC
Cardinal Health 121, LLC
Cardinal Health 122, LLC
Cardinal Health 123, LLC
Cardinal Health 124, LLC
Cardinal Health 125, LLC
Cardinal Health 126, LLC
Cardinal Health 127, Inc.
Cardinal Health 128, LLC
Cardinal Health 130, LLC
Cardinal Health 131, LLC
Cardinal Health 132, LLC
Cardinal Health 133, Inc.
Cardinal Health 2, LLC
Cardinal Health 200, LLC
Cardinal Health 201 Canada L.P.
Cardinal Health 201, LLC
Cardinal Health 215, LLC
Cardinal Health 222 (Thailand) Ltd.
Cardinal Health 242, LLC
Cardinal Health 246, Inc.
Cardinal Health 247, Inc.
Cardinal Health 249, LLC
Cardinal Health 250 Dutch C.V.
Cardinal Health 251, LLC
Cardinal Health 252, LLC
Cardinal Health 253, LP

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570094095707	
CARRIER: See Certificate Number: 570094095707 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 500, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BVBA
Cardinal Health Canada Holdings Cooperatie U.A.
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health Denmark ApS
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health Japan G.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.à.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Medical Products India Private Limited
Cardinal Health Mexico 244 S. de R.L. de C.V.
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Coöperatie U.A.
Cardinal Health Netherlands 528 B.V.
Cardinal Health Norway AS

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570094095707	
CARRIER: See Certificate Number: 570094095707 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies,LLC
Instant Diagnostic Systems, Inc (Inactive - Aug 2018)
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd
Kinray I, LLC
KPR Australia Pty. Ltd
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc

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ADDITIONAL REMARKS SCHEDULE

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ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Limited Liability Company "Cardinal Health Russia"
Ludlow Technical Products Canada, Ltd.
Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
Mirixa Corporation
MSCRIPTS HOLDING, LLC
MSCRIPTS, LLC
NeuroLogic GPO, LLC
Nippon Covidien Ltd.
One Cloverleaf, LLC
Outcomes Incorporated
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Ransdell Surgical, Inc.
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
Sierra Radiopharmacy, L.L.C.
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
TelePharm, LLC
The Harvard Drug Group, L.L.C.
Tianjin ITI Trading Company
Tradex International, Inc.
Uromed, Inc. (Inactive)
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Form 10-K

☑ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended June 30, 2021

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission File Number: 1-11373

CardinalHealth

Cardinal Health, Inc.

(Exact name of registrant as specified in its charter)

Ohio	31-0958666
(State or other jurisdiction of incorporation or organization)	*(IRS Employer Identification No.)*
7000 Cardinal Place , Dublin , Ohio	**43017**
(Address of principal executive offices)	*(Zip Code)*

(614) 757-5000

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	*Trading Symbol(s)*	*Name of each exchange on which registered*
Common shares (without par value)	**CAH**	**New York Stock Exchange**

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☑ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☑

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☑ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☑	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☑

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☑

The aggregate market value of voting stock held by non-affiliates on December 31, 2020, was the following: $15,693,865,917.

The number of the registrant's common shares, without par value, outstanding as of July 31, 2021, was the following: 290,441,408.

Documents Incorporated by Reference:

Portions of the registrant's Definitive Proxy Statement to be filed for its 2021 Annual Meeting of Shareholders are incorporated by reference into the sections of this Form 10-K addressing the requirements of Part III of Form 10-K.

Cardinal Health
Fiscal 2021 Form 10-K

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Introduction

References to Cardinal Health and Fiscal Years

As used in this report, "we," "our," "us," "Cardinal Health" and similar pronouns refer to Cardinal Health, Inc. and its majority-owned subsidiaries, unless the context requires otherwise. Our fiscal year ends on June 30. References to fiscal 2022, 2021, 2020, 2019, 2018 and 2017 are to the fiscal years ended June 30, 2022, 2021, 2020, 2019, 2018 and 2017, respectively. Except as otherwise specified, information in this report is provided as of June 30, 2021.

Non-GAAP Financial Measures

In this report, including in the "Fiscal 2021 Overview" section of Management's Discussion and Analysis of Financial Condition and Results of Operations ("MD&A"), we use financial measures that are derived from consolidated financial data but are not presented in our financial statements that are prepared in accordance with U.S. generally accepted accounting principles ("GAAP"). These measures are considered "non-GAAP financial measures" under the Securities and Exchange Commission ("SEC") rules. The reasons we use these non-GAAP financial measures and the reconciliations to their most directly comparable GAAP financial measures are included in the "Explanation and Reconciliation of Non-GAAP Financial Measures" section following MD&A in this report.

Management's Discussion and Analysis of Financial Condition and Results of Operations

Our MD&A within this Form 10-K generally discusses fiscal 2021 and fiscal 2020 items and year-to-year comperisons between fiscal 2021 and fiscal 2020. Fiscal 2019 items and discussions of year-to-year comparisons between fiscal 2020 and fiscal 2019 that are not included in this Form 10-K can be found in Management's Discussion and Analysis of Financial Condition and Results of Operations in our Annual Report on Form 10-K for the fiscal year ended June 30, 2020 (the "Fiscal 2020 Form 10-K").

Important Information Regarding Forward-Looking Statements

This report (including information incorporated by reference) includes forward-looking statements addressing expectations, prospects, estimates and other matters that are dependent upon future events or developments. Many forward-looking statements appear in MD&A and Risk Factors, but there are others throughout this report, which may be identified by words such as "expect," "anticipate," "intend," "plan," "believe," "will," "should," "could," "would," "project," "continue," "likely," and similar expressions, and include statements reflecting future results or guidance, statements of outlook and expense accruals. These matters are subject to risks and uncertainties that could cause actual results to differ materially from those projected, anticipated or implied. The most significant of these risks and uncertainties are described in "Risk Factors" in this report and in Exhibit 99.1 to the Form 10-K included in this report. Forward-looking statements in this report speak only as of the date of this document. Except to the extent required by applicable law, we undertake no obligation to update or revise any forward-looking statement.

Available Information

Our Annual Report on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K, and amendments to those reports are available free of charge on our website (www.cardinalhealth.com), under the "Investor Relations — Financial Reporting — SEC Filings" caption, as soon as reasonably practicable after we electronically file them with, or furnish them to, the SEC. The SEC also maintains a website (www.sec.gov) where you can search for annual, quarterly and current reports, proxy and information statements, and other information regarding us and other public companies.

Management's Discussion and Analysis of Financial Condition and Results of Operations

About Cardinal Health

Cardinal Health, Inc., an Ohio corporation formed in 1979, is a globally integrated healthcare services and products company providing customized solutions for hospitals, healthcare systems, pharmacies, ambulatory surgery centers, clinical laboratories, physician offices and patients in the home. We provide pharmaceuticals and medical products and cost-effective solutions that enhance supply chain efficiency. We connect patients, providers, payers, pharmacists and manufacturers for integrated care coordination and better patient management. We manage our business and report our financial results in two segments: Pharmaceutical and Medical.

Pharmaceutical Segment

Our Pharmaceutical segment distributes branded and generic pharmaceutical, specialty pharmaceutical and over-the-counter healthcare and consumer products in the United States. This segment also provides services to pharmaceutical manufacturers and healthcare providers for specialty pharmaceutical products; operates nuclear pharmacies and radiopharmaceutical manufacturing facilities; provides pharmacy management services to hospitals, as well as medication therapy management and patient outcomes services to hospitals, other healthcare providers and payers; and repackages generic pharmaceuticals and over-the-counter healthcare products.

Medical Segment

Our Medical segment manufactures, sources and distributes Cardinal Health branded medical, surgical and laboratory products, which are sold in the United States, Canada, Europe, Asia and other markets. In addition to distributing Cardinal Health branded products, this segment also distributes a broad range of medical, surgical and laboratory products known as national brand products and provides supply chain services and solutions to hospitals, ambulatory surgery centers, clinical laboratories and other healthcare providers in the United States and Canada. This segment also distributes medical products to patients' homes in the United States through our Cardinal Health at-Home Solutions division.

Consolidated Results

Fiscal 2021 Overview

Revenue

Revenue for fiscal 2021 was $162.5 billion, a 6 percent increase from the prior year, primarily due to sales growth from pharmaceutical distribution and specialty solutions customers.

GAAP and Non-GAAP Operating Earnings/(Loss)

(in millions)	2021	2020	Change
GAAP operating earnings/(loss)	$ 472	$ (4,088)	N.M.
Surgical gown recall costs/(income)	(28)	85	
State opioid assessment related to prior fiscal years	38	3	
Restructuring and employee severance	114	122	
Amortization and other acquisition-related costs	451	524	
Impairments and (gain)/loss on disposal of assets	79	7	
Litigation (recoveries)/charges, net	1,129	5,741	
Non-GAAP operating earnings	$ 2,255	$ 2,384	(5)%

The sum of the components and certain computations may reflect rounding adjustments.

We had GAAP operating earnings of $472 million and a GAAP operating loss of $4.1 billion during fiscal 2021 and 2020, respectively, which includes pre-tax charges of $1.17 billion and $5.63 billion, respectively, recognized for the estimated liability associated with lawsuits and claims brought against us by states and political subdivisions relating to the distribution of prescription opioid pain medications. See further description of opioid lawsuits in the Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements."

GAAP and Non-GAAP operating earnings during fiscal 2021 were adversely impacted by COVID-19, which includes an inventory reserve recorded to reduce the carrying value of certain Medical segment personal protective equipment, primarily certain categories of gloves, to net realizable value. Personal protective equipment ("PPE") refers to protective clothing, medical and non-medical grade gloves, face shields, face masks and other equipment designed to protect the wearer from injury or the spread of infection or illness. See Significant Developments in Fiscal 2021 and Trends section in this MD&A for additional information. Volume declines in our Pharmaceutical segment generics program, which includes the impact of COVID-19, also had an adverse impact. These factors were partially offset by the beneficial impact of enterprise-wide cost-savings measures, including global manufacturing efficiencies in the Medical segment, and higher contribution from branded pharmaceutical sales mix.

GAAP and Non-GAAP Diluted EPS

($ per share)	2021 [2]	2020 [2][3]	Change
GAAP diluted EPS [1]	$ 2.08	$ (12.61)	N.M.
Surgical gown recall costs/(income)	(0.07)	0.22	
State opioid assessment related to prior fiscal years	0.10	0.01	
Restructuring and employee severance	0.29	0.31	
Amortization and other acquisition-related costs	1.13	1.34	
Impairments and (gain)/loss on disposal of assets	0.21	0.02	
Litigation (recoveries)/charges, net [4]	1.78	17.84	
Loss on early extinguishment of debt	0.04	0.04	
(Gain)/loss on sale of equity interest in naviHealth	0.01	(1.68)	
Transitional tax benefit, net	—	(0.01)	
Non-GAAP diluted EPS [1]	$ 5.57	$ 5.45	2 %

The sum of the components and certain computations may reflect rounding adjustments.

(1) Diluted earnings/(loss) per share attributable to Cardinal Health, Inc. ("diluted EPS" or "diluted loss per share")

(2) The reconciling items are presented within this table net of tax, except for transitional tax benefit, net. See quantification of tax effect of each reconciling item in our GAAP to Non-GAAP Reconciliations in the section titled "Explanation and Reconciliation of Non-GAAP Financial Measures."

(3) For fiscal 2020, GAAP diluted loss per share attributable to Cardinal Health, Inc. and the EPS impact from the GAAP to non-GAAP per share reconciling items are calculated using a weighted average of 293 million common shares, which excludes potentially dilutive securities from the denominator due to their anti-dilutive effects resulting from our GAAP net loss for the period. Fiscal 2020 non-GAAP diluted EPS is calculated using a weighted average of 295 million common shares, which includes potentially dilutive shares.

(4) Litigation (recoveries)/charges, net, includes a tax benefit recorded during fiscal 2021 related to a net operating loss carryback. Our wholly-owned insurance subsidiary recorded a self-insurance pre-tax loss in its fiscal 2020 statutory financial statements primarily related to opioid litigation. This self-insurance pre-tax loss, which did not impact our pre-tax consolidated results, was deducted on our fiscal 2020 consolidated federal income tax return and contributed to a significant net operating loss for tax purposes. The net operating loss was carried back and adjusted our taxable income for fiscal 2015, 2016, 2017 and 2018 as permitted under the Coronavirus Aid, Relief and Economic Security ("CARES") Act. The total benefit from the net operating loss carryback was $424 million; however, for purposes of Non-GAAP financial measures, we allocated $389 million of the benefit to litigation (recoveries)/charges, net, which is excluded from non-GAAP measures, based on the relative amount of the self-insurance pre-tax loss related to opioid litigation claims versus separate tax adjustments. The tax benefit allocated to the separata tax adjustments of $35 million is included in non-GAAP measures.

The charges we recognized in fiscal 2021 and 2020 for the estimated liability associated with lawsuits and claims brought against us by states and political subdivisions relating to the distribution of prescription opioid pain medications had a $(3.21) and $(17.54) per share after-tax impact on GAAP diluted EPS, respectively.

During fiscal 2021, GAAP and non-GAAP diluted EPS were positively impacted by $1.44 and $0.12 per share, respectively, due to a tax benefit from the net operating loss carryback primarily related to a self-insurance pre-tax loss, as further described in Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements."

GAAP diluted EPS during fiscal 2020 was favorably impacted by a $1.68 per share gain from the sale of the remainder of our equity interest in naviHealth described further in Note 2 of the "Notes to Consolidated Financial Statements."

Cash and Equivalents

Our cash and equivalents balance was $3.4 billion at June 30, 2021 compared to $2.8 billion at June 30, 2020. The increase in cash during fiscal 2021 was due to net cash provided by operating activities of $2.4 billion, offset by cash deployed of $573 million for dividends, $570 million for debt repayments, $400 million for capital expenditures, and $200 million for share repurchases.

Significant Developments in Fiscal 2021 and Trends

COVID-19

The COVID-19 pandemic ("COVID-19") continues to affect the U.S. and global economies, and as previously disclosed, the pandemic began to materially affect our businesses during the third quarter of fiscal 2020. The length and severity of the pandemic and its impacts on our businesses and results of operations are uncertain.

COVID-19 had a negative impact on our consolidated operating earnings/(loss) in fiscal 2021 and fiscal 2020. We estimate that the impact on fiscal 2021 operating earnings was approximately $200 million greater than on fiscal 2020 operating earnings, and we estimate that the impact on fiscal 2020 operating earnings/(loss) was approximately $100 million.

Pharmaceutical segment profit has been negatively impacted by COVID-19 largely due to volume declines in our generics program and Nuclear and Precision Health Solutions. While fiscal 2021 volumes within our generics program were lower than levels prior to COVID-19, the impact on Pharmaceutical segment profit improved on a year-over-year basis during the fourth quarter of fiscal 2021. Similarly, in comparison to prior year, the impact of COVID-19 on Nuclear and Precision Health Solutions was positive for Pharmaceutical segment profit during the fourth quarter of fiscal 2021.

Our Medical segment experienced dramatically increased demand for certain personal protective equipment due to COVID-19. Personal protective equipment ("PPE") refers to protective clothing, medical and non-medical grade gloves, face shields, face masks and other equipment designed to protect the wearer from injury or the spread of infection or illness. The peak of this heightened demand was during the second and third quarters of fiscal 2021. This increased demand resulted in higher sales volume for certain products, increased costs to manufacture and source these products and higher inventory levels to meet customer commitments. As a result, we sought out additional sources for these products and to mitigate the impact of these cost increases, we have raised our selling prices for the affected products. During the fourth quarter of fiscal 2021, selling prices and customer demand for certain PPE decreased as compared to the peak, and we expect this decline to continue into fiscal 2022. This resulted in inventory cost above net realizable value, requiring an inventory reserve of $197 million, primarily related to certain categories of gloves, which adversely impacted Medical segment profit. Our estimates for customer demand and selling prices are inherently uncertain and if customer demand or selling prices decline in the future beyond our current assumptions, additional inventory reserves may be required that would adversely impact Medical segment profit. See Critical Accounting Policies and Sensitive Accounting Estimates section in this MD&A for additional information.

During fiscal 2021, COVID-19 benefited Medical segment profit in some ways as well. Higher volumes in our laboratory business and cost savings positively impacted Medical segment profit. Additionally, despite declining customer demand and selling prices in some categories of PPE as described above, Medical segment profit was benefited by pricing actions intended to mitigate the impact of cost increases in certain other PPE categories. In addition, while lower demand for surgical products resulting from reduced elective procedures had an adverse impact on Medical segment profit during the first nine months of fiscal 2021, demand improved during the fourth quarter of fiscal 2021 and was a positive contributor to year-over-year segment profit.

We currently anticipate that the negative impact of the COVID-19 pandemic on operating earnings will be less in fiscal 2022 than it was in fiscal 2021, which includes the inventory reserve of $197 million described above. As a result, in comparison to prior year, we expect the COVID-19 impact for fiscal 2022 will be positive. However, we cannot estimate the length or severity of the COVID-19 pandemic or of the related U.S. or global economic consequences on our businesses and results of operations, including whether and when historic economic and operating conditions will resume, or its impact on our business, financial position, results of operations or cash flow. Its impact may be greater or less than we anticipate.

Opioid Lawsuits

In July 2021, we announced that we and two other national distributors have negotiated a proposed settlement agreement (the "Proposed Settlement Agreement") and settlement process that, if all conditions are satisfied (including Boards of Directors' approval), would result in the settlement of the vast majority of opioid lawsuits filed by state and local governmental entities.

West Virginia subdivisions and Native American tribes are not a part of this settlement process and we have been involved in separate negotiations with these groups. The settlement process does not contemplate participation by any non-governmental or non-political entities or individuals. In connection with the negotiations of the Proposed Settlement Agreement, we and the two other national distributors entered into a settlement with the State of New York and its participating subdivisions. If the Proposed Settlement Agreement becomes effective, New York and its participating subdivisions will become a part of it.

The Proposed Settlement Agreement is subject to contingencies and will not become effective unless and until the Boards of Directors of the three distributors each make separate independent determinations that (1) following a sign-on period, a sufficient number of states have agreed to the Proposed Settlement Agreement (the "Settling States"); and, subsequently, (2) following a notice period, that a sufficient number of states and political subdivisions, including those that have not sued, have agreed to the Agreement (or otherwise had their claims foreclosed) to proceed to effectiveness. Prior to the second determination, the Settling States will also have an opportunity to make a determination as to whether a sufficient number of political subdivisions have agreed to the Proposed Settlement Agreement (or otherwise had their claims foreclosed) to proceed with the Proposed Settlement Agreement. This process is currently contemplated to end in February 2022, although it may be extended by agreement. It is possible that a sufficient number of states and subdivisions will not agree to the Proposed Settlement Agreement or that other required contingencies will not be satisfied.

If these conditions are satisfied, the Proposed Settlement Agreement would become effective 60 days after the distributors determine that there is sufficient participation among political subdivisions. During this 60-day period, the Settling States and the distributors would cooperate to obtain consent judgments in each participating state embodying the terms of the Settlement.

The Proposed Settlement Agreement includes a cash component, pursuant to which the Company would pay up to $6.37 billion, the majority of which would be paid over 18 years. The exact payment amount will depend on several factors, including the participation rate of states and political subdivisions, the extent to which states take action to foreclose opioid lawsuits by political subdivisions (e.g., laws barring opioid lawsuits by political subdivisions), and the extent to which political subdivisions in Settling States file additional opioid lawsuits against the Company after the Proposed Settlement Agreement becomes effective.

The Proposed Settlement Agreement also includes injunctive relief terms relating to settling distributors' controlled substance anti-diversion programs, including with respect to: (1) governance; (2) independence and training of the personnel operating our controlled substances monitoring program; (3) due diligence for new and existing customers; (4) ordering limits for certain products; and (5) suspicious order monitoring. A monitor will be selected to oversee compliance with these provisions for a period of five years. In addition, we and the two other national distributors will engage a third-party vendor to act as a clearinghouse for data aggregation and reporting; distributors will fund the clearinghouse for ten years.

Additionally, a trial before a judge in West Virginia in the Cabell County and City of Huntington cases concluded in July 2021 and the judge has not yet issued a decision. In addition, a trial in the case brought by the Ohio Attorney General is scheduled to begin in September 2021 and a trial in the case brought by the Washington Attorney General is scheduled to begin in November 2021. The Ohio Attorney General has issued a press release indicating support for the Proposed Settlement Agreement; however, the Washington Attorney General has issued a press release stating that Washington will not agree to the Proposed Settlement Agreement.

In connection with the opioid lawsuits and settlement negotiations, we have recorded total pre-tax charges of $1.17 billion and $5.63 billion in litigation charges/(recoveries), net in the years ended June 30, 2021 and 2020, respectively. In total, we have $6.73 billion accrued at June 30, 2021, of which $405 million is included in other accrued liabilities, as we expect to make our first annual settlement payment into escrow on or before September 30, 2021, and the remainder is included in deferred income taxes and other liabilities in the consolidated balance sheets. Because loss contingencies are inherently unpredictable and unfavorable developments or resolutions can occur, the assessment is highly subjective and requires judgments about future events. We regularly review these opioid litigation matters to determine whether our accrual is adequate. The amount of ultimate loss may differ materially from this accrual. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

Tax Effect of Opioid Litigation Charges

The net tax benefits associated with the opioid litigation charges are $228 million and $488 million for fiscal 2021 and 2020, respectively. Our tax benefits are estimates, which reflect our current assessment of the estimated future deductibility of the amount that may be paid under the accrual taken in connection with the opioid litigation and are net of unrecognized tax benefits of $219 million and $469 million, respectively. The fiscal 2021 net tax benefit and unrecognized tax benefits were primarily due to our assessment of the specific terms of the Proposed Settlement Agreement. Our assumptions and estimates around this benefit and uncertain tax position require significant judgment and the actual amount of tax benefit may differ materially from these estimates. See Note 8 of the "Notes to Consolidated Financial Statements" for additional information.

Tax Effects of Self-Insurance Pre-Tax Loss

During fiscal 2021, our wholly-owned insurance subsidiary recorded a self-insurance pre-tax loss in its fiscal 2020 statutory financial statements primarily related to opioid litigation. This self-insurance pre-tax loss, which did not impact our pre-tax consolidated results, was deducted on our fiscal 2020 consolidated federal income tax return and contributed to a significant net operating loss for tax purposes. The net operating loss was carried back and applied to adjust our taxable income for fiscal 2015, 2016, 2017, and 2018 as permitted under the CARES Act enacted by the United States Congress in March 2020.

Accordingly, our provision for income taxes during fiscal 2021 included a $424 million benefit from the net operating loss carryback primarily to reflect the difference between the federal statutory income tax rate during the fiscal years from 2015 to 2018 (35 percent for fiscal 2015, 2016, and 2017 and 28 percent for fiscal 2018) and the current federal statutory income tax rate of 21 percent.

We have filed for a U.S. federal income tax refund of $974 million as a result of the net operating loss carryback under the CARES Act, which we expect to receive within 12 months, and accordingly have recorded a current asset on our consolidated balance sheet at June 30, 2021. We also increased our non-current deferred tax liability by approximately $700 million during fiscal 2021 related to this matter.

We have recorded these amounts based on management's judgment and our current understanding of tax law; however, it is possible that the tax authorities could challenge these tax benefits or that the tax law could change. The actual amount or timing of the tax benefit may differ from these expectations. See Note 8 of the "Notes to Consolidated Financial Statements" for additional information.

Cordis Divestiture

On March 12, 2021, we announced that we signed a definitive agreement to sell our Cordis business to Hellman & Friedman for proceeds of $927 million in cash, subject to customary purchase price adjustments, and we retained certain working capital accounts and product liability for lawsuits and claims related to inferior vena cava ("IVC") filters in the U.S. and Canada as described in Note 7 of the "Notes to Consolidated Financial Statements." The transaction closed on August 2, 2021, and we received proceeds of $927 million, net of cash transferred. In connection with the closing, we entered into a Transition Services Agreement ("TSA") with the buyer to provide support functions for a period of up to twenty-four months following the sale. See Note 2 of the "Notes to Consolidated Financial Statements" for additional information.

During fiscal 2021, we recognized a $60 million pre-tax write-down of the net assets held for sale in impairment and (gain)/loss on disposal of assets in the consolidated statement of earnings/(loss). We recorded a net tax expense of $9 million associated with the impact of the write-down and the required tax adjustments related to held for sale accounting.

In connection with the divestiture, during fiscal 2021 we recognized costs of $28 million associated with exit or disposal activities. We expect to record up to $100 million of additional costs associated with these activities, primarily during fiscal 2022. These costs are recorded in restructuring and employee severance in our consolidated statements of earnings/(loss). We expect these charges to consist of approximately $83 million of professional, project management and other service fees to support the divestiture; $19 million of employee-related costs; and additional expenses from facility exits and other restructuring activities.

We expect the divestiture of the Cordis business will decrease annual Medical segment revenue by approximately $800 million and adversely impact Medical segment profit by approximately $80 million. The divestiture of our Cordis business is subject to risks and uncertainties that may further adversely impact Medical segment profit. For example, the TSA period may be extended beyond our current expectations or could have unintended consequences, and the costs associated with the exit or disposal activities and stranded costs could be greater than anticipated.

Pharmaceutical Segment

The performance of our Pharmaceutical segment generics program adversely impacted the year-over-year comparison of Pharmaceutical segment profit in fiscal 2021 due to volume declines in our generics program, including the impact of COVID-19. The Pharmaceutical segment generics program includes, among other things, the impact of generic pharmaceutical product launches, customer volumes, pricing changes and the Red Oak Sourcing, LLC venture ("Red Oak Sourcing") with CVS Health Corporation ("CVS Health"). In August 2021, we amended our agreement with CVS Health to extend the term of the Red Oak Sourcing agreement through June 2029. The frequency, timing, magnitude and profit impact of generic pharmaceutical customer volumes, pricing changes, customer contract renewals, and branded and generic pharmaceutical manufacturer pricing changes remain uncertain as does their impact on Pharmaceutical segment profit and consolidated operating earnings in fiscal 2022.

Medical Segment

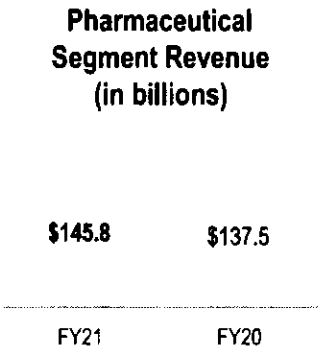
In the fourth quarter of fiscal 2021, our Medical segment experienced increased supply chain costs, primarily related to transportation, labor and commodities. While we are taking actions to mitigate the impact of these and other sourcing cost increases primarily through cost-savings measures, including global manufacturing efficiencies, we expect these increased costs to adversely impact Medical segment profit in fiscal 2022.

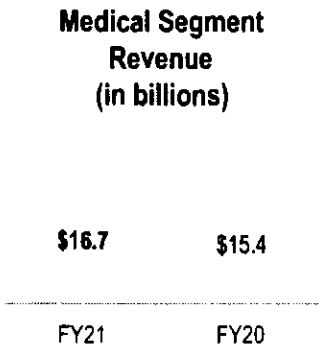
Information Technology Investments

Our Pharmaceutical segment is in a multi-year project to implement a replacement of certain finance and operating systems. Within the Medical segment, Cardinal Health at-Home Solutions is also investing in a system transformation. We expect that these investments will result in increased project-related expenses and depreciation related to capital expenditures, which will negatively impact operating earnings and segment profit in fiscal 2022 and beyond.

Results of Operations

Revenue





(in millions)	Revenue 2021	2020	Change
Pharmaceutical	**$ 145,796**	**$ 137,495**	**6 %**
Medical	16,687	15,444	8 %
Total segment revenue	**162,483**	**152,939**	**6 %**
Corporate	(16)	(17)	N.M.
Total revenue	**$ 162,467**	**$ 152,922**	**6 %**

Fiscal 2021 Compared to Fiscal 2020

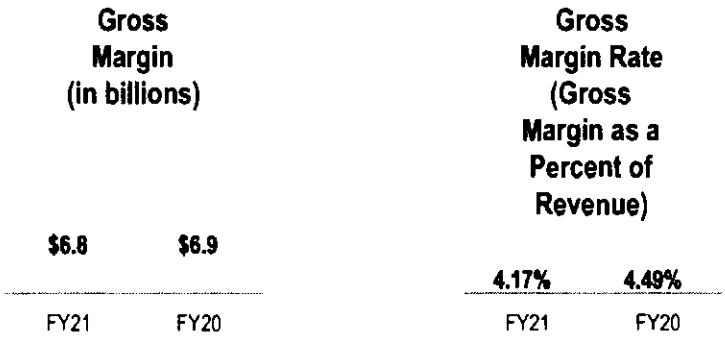
Pharmaceutical Segment
Fiscal 2021 Pharmaceutical segment revenue grew by $8.3 billion primarily due to sales growth from pharmaceutical distribution and specialty solutions customers, which together increased revenue by $8.1 billion.

Medical Segment
Fiscal 2021 Medical segment revenue increased primarily within products and distribution, which increased revenue by $1.1 billion, primarily due to a net benefit from COVID-19, including the positive impact of PPE and higher volumes in our laboratory business.

Cost of Products Sold

Cost of products sold for fiscal 2021 increased $9.6 billion (7 percent) due to the factors affecting the changes in revenue and gross margin.

Gross Margin



(in millions)	Consolidated Gross Margin 2021	2020	Change
Gross margin	$ 6,778	$ 6,868	(1)%

Fiscal 2021 Compared to Fiscal 2020

Fiscal 2021 consolidated gross margin decreased primarily due to the adverse impact of COVID-19, which includes an inventory reserve recorded to reduce the carrying value of certain Medical segment PPE, primarily certain categories of gloves, to net realizable value, partially offset by higher volumes in our laboratory business. For additional information regarding inventory reserves, see Significant Developments in Fiscal 2021 and Trends section in this MD&A. Volume declines in our Pharmaceutical segment generics program, which includes the impact of COVID-19, also had an adverse impact. These factors were partially offset by higher contribution from branded pharmaceutical sales mix and the beneficial comparison of the current year insurance recoveries with the prior-year charge in connection with a voluntary recall for certain surgical gowns and a voluntary recall and field actions for surgical procedure packs containing affected gowns (together, the "Recalls").

Gross margin rate declined during fiscal 2021 mainly due to changes in pharmaceutical distribution product sales mix and an inventory reserve recorded to reduce the carrying value of certain Medical segment PPE to net realizable value. While branded pharmaceutical sales contributed positively to gross margin dollars during fiscal 2021, they had a dilutive impact on our overall gross margin rate.

Distribution, Selling, General and Administrative ("SG&A") Expenses

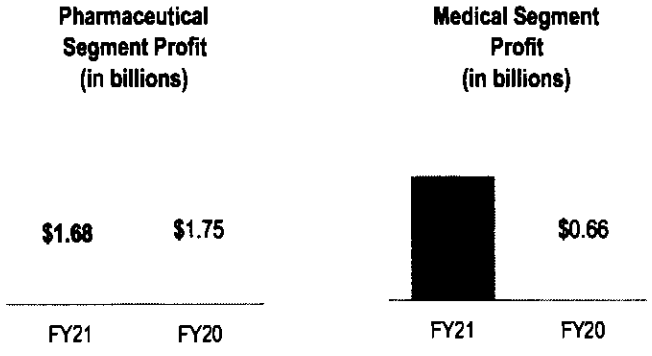
	SG&A Expenses		
(in millions)	2021	2020	Change
SG&A expenses	$ 4,533	$ 4,572	(1)%

Fiscal 2021 Compared to Fiscal 2020

Fiscal 2021 SG&A expenses decreased primarily due to the beneficial impact of enterprise-wide cost-savings measures. The year-over-year comparison was also favorably impacted by the $37 million charge in connection with the Recalls recognized during fiscal 2020. These factors were partially offset by information technology investments and the $41 million assessment on prescription opioid medications that were sold or distributed in New York state in calendar years 2017 and 2018. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information on the New York Opioid Stewardship Act.

Segment Profit

We evaluate segment performance based on segment profit, among other measures. See Note 13 of the "Notes to Consolidated Financial Statements" for additional information on segment profit.



	Segment Profit and Operating Earnings		
(in millions)	2021	2020	Change
Pharmaceutical	**$ 1,684**	**$ 1,753**	**(4)%**
Medical	577	663	(13)%
Total segment profit	**2,261**	**2,416**	**(6)%**
Corporate	(1,789)	(6,514)	N.M.
Total consolidated operating earnings/(loss)	**$ 472**	**$ (4,098)**	**N.M.**

Fiscal 2021 Compared to Fiscal 2020

Pharmaceutical Segment Profit

Fiscal 2021 Pharmaceutical segment profit was adversely impacted due to volume declines in our generics program, including the impact of COVID-19, partially offset by higher contribution from branded pharmaceutical sales mix.

Pharmaceutical segment financial results do not include the $1.17 billion and $5.63 billion charges associated with the opioid litigation during fiscal 2021 and 2020, respectively. See Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements" for additional information. In addition, Pharmaceutical segment financial results do not include the $41 million assessment on prescription opioid medications that were sold or distributed in New York state in calendar years 2017 and 2018. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information on the New York Opioid Stewardship Act.

Medical Segment Profit

Fiscal 2021 Medical segment profit decreased largely due to the adverse impact of COVID-19, which primarily includes an inventory reserve recorded to reduce the carrying value of certain PPE, primarily certain categories of gloves, to net realizable value, partially offset by higher volumes in our laboratory business. In addition, enterprise-wide cost-savings measures, including global manufacturing efficiencies, had a positive impact on Medical segment profit.

Corporate

The changes in Corporate during fiscal 2021 are due to the factors discussed in the Other Components of Consolidated Operating Earnings/(Loss) section that follows.

Other Components of Consolidated Operating Earnings/(Loss)

In addition to revenue, gross margin, and SG&A expenses discussed previously, consolidated operating earnings/(loss) were impacted by the following:

(in millions)	2021	2020
Restructuring and employee severance	$ 114	$ 122
Amortization and other acquisition-related costs	451	524
Impairments and (gain)/loss on disposal of assets, net	79	7
Litigation (recoveries)/charges, net	1,129	5,741

Restructuring and Employee Severance

In fiscal 2021, restructuring costs were primarily related to the implementation of certain enterprise-wide cost-savings measures and the divestiture of our Cordis business. In fiscal 2020, restructuring costs were primarily related to the implementation of certain enterprise-wide cost-savings measures.

Amortization and Other Acquisition-Related Costs

Amortization of acquisition-related intangible assets was $428 million and $512 million for fiscal 2021 and 2020, respectively.

Impairments and (Gain)/Loss on Disposal of Assets, Net

During fiscal 2021, we recognized a $60 million pre-tax write-down of the assets held for sale from the divestiture of our Cordis business. See the Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 2 of the "Notes to Consolidated Financial Statements" for additional information.

Litigation (Recoveries)/Charges, Net

During fiscal 2021 and 2020, we recognized pre-tax charges of $1.17 billion and $5.63 billion, respectively, associated with certain opioid matters. See Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

During fiscal 2021 and 2020, we recognized $56 million and $103 million, respectively, of estimated losses and legal defense costs associated with the IVC filter product liability claims.

During fiscal 2021 and 2020, we recognized income of $112 million and $16 million, respectively, for recoveries in class action antitrust lawsuits in which we were a class member.

Other Components of Earnings/(Loss) Before Income Taxes

In addition to the items discussed above, earnings/(loss) before income taxes was impacted by the following:

(in millions)	2021	2020	Change
Other (income)/expense, net	$ (47)	$ (1)	N.M.
Interest expense, net	180	238	(24)%
Loss on early extinguishment of debt	14	16	N.M.
(Gain)/Loss on sale of equity interest in naviHealth	2	(579)	N.M.

Other (Income)/Expense, Net

During fiscal 2021, other (income)/expense, net was favorable compared to the prior-year period primarily due to an increase in the value of our deferred compensation plan investments, which offsets fluctuations included within SG&A expenses and is discussed further in Note 9 of the "Notes to Consolidated Financial Statements," gains on investments in non-marketable equity securities, and fluctuations in foreign exchange rates.

Interest Expense, Net

Fiscal 2021 interest expense decreased from fiscal 2020 primarily due to lower debt outstanding and lower short-term interest rates.

Loss On Early Extinguishment Of Debt

During fiscal 2021 and 2020, we recognized losses of $14 million and $16 million, respectively, in connection with the redemption and early debt repurchases as described further in Note 6 of the "Notes to Consolidated Financial Statements."

(Gain)/Loss on Sale of Equity Interest in naviHealth

During fiscal 2020, we recognized a pre-tax gain of $579 million from the sale of our equity interest in a partnership that owned naviHealth, as described further in Note 2 of the "Notes to Consolidated Financial Statements."

Provision for Income Taxes

Fluctuations in the effective tax rates are primarily due to the impact of opioid litigation in fiscal 2021 and 2020, as well as the impact of the carryback claim filed in accordance with the CARES Act provision in fiscal year 2021.

A reconciliation of the provision based on the federal statutory income tax rate to our effective income tax rate from continuing operations is as follows (see Note 8 of the "Notes to Consolidated Financial Statements" for additional information):

	2021 [1]	2020 [1]
Provision at Federal statutory rate	**21.0 %**	**21.0 %**
State and local income taxes, net of federal benefit	3.2	2.5
Tax effect of foreign operations	**0.7**	**—**
Nondeductible/nontaxable items [2]	1.6	0.2
Cordis Disposition	**7.0**	**—**
Withholding Taxes [2]	9.0	(0.3)
Change in Valuation Allowances	**(1.4)**	**1.5**
US Taxes on International Income [2][3]	(6.7)	0.2
Impact of Resolutions with IRS and other related matters [2]	**(13.6)**	**(0.4)**
Opioid litigation	17.7	(23.2)
Loss Carryback Claims	**(129.9)**	**—**
Other [2]	1.7	0.6
Effective income tax rate	**(89.7)%**	**2.1 %**

(1) The table represents the following: fiscal 2021 is pretax income with tax benefit and fiscal 2020 is pretex loss with tax benefit.

(2) Certain prior year amounts have been reclassified to conform to current year presentation.

(3) Includes the tax impact of Global Intangible Low-Taxed Income ("GILTI") tax, the Foreign-Derived Intangible Income deduction and other foreign income that is taxable under the U.S. tax code.

Fiscal 2021

During fiscal 2021 and 2020, the effective tax rate was (89.7) percent and 2.1 percent, respectively. Included in the effective tax rate for fiscal 2021 was a $424 million benefit from the net operating loss carryback primarily related to a self-insurance pre-tax loss. Included in both 2021 and 2020 were net tax benefits related to the treatment of the tax impacts of the fiscal 2021 and 2020 opioid litigation charges.

Tax Effects of Self-Insurance Pre-tax Loss

During fiscal 2021, our wholly-owned insurance subsidiary recorded a self-insurance pre-tax loss in its fiscal 2020 statutory financial statements primarily related to opioid litigation. This self-insurance pre-tax loss, which did not impact our pre-tax consolidated results, was deducted on our fiscal 2020 consolidated federal income tax return and contributed to a significant net operating loss for tax purposes. The net operating loss was carried back and applied to adjust our taxable income for fiscal 2015, 2016, 2017, and 2018 as permitted under the CARES Act enacted by the United States Congress in March 2020.

Accordingly, our provision for income taxes during fiscal 2021 included a $424 million benefit from the net operating loss carryback primarily to reflect the difference between the federal statutory income tax rate during the fiscal years from 2015 to 2018 (35 percent for fiscal 2015, 2016, and 2017 and 28 percent for fiscal 2018) and the current federal statutory income tax rate of 21 percent.

We have filed for a U.S. federal income tax refund of $974 million as a result of the net operating loss carryback under the CARES Act, which we expect to receive within 12 months, and accordingly have recorded a current asset on our consolidated balance sheet at June 30, 2021. We also increased our non-current deferred tax liability by approximately $700 million during fiscal 2021 related to this matter.

Tax Effect of Opioid Litigation Charges

The net tax benefits associated with the opioid litigation charges are $228 million and $488 million for fiscal 2021 and 2020, respectively. Our tax benefits are estimates, which reflect our current assessment of the estimated future deductibility of the amount that may be paid under the accrual taken in connection with the opioid litigation and are net of unrecognized tax benefits of $219 million and $469 million, respectively. The fiscal 2021 net tax benefit and unrecognized tax benefits were primarily due to our assessment of the specific terms of the Proposed Settlement Agreement. Our assumptions and estimates around this benefit and uncertain tax position require significant judgment and the actual amount of tax benefit may differ materially from these estimates.

Ongoing Audits

We file income tax returns in the U.S. federal jurisdiction, various U.S. state jurisdictions and various foreign jurisdictions. With few exceptions, we are subject to audit by taxing authorities for fiscal years 2015 through the current fiscal year. Tax laws are complex and subject to varying interpretations. During fiscal 2021, we resolved all open issues with respect to the Company's activity within fiscal years 2008 through 2014 with the U.S. Internal Revenue Service ("IRS"). This resolution resulted in an adjustment to our provision for income taxes, including an impact to reserves for later years. New challenges related to future audits may adversely affect our effective tax rate or tax payments.

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Catalyst Pharmaceuticals, Inc.

Physical Address: 355 Alhambra Circle, Suite 801

City: Coral Gables State: FL Zip: 33134

Mailing Address (if different from physical address): Same as physical address.

City: _____ State: _____ Zip: _____

Telephone: 305-420-3200 Website: www.catalystpharma.com

Name of Designated Representative (DR): Brian Elsbernd

Licensing Company Email: belsbernd@catalystpharma.com DR Email: belsbernd@catalystpharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☑ Pharmacies	☑ Dangerous Drugs	☑ Manufacturer
☐ Practitioners	☑ Controlled Substances	☐ Repacker
☑ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): N/A

Corporation Name: Catalyst Pharmaceuticals, Inc.

Mailing Address: 355 Alhambra Circle, Suite 801

City: Coral Gables State: FL Zip: 33134

Telephone: 305-420-3200 Email: belsbernd@catalystpharma.com

Contact Person Name: Brian Elsbernd

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol: CPRX

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Attachment A

Nature of Business

Catalyst Pharmaceuticals, Inc. "Catalyst" is a virtual prescription drug manufacturer of non-controlled and controlled prescription drug product. Catalyst will use a contract manufacturer to produce its product and a third party logistics provider to ship. No product will be handled at Catalyst's business office. Catalyst is not required to obtain registration through the Drug Enforcement Agency, as controlled substances will not be stored at its business office. Provided below is the contact information for the contract manufacturer and third party logistics provider. In addition, provided is a copy of the third party logistics provider's DEA registration.

Contract Manufacturer:

Patheon Pharmaceuticals Inc.
2110 E Galbraith Rd.
Cincinnati, Ohio 45237
FDA Registration #: 1510437

Third Party Logistics Provider:

AnovoRx Distribution, LLC
1710 N. Shelby Lakes Dr., Suite 6
Memphis, TN 38134
DEA Registration #: RA0532502

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.N/A - Publicly Traded		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** See Attachment D	✓			
• **List of all corporation shareholders and their percent ownership.** N/A		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment E	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** See Attachment A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) See Attachment D	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment F	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment G	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✗✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✗✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. N/A		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Catalyst Pharmaceuticals, Inc.

Facility Name

Brian Elsbernd

Print Name of Authorized Person Submitting Application

Brian Elsbernd

Original signature of Authorized Person (copies or stamps not accepted)

Feb. 6, 2023

Date

Board Use Only	Date Received: 2-7-23	Amount: 1000.00 CK - 0107148

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0532502	06-30-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
4	DISTRIBUTOR	05-27-2022

ANOVORX DISTRIBUTION, LLC
ANOVORX DISTRIBUTION, LLC
1710 SHELBY OAKS DR N STE 6
MEMPHIS, TN 381347403

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0532502	06-30-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
4	DISTRIBUTOR	05-27-2022

ANOVORX DISTRIBUTION, LLC
ANOVORX DISTRIBUTION, LLC
1710 SHELBY OAKS DR N STE 6
MEMPHIS, TN 381347403

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0532502	06-30-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
4	DISTRIBUTOR	05-27-2022

ANOVORX DISTRIBUTION, LLC
ANOVORX DISTRIBUTION, LLC
1710 SHELBY OAKS DR N STE 6
MEMPHIS, TN 381347403

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

Drug Establishments Current Registration Site

New Search (default.cfm)

Search Results for **catalyst**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Catalyst Pharmaceuticals, Inc.	3010862019	053742248	LABEL;	355 Alhambra Cir Ste 801, Coral Gables, Florida (FL) 33134-5038, United States (USA)	12/31/2023

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Thursday, Jan 19, 2023

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

/ NDC (index.cfm)

National Drug Code Directory

Current through January 12, 2023

You have searched Finished drug products

Search Results: *'catalyst'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page**

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class
Firdapse	69616-211-03	10 mg/1	TABLET	ORAL	NDA208078	Catalyst Pharmaceuticals, Inc.	69616-211	amifampridine phosphate	AMIFAMPRIDINE PHOSPHATE	HUMAN PRESCRIPTION DRUG	01/07/2019	N/A	NDA	240 TABLET in 1 BOTTLE, PLASTIC (69616-211-03)	Potassium Channel Antagonists [MoA], Potassium Channel Blocker [EPC]
Firdapse	69616-211-06	10 mg/1	TABLET	ORAL	NDA208078	Catalyst Pharmaceuticals, Inc.	69616-211	amifampridine phosphate	AMIFAMPRIDINE PHOSPHATE	HUMAN PRESCRIPTION DRUG	01/07/2019	N/A	NDA	12 BLISTER PACK in 1 CARTON (69616-211-06) > 10 TABLET in 1 BLISTER PACK (69616-211-04)	Potassium Channel Antagonists [MoA], Potassium Channel Blocker [EPC]
Firdapse	69616-211-08	10 mg/1	TABLET	ORAL	NDA208078	Catalyst Pharmaceuticals, Inc.	69616-211	amifampridine phosphate	AMIFAMPRIDINE PHOSPHATE	HUMAN PRESCRIPTION DRUG	01/07/2019	N/A	NDA	60 TABLET in 1 BOTTLE, PLASTIC (69616-211-08)	Potassium Channel Antagonists [MoA], Potassium Channel Blocker [EPC]

Showing 1 to 3 of 3 entries

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Attachment C

Corporate Officer Information

Catalyst Pharmaceuticals, Inc.
355 Alhambra Circle, Suite 801
Coral Gables, FL 33134

Patrick J. McEnany
Chairman, President and Chief Executive Officer

Stephen Miller, PhD
Chief Operations and Scientific Officer

Alicia Grande
Chief Financial Officer

Gary Ingenito, MD, PhD
Chief Medical and Regulatory Officer

Jeffrey Del Carmen
Chief Commercial Officer

Brian Elsbernd
Chief Legal and Compliance Officer

Preethi Sundaram
Chief Strategy Officer

The corporate officers may be reached at the above address.

Attachment D

SEC Report and Top Shareholders

Enclosed are the first 15 pages from the latest SEC 10K filing. To view the entire report, please visit: https://ir.catalystpharma.com/static-files/e9b06527-18ab-42ae-8657-bce70f03f43e

Top Four Corporation Shareholders (as of 9/29/2022):

1. BlackRock, Inc. 14.6%
2. State Street Corporation 7.26%
3. The Vanguard Group, Inc. 5.90%
4. Deerfield Management Company, L.P. (series C) 4.70%

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CATALYST PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CATALYST PHARMACEUTICALS, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4193720 8300

SR# 20230006077

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202402918

Date: 01-03-23

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

(850) 487-1395

CATALYST PHARMACEUTICALS, INC.
355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES FL 33134

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto **www.myfloridalicense.com**. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

458 ISSUED: 12/26/2022

RX DRUG MANUFACTURER - VIRTUAL
CATALYST PHARMACEUTICALS, INC.

HAS REGISTERED under the provisions of Ch 499 FS
Expiration date JAN 31, 2025 L2212260000188

DETACH HERE

RON DESANTIS, GOVERNOR

MELANIE S. GRIFFIN, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER	
458	

The PRESCRIPTION DRUG MANUFACTURER - VIRTUAL
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: JAN 31, 2025

CATALYST PHARMACEUTICALS, INC.
355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES FL 33134

ISSUED: 12/26/2022

DISPLAY AS REQUIRED BY LAW

SEQ # L2212260000188

Attachment F

List of Employees

Patrick J. McEnany
Stephen Miller, PhD
Alicia Grande
Gary Ingenito, MD, PhD
Jeffrey Del Carmen
Brian Elsbernd
Preethi Sundaram
Isabel Nunez
Jessica Mahome
Jonathan Barrios
Diana Gabe
Ismaris Bouchard
John Collar
William Stahovec
Pete Curry
Stanley Iyadurai
Desiree Hollandsworth
Tara Ney
Vanessa Salazar
David Rivera
Nathalie Montes
Syune Nersisyan
Sary Garcia
Fatima Makiz
Avantika Tahim
Scott Szedlock
Mark Hardison
Christopher Paula
Steven Rivera
Giovanna Velez
Julian Serna
Heyling Diaz
David Cruz
Ylse Martinez
Justin Timberlake
Jacqueline Gatto
Rachel Glickman

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

[Mark One]

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the Fiscal Year Ended December 31, 2021

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

Commission File No. 001-33057

CATALYST PHARMACEUTICALS, INC.
(Exact name of registrant as specified in its charter)

Delaware	**76-0837053**
(State of jurisdiction of incorporation or organization)	**(IRS Employer Identification No.)**
355 Alhambra Circle, Suite 801 Coral Gables, Florida	**33134**
(Address of principal executive offices)	**(Zip Code)**

Registrant's telephone number, including area code: (305) 420-3200

Securities Registered Pursuant to Section 12(b) of the Act.

Title of Each Class	Ticker Symbol	Name of Exchange on Which Registered
Common Stock, par value $0.001 per share	**CPRX**	**NASDAQ Capital Market**

Securities registered pursuant to Section 12(g) of the Act.: None

Indicate by check mark if registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if registrant is not required to file reports pursuant to Rule 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically, every Interactive Data File required to be submitted pursuant to rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer", "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act:

Large accelerated filer	☐	Accelerated filer	☒
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging Growth Company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards pursuant to Section 13(a) of the Exchange Act ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report ☒

As of June 30, 2021, the last business day of the Registrant's most recently completed second quarter, the aggregate market value of all voting and non-voting common equity held by non-affiliates was $551,581,521.

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

Indicate the number of shares outstanding of each of the issuer's classes of common stock, as of the latest practicable date: 102,744,913 shares of common stock, $0.001 par value per share, were outstanding as of March 14, 2022.

Part III incorporates certain information by reference from the registrant's definitive proxy statement for the 2022 annual meeting of stockholders. The proxy statement with respect to the 2022 annual meeting of stockholders will be filed no later than 120 days after the close of the registrant's fiscal year ended December 31, 2021.

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EXHIBITS FILED WITH FORM 10-K

EX 4.5	Description of the Company's Capital Stock
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EX 31.2	Section 302 Certification of CFO
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EX 32.2	Section 906 Certification of CFO

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PART I

You are urged to read this Annual Report on Form 10-K ("Form 10-K") in its entirety. This Form 10-K contains forward-looking statements that involve risks and uncertainties. Our actual results may differ significantly from the projected results discussed in these forward-looking statements. Factors that may cause such a difference include, but are not limited to, those discussed below and in Item 1A, "Risk Factors."

"We," "our," "ours," "us," "Catalyst," or the "Company," when used herein, refers to Catalyst Pharmaceuticals, Inc., a Delaware corporation, and its wholly-owned subsidiary, Catalyst Pharmaceuticals Ireland, Ltd., a corporation organized in the Republic of Ireland.

Forward-Looking Statements

This Annual Report on Form 10-K contains "forward-looking statements", as that term is defined in the Private Securities Litigation Reform Act of 1995. These include statements regarding our expectations, beliefs, plans or objectives for future operations and anticipated results of operations. For this purpose, any statements contained herein that are not statements of historical fact may be deemed to be forward-looking statements. Without limiting the foregoing, "believes", "anticipates", "proposes", "plans", "expects", "intends", "may", and other similar expressions are intended to identify forward-looking statements. Such statements involve known and unknown risks, uncertainties and other factors that may cause our actual results, performance or other achievements to be materially different from any future results, performances or achievements expressed or implied by such forward-looking statements. Factors that might cause such differences include, but are not limited to, those discussed in the section entitled "Item 1A – Risk Factors" and those discussed in the section entitled "Item 7 – Management's Discussion and Analysis of Financial Condition and Results of Operations – Caution Concerning Forward-Looking Statements."

The continued successful commercialization of FIRDAPSE® is highly uncertain. Factors that will affect our success include the uncertainty of:

- The impact of the COVID-19 pandemic on our business or on the economy generally;
- Whether we will be able to continue to successfully market FIRDAPSE® while maintaining full compliance with applicable federal and state laws, rules and regulations;
- Whether our estimates of the size of the market for FIRDAPSE® for the treatment of Lambert-Eaton Myasthenic Syndrome (LEMS) will turn out to be accurate;
- Whether we will be able to locate LEMS patients who are undiagnosed or are misdiagnosed with other diseases;
- Whether patients will discontinue from the use of our drug at rates that are higher than historically experienced or are higher than we project;
- Whether the daily dose taken by patients changes over time and affects our results of operations;
- Whether FIRDAPSE® patients can be successfully titrated to stable therapy;
- Whether we can continue to market FIRDAPSE® on a profitable and cash flow positive basis;
- Whether any revenue or earnings guidance that we provide to the public market will turn out to be accurate;
- Whether payors will reimburse for our product at the price that we charge for the product;
- The ability of our third-party suppliers and contract manufacturers to maintain compliance with current Good Manufacturing Practices (cGMP);
- The ability of our distributor and the specialty pharmacies that distribute our product to maintain compliance with applicable law;
- Our ability to maintain compliance with applicable rules relating to our patient assistance programs and our contributions to 501(c)(3) organizations that support LEMS patients;

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- The scope of our intellectual property and the outcome of any future challenges or opposition to our intellectual property, and, conversely, whether any third-party intellectual property presents unanticipated obstacles for FIRDAPSE®;
- Whether our lawsuits against Jacobus Pharmaceutical Company (Jacobus) and the specialty pharmacy distributing its product for patent infringement will be successful;
- Whether Jacobus will seek U.S. Supreme Court review of the decision of the U.S. Court of Appeals for the 11th Circuit granting summary judgment in our favor in our case against the FDA, thereby overturning the FDA's approval of Ruzurgi® , whether the U.S. Supreme Court will agree to hear the case, or whether if the U.S. Supreme Court hears the case, they will overturn the decision of the 11th Circuit;
- Whether the United States Congress will pass, and the President will sign, legislation revising the Orphan Drug Act that effectively overturns the decision of the U.S. Court of Appeals for the 11th Circuit, and whether any such legislation, if passed and signed into law, will retroactively affect the outcome of the 11th Circuit decision and allow the FDA to reinstate the approval of Ruzurgi® before the expiration of FIRDAPSE®'s orphan drug exclusivity;
- The impact on FIRDAPSE® of adverse changes in reimbursement and coverage policies from government and private payors such as Medicare, Medicaid, insurance companies, health maintenance organizations and other plan administrators, or the impact of pricing pressures enacted by industry organization, the federal government or the government of any state, including as a result of increased scrutiny over pharmaceutical pricing or otherwise;
- Changes in the healthcare industry and the effect of political pressure from and actions by the President, Congress and/or medical professionals seeking to reduce prescription drug costs;
- The state of the economy generally and its impact on our business;
- Changes to the healthcare industry occasioned by any future changes in laws relating to the pricing of drug products, or changes in the healthcare industry generally;
- The scope, rate of progress and expense of our clinical trials and studies, pre-clinical studies, proof-of-concept studies, and our other drug development activities, and whether our trials and studies will be successful;
- Our ability to complete any clinical trials and studies that we may undertake on a timely basis and within the budgets we establish for such trials and studies;
- Whether COVID-19 will further affect the timing and costs of our currently ongoing and contemplated clinical trials;
- Whether FIRDAPSE® can be successfully commercialized in Canada on a profitable basis;
- Whether our suit with KYE Pharmaceuticals to overturn the approval of Ruzurgi® in Canada will be successful;
- The impact on sales of FIRDAPSE® in the United States if an amifampridine product is purchased in Canada for use in the United States;
- Whether our collaboration partner in Japan, DyDo Pharma (DyDo), will successfully complete the clinical trial in Japan that will be required to seek approval to commercialize FIRDAPSE® in Japan;
- Whether DyDo will be able to obtain approval to commercialize FIRDAPSE® in Japan;
- Whether our efforts to grow our business beyond FIRDAPSE® through acquisitions of companies or in-licensing of product opportunities will be successful;
- Whether we will have sufficient capital to finance any such acquisitions;
- Whether our version of vigabatrin tablets will ever be approved by the FDA;
- Even if our version of vigabatrin tablets is approved for commercialization, whether Endo Ventures/Par Pharmaceutical (our collaborator in this venture) will be successful in marketing the product; and
- Whether we will earn milestone payments on the first commercial sale of vigabatrin tablets and royalties on sales of generic vigabatrin tablets.

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Our current plans and objectives are based on assumptions relating to the continued commercialization of FIRDAPSE® and on our plans to seek to acquire or in-license additional products. Although we believe that our assumptions are reasonable, any of our assumptions could prove inaccurate. In light of the significant uncertainties inherent in the forward-looking statements we have made herein, which reflect our views only as of the date of this report, you should not place undue reliance upon such statements. We undertake no obligation to update or revise publicly any forward-looking statements, whether as a result of new information, future events or otherwise.

Item 1. Business

Overview

We are a commercial-stage biopharmaceutical company focused on in-licensing, developing and commercializing novel medicines for patients living with rare diseases. With exceptional patient focus, we are committed to developing a robust pipeline of cutting-edge, best-in-class medicines for rare diseases. We historically focused our efforts on developing products that treat diseases in the neuromuscular and neurological space, but in 2021 we made a strategic decision to broaden and diversify our product portfolio through acquisitions of both early and late-stage products or companies or technology platforms in rare disease therapeutic categories outside of neuromuscular diseases. To accomplish these new priorities, we are employing a disciplined approach to evaluating assets and we believe that this strategic expansion will better position our company to build out a broader more diversified portfolio of drug candidates, which should add greater value to our company over the near and long-term. However, there can be no assurance that whatever product candidates or technology platforms we acquire, if any, will be successfully developed or commercialized.

We are currently exploring several potential opportunities to acquire companies with drug products in development or to in-license or acquire drug products in development. However, no definitive agreements have been entered into to date. Further, during the third quarter of 2021 we hired Dr. Preethi Sundaram, who serves as our Chief Strategy Officer. In that position, Dr. Sundaram is leading our efforts to acquire R&D assets, from early stage through late-stage clinical programs and technologies to treat rare diseases, and once such drug candidates are acquired, Dr. Sundaram will help oversee the development of those assets.

We are dedicated to making a meaningful impact on the lives of those suffering from rare diseases, and we believe in putting patients first in everything we do.

Impact of the COVID-19 pandemic on our business

The COVID-19 pandemic has affected our business operations in numerous ways, and we continue to monitor applicable government modifications. We had to make modifications to our normal operations because of the COVID-19 pandemic, including allowing our employees to work remotely. At present, our operations have returned to mostly being in-person, with some contact with physicians by our commercial sales force still being done remotely. Notwithstanding, the COVID-19 pandemic, including the emergence of new COVID-19 variants, including the delta and omicron variants, could affect the health and availability of our workforce as well as those of third parties whom we are relying upon to take similar measures. As such, we have experienced in the past, and may experience in the future, disruptions to our business operations because of the COVID-19 pandemic, and our business could be materially adversely affected by such disruptions, directly or indirectly. National, state and local governments in affected regions have implemented and may continue to implement varying safety precautions, such as quarantines, border closures, increased border controls, travel restrictions, shelter-in-place orders and shutdowns, business closures, cancellations of public gatherings and other measures. Organizations and individuals may continue to take additional steps to avoid infection, including limiting travel and staying home from work. These measures may continue to disrupt normal business operations both inside and outside of affected areas and have had significant impacts on healthcare and businesses worldwide.

We believe that because many healthcare providers who treat LEMS patients have delayed seeing new patients because of the pandemic, there has been a delay in the diagnosis of new LEMS patients and their initiating therapy, which has slowed our efforts to locate new patients who could benefit from our therapy. However, we believe that when conditions allow healthcare providers to resume seeing new patients in person on a regular basis, the impact of this aspect of the COVID-19 pandemic on our business will lessen.

One area where we have not been impacted by the pandemic is in our supply chain. To date, we have been able to avoid material disruptions in the production of FIRDAPSE® and, based upon current estimates, we have sufficient inventory to meet current and foreseeable patient needs for at least the next 12 months.

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FIRDAPSE®

On November 28, 2018, we received approval from the FDA for FIRDAPSE® Tablets 10 mg for the treatment of adult patients (ages 17 and above) with Lambert-Eaton, Myasthenic Syndrome ("LEMS"). In January 2019, we launched FIRDAPSE® in the United States. We sell our product through a field force experienced in neurologic, central nervous system or rare disease products consisting at this time of approximately 30 field personnel, including sales (Regional Account Managers), patient assistance and insurance navigation support (Patient Access Liaisons), and payor reimbursement (National Account Managers). We also have a field-based force of five medical science liaisons who are helping educate the medical communities and patients about LEMS and our programs supporting patients and access to FIRDAPSE®.

Further, we have contracted with an experienced inside sales agency that works to generate leads through telemarketing to targeted physicians. This inside sales agency allows our sales efforts to not only reach the neuromuscular specialists who regularly treat LEMS patients, but also the roughly 9,000 neurology and neuromuscular healthcare providers that may be treating an adult LEMS patient who can benefit from FIRDAPSE®. Additionally, we recently began non-personal promotion to oncologists that may treat adult LEMS patients. We also are continuing to make available at no-cost a LEMS voltage gated calcium channel (VGCC) antibody testing program for use by physicians who suspect that one of their patients may have LEMS and wish to reach a definitive diagnosis.

Finally, we are continuing to expand our digital and social media activities in order to introduce our product and services to potential patients and their healthcare providers. We also work with several rare disease advocacy organizations (including Global Genes, the National Organization for Rare Disorders (NORD), and the Myasthenia Gravis Foundation of America) to help increase awareness and level of support for patients living with LEMS and to provide education for the physicians who treat these rare diseases and the patients they treat.

We are supporting the distribution of FIRDAPSE® through Catalyst Pathways®, our personalized treatment support program for patients who enroll in it. Catalyst Pathways® is a single source for personalized treatment support, education and guidance through the challenging dosing and titration regimen required to reach an effective therapeutic dose. It also includes distributing the drug through a very small group of exclusive specialty pharmacies (primarily AnovoRx), which is consistent with the way that most drug products for ultra-orphan diseases are distributed and dispensed to patients. We believe that by using specialty pharmacies in this way, the difficult task of navigating the health care system is far better for the patient needing treatment for their rare disease and the health care community in general.

In order to help adult LEMS patients afford their medication, we, like other pharmaceutical companies which are marketing drugs for ultra-orphan conditions, have developed an array of financial assistance programs that are available to reduce patient co-pays and deductibles to a nominal affordable amount. For eligible patients with commercial coverage, a co-pay assistance program designed to keep out-of-pocket costs to not more than $10.00 per month (currently $0.00 per month) is available for all LEMS patients who are prescribed FIRDAPSE®. We are also donating, and committing to continue to donate, money to qualified, independent charitable foundations dedicated to providing assistance to any U.S. LEMS patients in financial need. Subject to compliance with regulatory requirements, our goal is that no LEMS patient is ever denied access to their medication for financial reasons.

In May 2019, the FDA approved a New Drug Application (NDA) for Ruzurgi®, another version of amifampridine (3,4-DAP), for the treatment of pediatric LEMS patients (ages 6 to under 17). While the NDA for Ruzurgi® only covers pediatric patients, we believe that Ruzurgi® has been regularly prescribed off-label to adult LEMS patients. We also believe that the FDA's approval of Ruzurgi® violated our statutory rights and was in multiple other respects arbitrary, capricious and contrary to law. As a result, in June 2019 we filed suit against the FDA and several related parties challenging this approval and related drug labeling, and Jacobus Pharmaceuticals (Jacobus) intervened in our case. Our complaint, which was filed in the federal district court for the Southern District of Florida, alleged that the FDA's approval of Ruzurgi® violated multiple provisions of FDA regulations regarding labeling, resulting in misbranding in violation of the Federal Food, Drug, and Cosmetic Act (FDCA); violated our statutory rights to Orphan Drug Exclusivity and New Chemical Entity Exclusivity under the FDCA; and was in multiple other respects arbitrary, capricious, and contrary to law, in violation of the Administrative Procedure Act. Among other remedies, the suit sought an order setting aside the FDA's approval of Ruzurgi®.

On July 30, 2020, the Magistrate Judge considering our lawsuit against the FDA filed a Report and Recommendation in which she recommended to the District Judge handling the case that she grant the FDA's and Jacobus' motions for summary judgment and deny our motion for summary judgment. On September 29, 2020, the District Judge adopted the Report and Recommendation of the Magistrate Judge, granted the FDA's and Jacobus' motions for summary judgment, and dismissed our case. We appealed the District Court's decision to the U.S. Circuit Court of Appeals for the 11th Circuit. By early 2021, the case was fully briefed, and oral argument was held in March 2021.

On September 30, 2021, a three-judge panel of 11th Circuit judges issued a unanimous decision overturning the District Court's decision. The appellate court adopted our argument that the FDA's approval of Ruzurgi® violated our rights to Orphan Drug Exclusivity and remanded the case to the District Court with orders to enter summary judgment in our favor. In November 2021, Jacobus filed a motion seeking rehearing of the case from the full 11th Circuit, which motion was denied in January 2022. Further, in January 2022, Jacobus filed motions with both the 11th Circuit and the U.S. Supreme Court seeking a stay of the 11th Circuit's ruling indicating that it would seek a review of the 11th Circuit's decision from the U.S. Supreme Court. Both stay motions were denied, and on January 28, 2022, the 11th Circuit issued a mandate directing the District Court to enter summary judgment in our favor. The District Court entered that order on January 31, 2022. On February 1, 2022, the FDA informed Jacobus that, consistent with the Court of Appeals for the Eleventh Circuit's September 30, 2021, decision in favor of Catalyst, the final approval of the Ruzurgi® NDA was switched to a tentative approval until the 7-year orphan-drug exclusivity (ODE) for Firdapse® has expired.

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There can be no assurance as to whether Jacobus will seek U.S. Supreme Court review of the 11th Circuit's decision, whether the U.S. Supreme Court will agree to hear the case, or whether, if the U.S. Supreme Court agrees to hear the case, Jacobus' appeal to overturn the decision of the 11th Circuit will be successful. Similarly, there can be no assurance as to whether the U.S. Congress will pass, and the President will sign, legislation revising the Orphan Drug Act that effectively overturns the decision of the U.S. Court of Appeals for the 11th Circuit, and whether any such legislation, if passed and signed into law, will retroactively affect the outcome of the 11th Circuit decision and allow the FDA to reinstate the approval of Ruzurgi® before the expiration of FIRDAPSE®'s orphan drug exclusivity.

We are actively working with parents and physicians of pediatric LEMS patients to make sure that such patients will be able to obtain FIRDAPSE® through appropriate legal and regulatory means. In addition, we are working to file an application with the FDA seeking approval for use of FIRDAPSE® by pediatric LEMS patients, though any effort to obtain such authorization is not guaranteed. We anticipate submitting the sNDA before the end of the first quarter. For the adult LEMS patients who have been taking Ruzurgi® off-label (who are believed to be a large majority of the patients currently taking Ruzurgi®), we are working with prescribers to transition such patients to FIRDAPSE® as needed.

We have been developing a long-acting formulation of amifampridine phosphate. While a number of formulations have been prepared, after discussions with researchers and an advisory board made up of both patients and physicians, we recently concluded that we would be unable to develop a long-acting formulation that was both beneficial to patients and commercially viable, and as a result we have made the determination not to proceed with development of this product.

On August 10, 2020, we announced the top-line results from our Phase 3 clinical trial (MSK-002) evaluating FIRDAPSE® for the treatment of adults with MuSK-MG. Unfortunately, the MSK-002 trial did not achieve statistical significance on its primary endpoint or its secondary endpoint. Following our receipt of these results, we analyzed the data and proposed a plan to FDA to perform an additional study evaluating FIRDAPSE® for the treatment of MuSK-MG. In response, the FDA provided written comments that were unfavorable towards our proposed revised study design and further questioned the ability of the initial MuSK-MG pilot study to be supportive. These remarks make it unlikely that a single study of similar design to MSK-002 would be sufficient for potential approval of the MuSK-MG indication. We also held an expert panel with key opinion leaders (KOLs) to discuss options and review the likelihood of success for the MuSK-MG indication for FIRDAPSE® under these circumstances. After receiving the input of the FDA and the KOLs, we concluded that the approval of FIRDAPSE® as a first line therapy for MuSK-MG is unlikely, and therefore we have decided not to further pursue this indication.

We previously announced our intent to conduct a proof-of-concept study evaluating FIRDAPSE® as a treatment for Hereditary Neuropathy with Liability to Pressure Palsies (HNPP). The FDA requested that a new, patient-centric endpoint be researched and used for our proposed study, without assurance that such endpoint would be acceptable for approval. Based upon the uncertainty of such an endpoint, we have decided not to conduct this study as a company-sponsored study, though there is a possibility that this study will move forward as investigator-initiated study that we will support.

There can be no assurance that any future clinical trials of FIRDAPSE® that we undertake will be successful. Further, there can be no assurance that we will ever be granted the right to commercialize FIRDAPSE® for any additional indications.

Our NDS filing for FIRDAPSE® for the symptomatic treatment of LEMS was approved by Health Canada on July 31, 2020. In August 2020, we entered into a license agreement with KYE Pharmaceuticals (KYE), pursuant to which we licensed the Canadian rights for FIRDAPSE® for the treatment of LEMS to KYE. Pursuant to the license agreement, KYE was obligated to pay us an up-front payment based on approval, a milestone upon attainment of marketing authorization and product supply, milestones based on achievements of sales and regulatory milestones, and a sharing of defined net sales following commercialization.

On August 10, 2020, Health Canada issued a Notice of Compliance (NOC) to Medunik for Ruzurgi® for the treatment of LEMS. We initiated a legal proceeding in Canada seeking judicial review of Health Canada's decision to issue the NOC for Ruzurgi® as incorrect and unreasonable under Canadian law. Data protection, per Health Canada regulations, is supposed to prevent Health Canada from issuing a NOC to a drug that directly or indirectly references an innovative drug's data, for eight years from the date of the innovative drug's approval. The Ruzurgi® Product Monograph clearly references pivotal nonclinical carcinogenicity and reproductive toxicity data for amifampridine phosphate developed by us. As such, we believe that our data was relied upon to establish the nonclinical safety profile of Ruzurgi® needed to meet the standards of the Canadian Food and Drugs Act.

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On June 3, 2021, we announced a positive decision in this proceeding that quashed the NOC previously issued for Ruzurgi® and remanded the matter to the Minister of Health to redetermine its decision to grant marketing authorization to Ruzurgi® in spite of FIRDAPSE®'s data protection rights. However, on June 28, 2021, we announced that Health Canada had re-issued an NOC for Ruzurgi®, once again allowing the product to be marketed in Canada for patients with LEMS. As a result, in July 2021 we, along with our partner KYE, filed a second suit against Health Canada to overturn this decision. That case was fully briefed in late 2021, with oral argument held in early December.

On March 11, 2022, we announced that we had received a favorable decision from the Canadian court setting aside, for the second time, the decision of Health Canada approving Ruzurgi® for the treatment of LEMS patients. In its ruling, the court determined that the Minister of Health's approach to evaluating whether FIRDAPSE®'s data deserved protection based on FIRDAPSE®'s status as an innovative drug, which protects by regulation the use of such data as part of a submission seeking an NOC for eight years from approval of the innovative drug, was legally flawed and not supported by the evidence. As a result, the matter has, once again, been remanded to the Minister of Health to redetermine its decision in light of the court's ruling. There can be no assurance as to the outcome of this proceeding.

In May 2019, we entered into an amendment to our license agreement for FIRDAPSE®. Under the amendment, we expanded our commercial territory for FIRDAPSE®, which originally was comprised of North America, to include Japan. Additionally, we have an option to further expand our territory under the license agreement to include most of Asia, as well as Central and South America, upon the achievement of certain milestones in Japan. Under the amendment, we will pay royalties to our licensor on net sales in Japan of a similar percentage to the royalties that we are currently paying under our original license agreement for North America.

We have reached an agreement with Japanese regulatory authorities as to the scope of the clinical trial that will be required to be completed before an application can be submitted to Japanese regulatory authorities to commercialize FIRDAPSE® for the treatment of LEMS in Japan. We also have been granted orphan drug designation in Japan for FIRDAPSE® for the symptomatic treatment of LEMS.

On June 28, 2021, we entered into a sub-license agreement with DyDo Pharma, Inc. (DyDo), pursuant to which we sub-licensed to DyDo the Japanese rights for FIRDAPSE® for the treatment of LEMS. Under the terms of the Agreement, DyDo will have joint rights to develop FIRDAPSE®, and exclusive rights to commercialize the product, in Japan. DyDo will be responsible for funding all clinical, regulatory, marketing and commercialization activities in Japan. We will be responsible for clinical and commercial supply, as well as providing support to DyDo in its efforts to obtain regulatory approval for the product from the Japanese regulatory authorities. Subject to the satisfaction of terms and conditions as set forth in the Agreement, we have earned an upfront payment and are eligible to receive further development and sales milestones for FIRDAPSE®, as well as revenue on product supplied to DyDo.

In December 2021, we announced that DyDo had initiated a Phase 3 registrational study in Japan to evaluate the efficacy and safety of FIRDAPSE® for the treatment of LEMS. We anticipate completion of that study sometime in 2023. There can be no assurance that this trial will be successful or that DyDo will be granted the right to commercialize FIRDAPSE® in Japan.

All of our patent rights for FIRDAPSE® are derived from our license agreement. In August 2020, the United States Patent and Trademark Office (USPTO) allowed Patent No. 10,793,893 (the '893 patent) to our licensor and thereby to us, and the patent issued on October 6, 2020. The patent is directed to the use of suitable doses of amifampridine to treat patients, regardless of the therapeutic indication, that are slow metabolizers of amifampridine. Any drug product containing amifampridine with a label that states the patented dosing regimens and doses in the Dosing and Administration section prior to April 7, 2034, the expiration date of the patent, could possibly infringe this patent. Generic drug product labels would necessarily have to do this, and we intend to take all appropriate actions to protect our intellectual property.

In April 2021, the USPTO also allowed Patent No. 11,060,128 (the '128 patent) to our licensor and thereby to us, and this second patent issued on July 13, 2021. The patent is directed to the use of suitable doses of amifampridine to treat patients suffering with LEMS that are slow metabolizers of amifampridine. Any drug product containing amifampridine with a label for the treatment of LEMS, that states the patented dosing regimens and doses in the Dosing and Administration section of a product label, including generic drug product labels, could possibly infringe this patent prior to this patent's expiration date.

On December 24, 2021, the USPTO allowed continuing application, 17/503,190. On January 3, 2022, the USPTO allowed related continuing application 17/503,148. A further related continuing application, 17/503,092 was allowed on January 7, 2022. All three patents were issued in March 2022. The claims in each of these applications have either already been listed in the Orange Book for FIRDAPSE® or are in the process of being listed.

We are also pursuing additional patent applications for FIRDAPSE® in an effort to further protect our drug product. There can be no assurance that any additional patents will be issued which provide additional intellectual property protection for our drug product.

In that regard, in October 2020, we filed lawsuits against Jacobus and the specialty pharmacy marketing Ruzurgi®, PantherRx Rare LLC (PantherRx), for infringement of the '893 patent. The suits have now been consolidated in a single action in the U.S. District Court for New Jersey. Further, in August 2021, the lawsuits were amended to include alleged infringement of the '128 patent. The lawsuits arise from Jacobus' and PantherRx's sales and marketing of Ruzurgi® (amifampridine) Tablets, 10 mg. The lawsuits allege that the Ruzurgi® product infringes the '893 patent and the '128 patent when administered in accordance with its product labeling. The lawsuit seeks damages and injunctive relief to prevent further marketing of Ruzurgi® in violation of our patent rights. The lawsuit is in the discovery stage and there can be no assurance as to the results of these proceedings.

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There can be no assurance that we do not or will not infringe on patents held by third parties or that third parties in the future will not claim that we have infringed on their patents. In the event that our products or technologies infringe or violate the patent or other proprietary rights of third parties, there is a possibility we may be prevented from pursuing product development, manufacturing or commercialization of our products that utilize such technologies until the underlying patent dispute is resolved. For example, there may be patents or patent applications held by others that contain claims that our products or operations might be determined to infringe or that may be broader than we believe them to be. Given the complexities and uncertainties of patent laws, there can be no assurance as to the impact that future patent claims against us may have on our business, financial condition, results of operations, or prospects.

Generic Sabril®

In December 2018, we entered into a definitive agreement with Endo International plc's subsidiary, Endo Ventures Limited (Endo), for the further development and commercialization of generic Sabril® tablets through Endo's United States Generic Pharmaceuticals segment, Par Pharmaceutical. If and when the product is launched, we will be entitled to receive a milestone payment of $2.0 million on the commercial launch of the product. Further, we will receive a sharing of defined net profits upon commercialization and we are obligated to share the costs of certain development expenses. There can be no assurance that our collaboration with Endo for the development of generic Sabril® (vigabatrin) tablets will be successful and that if an abbreviated new drug application (ANDA) is approved for vigabatrin tablets in the future, that it will be profitable to us.

Capital Resources

At December 31, 2021, we had cash and investments of approximately $191.3 million. Based on our current financial condition and forecasts of available cash, we believe that we have sufficient funds to support our operations for at least the next 12 months. There can be no assurance that we will continue to be successful in commercializing FIRDAPSE® or will continue to be profitable. Further, there can be no assurance that if we need additional funding in the future, whether such funding will be available to us. See Item 7. "Management's Discussion and Analysis of Financial Condition and Results of Operations—Liquidity and Capital Resources" below for further information on our liquidity and cash flow.

Our Strategy

Our goal is to develop and commercialize novel prescription drugs targeting rare (orphan) neuromuscular and neurological diseases and disorders. We are dedicated to making a meaningful impact on the lives of those suffering from rare diseases, and we believe in putting patients first in everything we do. Specifically, we intend to:

- Continue to commercialize FIRDAPSE® for the treatment of LEMS and improve disease awareness. We are currently commercializing FIRDAPSE® in the United States and supporting its commercialization in Canada. We are working to expand awareness of the disease, including to physicians treating LEMS patients with small-cell lung cancer, and helping health care providers and their patients understand the benefits of FIRDAPSE®. A cornerstone of our U.S. strategy is our continuing development of Catalyst Pathways®, our personalized treatment support program, and our development of the patient assistance programs that are required to further our goal that no LEMS patient be denied access to FIRDAPSE® for financial reasons within existing legal restrictions.
- Seek approval for FIRDAPSE® in Japan. We are currently supporting our sub-licensee, DyDo, as they begin taking necessary steps to seek approval for FIRDAPSE® in Japan for the treatment of patients with LEMS.
- Seek to acquire additional products. We recently made a strategic decision to broaden and diversify our product portfolio through acquisitions of both early and late-stage products or companies or technology platforms in rare disease therapeutic categories outside of neuromuscular diseases. To accomplish these new priorities, we are employing a disciplined approach to evaluating assets and we believe that this strategic expansion will better position our company to build out a broader more diversified portfolio of drug candidates, which should add greater value to our company over the near and long-term. However, no products have been acquired to date.

FIRDAPSE® Product Overview

FIRDAPSE® is Catalyst's registered trade name in the United States for amifampridine phosphate tablets. Amifampridine is the WHO (World Health Organization) registered INN (International Nonproprietary Name) and United States Adopted Name (USAN) for the chemical entity, 3,4-diaminopyridine, often abbreviated as 3,4-DAP or DAP. FIRDAPSE® contains the phosphate salt of amifampridine, hence the name "amifampridine phosphate." We will refer to our drug by its trade name in the United States (FIRDAPSE®), by the INN/USAN (amifampridine), or by the specific salt in our product (amifampridine phosphate), throughout this report.

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Amifampridine has been recommended as the first-line symptomatic treatment for LEMS by the European Federation of Neurological Societies (now known as the European Academy of Neurology). In December 2009, amifampridine phosphate received marketing approval from the European Commission (with the trade name FIRDAPSE®) for the symptomatic treatment of patients with LEMS. Safety data from clinical data published over the last 30 years in patients with LEMS or other neurological disorders treated with amifampridine show that amifampridine is well tolerated at doses up to 80 mg per day. Among the 1,279 patients or healthy subjects assessed in the literature, the most frequently reported adverse events (AEs) were perioral and peripheral paresthesias (unusual sensations like pins and needles), and gastrointestinal disorders (abdominal pain, nausea, diarrhea, and epigastralgia (pain around the upper part of the stomach)). These events were typically mild or moderate in severity, and transient, seldom requiring dose reduction or withdrawal from treatment.

Lambert-Eaton Myasthenic Syndrome (LEMS)

Lambert-Eaton Myasthenic Syndrome (LEMS) is a rare autoimmune neuromuscular disorder characterized primarily by muscle weakness of the limbs. The disease is caused by an autoimmune reaction where antibodies are formed against voltage-gated calcium channels on nerve endings, which damages the channels. These calcium channels are responsible for the transport of charged calcium atoms that activate the biochemical machinery responsible for releasing acetylcholine. Acetylcholine is the neurotransmitter responsible for causing muscles to contract and the failure to release enough of this neurotransmitter results in muscle weakness in LEMS patients. Additionally, LEMS is often associated with an underlying malignancy, most commonly small-cell lung cancer (SCLC), and in some individuals, LEMS is the first symptom of such malignancy.

LEMS generally affects the extremities, especially the legs. As LEMS most affects the parts of limbs closest to the trunk, difficulties with climbing stairs or rising from a sitting position are commonly reported. Physical exercise and high temperatures tend to worsen the symptoms. Other symptoms often seen include weakness of the muscles of the mouth, throat, and eyes. Individuals affected with LEMS also may have a disruption of the autonomic nervous system, including dry mouth, constipation, blurred vision, impaired sweating, and/or hypotension.

LEMS is managed by treating the symptoms or treating the underlying autoimmune attack on voltage gated calcium channels. Unapproved treatments include steroids, azathioprine and intravenous immunoglobulin, which work by suppressing the immune system; and pyridostigmine and amifampridine, which enhance neuromuscular transmission. Plasma exchange has also been used to attempt to remove antibodies from the body. FIRDAPSE® is a symptomatic treatment and does not alter the underlying autoimmune condition. As a voltage gated potassium blocker, FIRDAPSE® prevents charged potassium atoms from leaving the nerve cells, which prolongs the period of depolarization. This allows more charged calcium atoms to enter the nerves, which enables the nerves to release acetylcholine and causes muscles to contract and to restore lost muscle strength in LEMS patients.

Based on currently available information, we estimate that there are approximately 3,000 LEMS patients in the United States, approximately 1,500 of which are presently diagnosed and identified and approximately 1,500 of which we believe are undiagnosed or misdiagnosed. However, until awareness of the disease is increased, it is unlikely that the total number of LEMS patients in the United States can be determined with better certainty (as is typical of rare diseases), and the actual number of patients in the United States with LEMS may be higher or lower than our estimate.

Some of the factors that affect the size of the population with a rare disease such as LEMS include the number of patients actually diagnosed with the disease, the number of patients who are misdiagnosed with other diseases, and the number of patients who are simply undiagnosed. Additionally, while there is an antibody test that positively identifies patients with LEMS which we offer at no cost to health-care providers to be used to definitively determine whether a patient has LEMS, the test is not particularly well known or utilized at this time by many neurologists. Further, many LEMS patients who have small cell lung cancer (SCLC) are not currently being treated for LEMS because many oncology medical professionals who treat SCLC patients are generally unfamiliar with how to diagnose and treat LEMS. All of these factors affect the ultimate number of patients who will benefit from treatment with FIRDAPSE®.

License Agreement for FIRDAPSE®

On October 26, 2012, we licensed the exclusive North American rights to FIRDAPSE® pursuant to a License Agreement (the "License Agreement") between us and BioMarin Pharmaceutical Inc. ('BioMarin"). Under the License Agreement, we make the following royalty payments on our net sales of FIRDAPSE®:

- Royalties to the licensor for seven years from the first commercial sale of FIRDAPSE® equal to 7% of net sales (as defined in the License Agreement) in North America for any calendar year for sales up to $100 million, and 10% of net sales in North America in any calendar year in excess of $100 million; and
- Royalties to the third-party licensor of the rights sublicensed to us for seven years from the first commercial sale of FIRDAPSE® equal to 7% of net sales (as defined in the License Agreement between BioMarin and the third-party licensor) in any calendar year for the duration of any pending or issued patents or regulatory exclusivity within a territory and 3.5% of net sales in any calendar year in territories without pending or issued patents or regulatory exclusivity.

On May 29, 2019, we entered into an amendment to our License Agreement. Under the amendment, we expanded our commercial territory for FIRDAPSE®, which originally was comprised of North America, to include Japan. Additionally, we have an option to further expand our territory under the License Agreement to include most of Asia, as well as Central and South America, upon the achievement of certain milestones in Japan. Under the amendment, we will pay royalties on net sales in Japan of a similar percentage to the royalties that we are currently paying under our original License Agreement for North America.

In January 2020, we were advised that BioMarin had sold certain rights under the License Agreement to SERB SA.

We believe that we remain in compliance with our obligations under the License Agreement.

Clinical trials supporting our NDA for FIRDAPSE® for LEMS and approval of our NDA

We conducted two successful Phase 3 double-blind, placebo-controlled clinical trials evaluating FIRDAPSE® for the treatment of LEMS. The results of the first trial published in 2016 in Muscle & Nerve (Muscle Nerve, 2016, 53(5):717-725). The results of the second trial were published in March 2019 in the Journal of Clinical Neuromuscular Disease (J. Clin Neuromusc Dis 2019; 20:111-119).

In March 2018, we submitted an NDA seeking approval of FIRDAPSE® for the treatment of LEMS. Our NDA was accepted for filing in May 2018 and, on November 28, 2018, the FDA granted approval of FIRDAPSE® for the treatment of LEMS in adult patients.

Required Post-Approval Studies

As part of the approval of our NDA for FIRDAPSE® for LEMS, the FDA required us to conduct a clinical trial to evaluate the effect of hepatic impairment on the exposure of amifampridine after oral administration of FIRDAPSE® relative to that in subjects with normal hepatic function. This study was recently completed and submitted to the FDA. We have also established a pregnancy surveillance program to collect and analyze information for a minimum of ten (10) years on pregnancy complications and birth outcomes related to FIRDAPSE®. Finally, the FDA required us to perform a second carcinogenicity study of amifampridine phosphate in mice, which we have completed and submitted to the FDA.

Expanded access program

We operate an expanded access program (EAP) that is currently making FIRDAPSE® available to a limited number of patients diagnosed with CMS or Downbeat Nystagmus (DN). It is anticipated that the EAP may be used to make FIRDAPSE® available to pediatric LEMS patients now that the Ruzurgi® approval has been vacated, subject to applicable legal and regulatory requirements.

Sales, Marketing and Distribution

Launch of FIRDAPSE® in January 2019

In January 2019, we launched FIRDAPSE® in the United States through a field force of approximately 20 personnel who are experienced in neurologic, central nervous system or rare diseases in sales, patient support and payer reimbursement. The sales representatives (Regional Account Managers) who were part of the field force targeted approximately 1,250 physicians who are either neuromuscular specialists or general neurologists with a known adult LEMS patient or specific training in neuromuscular diseases. We also utilized field force Patient Access Liaisons who work with the patients and provider offices to help navigate the insurance landscape, as well as National Account Managers who work directly with the payors to ensure comprehensive coverage for FIRDAPSE® across the commercial and governmental plans in the United States. We also have a field-based force of five medical science liaisons who help educate the medical communities and patients about LEMS and about our company's ongoing clinical trial activities. Further, we work closely with several rare disease advocacy organizations (including Global Genes, the National Organization for Rare Disorders (NORD), and the Myasthenia Gravis Foundation of America) to help increase awareness and the level of support for patients living with LEMS, MuSK antibody positive myasthenia gravis, and other neuromuscular diseases that may be treatable with FIRDAPSE®, and to provide education for the physicians who treat these rare diseases and the patients they treat.

In early 2020, we expanded our field sales group by almost one hundred percent and established a partnership with an experienced inside sales agency generating leads through telemarketing to targeted physicians. Through this expansion of our sales team, we are working to expand our sales efforts beyond the neuromuscular specialists who regularly treat LEMS patients to reach roughly 9,000 neurology and neuromuscular healthcare providers that might be treating an adult LEMS patient who can benefit from FIRDAPSE®. We also make available a no-cost LEMS voltage gated calcium channel (VGCC) antibody testing program for physicians who suspect their patient may have LEMS and wish to reach a definitive diagnosis.

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We are supporting the distribution of FIRDAPSE® through Catalyst Pathways®, our personalized treatment support program for enrolled patients. Catalyst Pathways® is a single source for personalized treatment support, education and guidance through the challenging dosing and titration regimen to an effective therapeutic dose. It also includes distributing the drug through a very small group of exclusive specialty pharmacies (primarily AnovoRx), which is consistent with the way that most drug products for ultra-orphan diseases are distributed and dispensed to patients. By using specialty pharmacies in this way, the difficult task of navigating the health care system is far better for the patient needing treatment for their rare disease and the health care community in general.

In addition, Catalyst Pathways® is the gateway for our free bridge medication for patients during transitioning from investigational product while they are waiting for a coverage determination or, later on, for patients whose access is threatened by the bureaucratic complications arising from a change of insurer. The Catalyst Pathways® program is also the access point for our Patient Assistance Program, which provides longer-term free medication for those who are uninsured or functionally uninsured with respect to FIRDAPSE® because they may be unable to obtain coverage from their payer despite having health insurance.

In addition to our current work to assist former Ruzurgi® patients to transition to FIRDAPSE®, we are continuing efforts on the longer, slower process to identify patients and their physicians who have diagnosed LEMS, but have not had access, awareness or understanding of this treatment for their rare disease. These patients often do not see their physician frequently, have many questions about changing treatment(s), and may not perceive the need to change to a new therapy. Further, we have begun to focus our commercial efforts to locate misdiagnosed and undiagnosed LEMS patients and provide educational and sales activities to help improve the diagnosis, understanding of the treatment, and information on the prescribing process. We plan to continue to support LEMS and rare disease patient organizational groups' efforts to generate awareness and educate patients and physicians on the diagnosis of LEMS, the impact of the disease, and the support services and treatments available.

Access to FIRDAPSE®

In order to help patients afford their medication, we, like other pharmaceutical companies who are marketing drugs for ultra-orphan conditions, have developed an array of financial assistance programs that are available to reduce patient co-pays and deductibles to a nominal affordable amount. For eligible patients with commercial coverage, a co-pay assistance program designed to keep out-of-pocket costs to $10 or less per month (currently $0.00 per month) is available for all LEMS patients prescribed FIRDAPSE®. We are also donating, and committing to continue to donate, money to qualified, independent charitable foundations dedicated to providing assistance to LEMS patients in financial need. Our goal is to ensure that no LEMS patient is ever denied access to their medication for financial reasons.

To date, FIRDAPSE® has been widely covered and reimbursed by private and public payors for the indicated small population of adult LEMS patients.

FDA approval of Ruzurgi® for pediatric LEMS patients (ages 6 to under 17)

In May 2019, the FDA approved an NDA for Ruzurgi®, Jacobus Pharmaceuticals' version of amifampridine (3,4-DAP), for the treatment of pediatric LEMS patients (ages 6 to under 17). We believe that the vast majority of Ruzurgi® sales are to adult LEMS patients who are being prescribed the drug off label. If Jacobus is able to successfully continue to sell Ruzurgi® off-label to additional adult LEMS patients, it could have a material adverse effect on our business, financial condition and results of operations.

We believe that the FDA's approval of Ruzurgi® violated our statutory rights and was in multiple other respects arbitrary, capricious and contrary to law. As a result, in June 2019 we filed suit against the FDA and several related parties challenging this approval and related drug labeling. Jacobus later intervened in the case. Our complaint, which was filed in the federal district court for the Southern District of Florida, alleged that the FDA's approval of Ruzurgi® violated multiple provisions of FDA regulations regarding labeling, resulting in misbranding in violation of the Federal Food, Drug, and Cosmetic Act (FDCA); violated our statutory rights to Orphan Drug Exclusivity and New Chemical Entity Exclusivity under the FDCA; and was in multiple other respects arbitrary, capricious, and contrary to law, in violation of the Administrative Procedure Act. Among other remedies, the suit seeks an order vacating the FDA's approval of Ruzurgi®.

On July 30, 2020, the Magistrate Judge considering this lawsuit filed a Report and Recommendation in which she recommended to the District Judge handling the case that she grant the FDA's and Jacobus' motions for summary judgment and deny our motion for summary judgment. On September 29, 2020, the District Judge adopted the Report and Recommendation of the Magistrate Judge, granted the FDA's and Jacobus' motions for summary judgment, and dismissed our case. We appealed the District Court's decision to the U.S. Court of Appeals for the 11th Circuit. The case was fully briefed in early 2021, and oral argument was held in March 2021.

On September 30, 2021, a three-judge panel of 11th Circuit judges issued a unanimous decision overturning the District Court's decision. The appellate court adopted our argument that the FDA's approval of Ruzurgi® violated our rights to Orphan Drug Exclusivity and remanded the case to the District Court with orders to enter summary judgment in our favor. In November 2021, Jacobus filed a motion

seeking rehearing of the case from the full 11th Circuit, which motion was denied in January 2022. Further, in January 2022, Jacobus filed motions with both the 11th Circuit and the U.S. Supreme Court seeking a stay of the 11th Circuit's ruling indicating that it would seek a review of the 11th Circuit's decision from the U.S. Supreme Court. Both stay motions were denied, and on January 28, 2022, the 11th Circuit issued a mandate directing the District Court to enter summary judgment in our favor. The District Court entered that order on January 31, 2022. On February 1, 2022, the FDA informed Jacobus that, consistent with the Court of Appeals for the Eleventh Circuit's September 30, 2021, decision in favor of Catalyst, the final approval of the Ruzurgi® NDA was switched to a tentative approval until the 7-year orphan-drug exclusivity (ODE) for Firdapse® has expired.

There can be no assurance as to whether Jacobus will seek U.S. Supreme Court review of the 11th Circuit's decision, whether the U.S. Supreme Court will agree to hear the case, or whether, if the U.S. Supreme Court agrees to hear the case, Jacobus' appeal to overturn the decision of the 11th Circuit will be successful. Similarly, there can be no assurance as to whether the U.S. Congress will pass, and the President will sign, legislation revising the Orphan Drug Act that effectively overturns the decision of the U.S. Court of Appeals for the 11th Circuit, and whether any such legislation, if passed and signed into law, will retroactively affect the outcome of the 11th Circuit decision and allow the FDA to reinstate the approval of Ruzurgi® before the expiration of FIRDAPSE®'s orphan drug exclusivity.

Third-Party Reimbursement

Sales of drug products depend in significant part on the availability of coverage and adequate reimbursement by third party payors, such as state and federal governments, including Medicare and Medicaid, managed care providers, private commercial insurance plans and pharmacy benefit management (PBM) plans. Decisions regarding the extent of coverage and the amount of reimbursement to be provided for FIRDAPSE® are expected to be made on a plan-by-plan, and in some cases, on a patient-by-patient basis. Particularly given the rarity of LEMS, our experience has been that securing coverage and appropriate reimbursement from third-party payors requires targeted education and highly skilled insurance navigation experts that have experience with rare disease launches and medical exception processes at insurance companies to provide patient coverage for important rare disease therapies. To that end, we have engaged a dedicated team of field-based market access account managers and reimbursement experts as well as a patient service center staffed with experienced personnel focused on ensuring that clinically-qualified patients have access to our product.

There can be no assurance, however, as to whether payors will continue to cover our product, and if so, at what level of reimbursement. In that regard, we have advised payors that we will provide free medication to support titration and confirm patient therapeutic benefit. Further, when necessary, we provide patients with access to therapy at no charge while those patients are awaiting coverage decisions.

Our efforts to develop FIRDAPSE® as a treatment for additional neuromuscular indications

Over the past few years, we have studied FIRDAPSE® as a potential treatment for multiple neuromuscular indications other than LEMS, and the results of recent studies are summarized below. Based on the results of these activities, in 2021 we have made a strategic decision not to proceed forward to further study FIRDAPSE® as a potential treatment for additional indications.

MuSK-MG studies

In February 2016, we initiated an investigator-sponsored, randomized, double-blind, placebo-controlled, crossover proof-of-concept clinical trial evaluating the safety, tolerability and potential efficacy of FIRDAPSE® as a symptomatic treatment for patients with MuSK-MG. Seven patients participated in this proof-of-concept trial. On March 15, 2017, we reported top-line results from this trial. Both of the co-primary efficacy endpoints of change from baseline (CFB) in total Quantitative Myasthenia Gravis (QMG) score (p=0.0003) and CFB in total Myasthenia Gravis Activities of Daily Living (MG-ADL) score (p=0.0006) were statistically and clinically significant in this trial. Several secondary efficacy measures also achieved statistical significance. Amifampridine phosphate was well tolerated in this population of patients. The results of this study were published in SAGE Open Medicine and can be accessed at https://journals.sagepub.com/doi/pdf/10.1177/2050312118819013. Subsequently, we engaged in a Phase 3 clinical trial (MSK-002) evaluating FIRDAPSE® for the treatment of adults with MuSK-MG. Our trial was a multi-site, international (United States, Italy and Serbia), double-blind, placebo-controlled, clinical trial being conducted under a Special Protocol Assessment (SPA) with the FDA. The trial enrolled more than 60 MuSK antibody positive patients. It also enrolled more than 10 generalized myasthenia gravis patients who were assessed with the same clinical endpoints. However, achieving statistical significance in this subgroup of patients was not required.

On August 10, 2020, we announced the top-line results from our Phase 3 clinical trial (MSK-002) evaluating FIRDAPSE® for the treatment of adults with MuSK-MG. Unfortunately, the MSK-002 trial did not achieve statistical significance on its primary endpoint or its secondary endpoint, even though clinical improvement was observed by patients and investigators during the initial dose-titration period of the trial and in the company's previous proof-of-concept trial. However, we have recently concluded a detailed analysis of the data from this trial in an effort to understand why the MuSK-MG Phase 3 trial did not meet statistical significance on its endpoints.

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Following our receipt of these results, we analyzed the data and proposed a plan to the FDA to perform an additional study evaluating FIRDAPSE® for MuSK-MG. In response, the FDA provided written comments that were unfavorable towards our proposed revised study design and further questioned the ability of the initial MuSK-MG pilot study to be supportive. These remarks make it unlikely that a single study design similar to MSK-002 would be sufficient for potential approval of the MuSK-MG indication. We also held an appropriate expert panel to discuss options and review the likelihood for success for a MuSK-MG indication for FIRDAPSE®. Based on the input from the FDA and advisors, we have concluded that the approval of FIRDAPSE® as a first-line therapy for MuSK-MG is unlikely and therefore we have decided not to continue to pursue this indication.

Proof-of-concept clinical trial evaluating FIRDAPSE® for the treatment of SMA Type 3

Our exploratory study, SMA-001 (A Randomized Placebo Controlled Crossover Study to Evaluate the Safety and Efficacy of Amifampridine Phosphate in Ambulatory Patients with Spinal Muscular Atrophy (SMA) Type 3, met the primary endpoint of a statistically significant difference for the Hammersmith Functional Motor Scale Expanded (HFMSE). Clinically, however, the effect was modest. The secondary endpoints were not statistically significant, although several individual quality of life measures demonstrated a positive nominally statistically significant change. Key opinion leaders with whom we have spoken believed that FIRDAPSE® needed to show a large clinically significant change if there was the possibility to affect disease progression through retrograde signaling from enhanced neuromuscular junction function. After considering all of these factors, we have concluded that the modest results exhibited in this study are unlikely to result in a sufficient modification of disease progression, and, particularly in light of the fact that there are now three approved disease modifying medications for SMA Type 3, we have decided not to pursue the SMA Type 3 indication further.

Study to evaluate FIRDAPSE® as a treatment for HNPP

We previously announced our intent to conduct a proof-of-concept study evaluating FIRDAPSE® as a treatment for Hereditary Neuropathy with Liability to Pressure Palsies (HNPP). The FDA requested that a new, patient centric endpoint be researched and used for our proposed study, without assurance that such endpoint would be acceptable for approval. Based upon the uncertainty of such an endpoint, we have decided not to conduct this study as a company sponsored study, though there is a possibility that this study will move forward as investigator-initiated study that we will support.

Long-acting version of amifampridine phosphate

We were previously developing a long-acting formulation of amifampridine phosphate. While a number of formulations were prepared, after discussions with researchers and an advisory board made up of both patients and physicians, we concluded that we would be unable to develop a long-acting formulation that is both beneficial to patients and commercially viable, and as a result we made the determination not to proceed with development of this product.

Intellectual property and regulatory exclusivity protections for FIRDAPSE®

All of our patent rights for FIRDAPSE® are derived from our license agreement. In August 2020, the United States Patent and Trademark Office (USPTO) allowed Patent No. 10,793,893 (the '893 patent) to our licensor and thereby to us, and the patent issued on October 6, 2020. The patent is directed to the use of suitable doses of amifampridine to treat patients, regardless of the therapeutic indication, that are slow metabolizers of amifampridine. Any drug product containing amifampridine with a label that states the patented dosing regimens and doses in the Dosing and Administration section prior to April 7, 2034, the expiration date of the patent, could possibly infringe this patent. Generic drug product labels would necessarily have to do this, and we intend to take all appropriate actions to protect our intellectual property.

In April 2021, the USPTO also allowed Patent No. 11,060,128 (the '128 patent) to our licensor and thereby to us, and this second patent issued on July 13, 2021. The patent is directed to the use of suitable doses of amifampridine to treat patients suffering with LEMS that are slow metabolizers of amifampridine. Any drug product containing amifampridine with a label for the treatment of LEMS, that states the patented dosing regimens and doses in the Dosing and Administration section of a product label, including generic drug product labels, could possibly infringe this patent prior to this patent's expiration date.

On December 24, 2021, the USPTO allowed continuing application, 17/S03,190. On January 3, 2022, the USPTO allowed related continuing application 17/503,148. A further related continuing application, 17/503,092 was allowed on January 7, 2022. All three patents were issued in March 2022. The claims in each of these applications have either already been listed in the Orange Book for FIRDAPSE® or are in the process of being listed.

We are also pursuing additional patent applications for FIRDAPSE® in an effort to further protect our drug product. There can be no assurance that any additional patents will be issued which provide additional intellectual property protection for our drug product.

In that regard, in October 2020, we filed lawsuits against Jacobus and the specialty pharmacy marketing Ruzurgi®, PantherRx Rare LLC (PantherRx), for infringement of the '893 patent. The suits have now been consolidated in a single action in the U.S. District Court for New Jersey. In August 2021, the lawsuits were amended to include alleged infringement of the '128 patent. The lawsuits arise from

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Jacobus' and PantherRx's sales and marketing of Ruzurgi® (amifampridine) Tablets, 10 mg. The lawsuits allege that the Ruzurgi® product infringes the '893 patent and the '128 patent when administered in accordance with its product labeling. The lawsuit seeks damages and injunctive relief to prevent further marketing of Ruzurgi® in violation of our patent rights. The lawsuit is in the discovery stage and there can be no assurance as to the results of these proceedings.

There can be no assurance that we do not or will not infringe on patents held by third parties or that third parties in the future will not claim that we have infringed on their patents. In the event that our products or technologies infringe or violate the patent or other proprietary rights of third parties, we may be prevented from pursuing product development, manufacturing or commercialization of our products that utilize such technologies. For example, there may be patents or patent applications held by others that contain claims that our products or operations might be determined to infringe or that may be broader than we believe them to be. Given the complexities and uncertainties of patent laws, there can be no assurance as to the impact that future patent claims against us may have on our business, financial condition, results of operations, or prospects.

Until FIRDAPSE® was approved in November 2018, no drug product containing amifampridine for any indication had been approved by the FDA such that we received five-year "new chemical entity" exclusivity from the FDA. New chemical entity exclusivity provides a five-year period of marketing exclusivity for all indications and in the absence of an Orange Book listed patent, precludes a generic from submitting an abbreviated new drug application (ANDA) until that five year period has expired. Further, when FIRDAPSE® was approved for the treatment of LEMS patients, we received seven-year orphan drug exclusivity for our product for the treatment of LEMS, precluding a generic filer from receiving final FDA approval until the ODE exclusivity period has expired. Because we have Orange Book listed patents for FIRDAPSE®, potential generic filers will be permitted to submit ANDA filings to the FDA as early as the "NCE-1" date (November 28, 2022). In the event of such filings, and after appropriate investigation, we intend to vigorously enforce our patent rights.

We have in-licensed the FIRDAPSE® trademark, and the trademark was registered in the United States in March 2015.

Protection of our intellectual property and regulatory exclusivities is a strategic priority for our business. Our ability to protect and use our intellectual property rights and regulatory exclusivity in the future development and commercialization of our products, operate without infringing the proprietary rights of others, and prevent others from infringing our proprietary rights, is crucial to our future success. See Item 1A. "Risk Factors—Risks Related to Our Intellectual Property."

Generic Sabril®

In September 2015, we announced the launch of a program to develop our version of vigabatrin (CPP-109) as a generic version of Sabril®, which is marketed in the United States by Lundbeck. Lundbeck's exclusivity for Sabril® expired on April 26, 2018. Vigabatrin comes in two dosage forms – a powder sachet and a tablet. Par Pharmaceutical brought the first generic version of the powder sachet to market, and since then numerous additional generic versions of this product have been approved. Further, four generic versions of vigabatrin tablets have also been approved.

On December 18, 2018, we entered into a definitive agreement with Endo International plc's subsidiary, Endo Ventures Limited (Endo), for the further development and commercialization of generic Sabril® tablets through Endo's United States Generic Pharmaceuticals segment, Par Pharmaceutical. Pursuant to the agreement, in December 2018, we received an up-front payment of $0.5 million. We will be entitled to receive a milestone payment of $2.0 million on the commercial launch of the product. Further, we will receive a sharing of defined net profits upon commercialization and certain expenses for development.

Sabril® is marketed by Lundbeck in the United States for infantile spasms and for refractory complex partial seizures. Lundbeck's sales of Sabril® (tablets and sachets) were approximately $129.0 million in 2019 and $118.3 million in 2020. Four generic versions of Sabril® tablets have been approved to date in the United States, as have numerous generic versions of the powder form. We have entered into a definitive agreement with Endo/Par for the further development and commercialization of generic Sabril® tablets.

There can be no assurance that our collaboration with Endo for the development of generic Sabril® (vigabatrin) tablets will be successful and that if an abbreviated new drug application (ANDA) is approved for vigabatrin tablets in the future, that it will be profitable to us.

Plans to Acquire or In-License Additional Products

In 2021, we made a strategic decision to broaden and diversify our product portfolio through acquisitions of both early and late-stage products or companies or technology platforms in rare disease therapeutic categories outside of neuromuscular diseases. To accomplish these new priorities, we are employing a disciplined approach to evaluating assets and we believe that this strategic expansion will better position our company to build out a broader more diversified portfolio of drug candidates, which should add greater value to our company over the near and long-term. However, there can be no assurance that whatever product candidates or technology platforms we acquire, if any, will be successfully developed or commercialized.

We are currently exploring several potential opportunities to acquire companies with drug products in development or to in-license or acquire drug products in development. However, no definitive agreements have been entered into to date. Further, during the third quarter of 2021 we hired Dr. Preethi Sundaram, who serves as our Chief Strategy Officer. In that position, Dr. Sundaram is leading our efforts to acquire R&D assets, from early stage through late-stage clinical programs and technologies to treat rare diseases, and once such drug candidates are acquired, Dr. Sundaram will help oversee the development of those assets.

Manufacturing and Supply

We are licensed in Florida as a virtual drug manufacturer, which means that we have no in-house manufacturing capacity and we are obligated to rely on contract manufacturers and packagers. We have no plans to build or acquire the manufacturing capability needed to manufacture any of our research materials or commercial products, and we expect that our drug products and drug substances will be prepared by contractors with suitable capabilities for these tasks and that we will enter into appropriate supply agreements with these contractors at appropriate times in the development and commercialization of our products. Because we will use contractors to manufacture and supply our products, we will be reliant on such contractors. Further, the contractors selected would have to be inspected by the FDA and found to be in substantial compliance with federal regulations in order for an application for one of our drug candidates to be approved, and there can be no assurance that the contractors we select would pass such an inspection.

We have entered into agreements with a supplier of the active pharmaceutical ingredient (API) contained in FIRDAPSE® for future requirements and we have contracted with third-party contract manufacturers who are manufacturing FIRDAPSE® tablets for us.

Any significant change that we make for FIRDAPSE® must be approved by the FDA in a supplemental new drug application (sNDA). If the manufacturing plan and data are insufficient, any sNDA we submit will not be approved. Before an sNDA can be approved, our manufacturers must also demonstrate compliance with FDA's current Good Manufacturing Practices (cGMPs) regulations and policies. Further, even if we receive approval of any sNDAs for FIRDAPSE®, if our manufacturers do not follow cGMPs in the manufacture of our products, it may delay product launches or shipments and adversely affect our business.

Since we contract with third parties to manufacture our products, our contract manufacturers are required to comply with all applicable environmental laws and regulations that affect the manufacturing process. As a result, we do not believe that we will have any significant direct exposure to environmental issues.

Competition

The pharmaceutical industry is intensely competitive, and any product candidate developed or licensed by us would likely compete with currently marketed and potentially new drugs and therapies even though they are not indicated for these conditions. There are many pharmaceutical companies, biotechnology companies, public and private universities, government agencies and research organizations that compete with us in developing various approaches to the treatment of orphan diseases. Many of these organizations have substantially greater financial, technical, marketing and manufacturing resources than we have.

Before the approval of FIRDAPSE®, LEMS was generally treated with unapproved drugs and therapies including steroids, azathioprine, other immunosuppressants and intravenous immunoglobulin, which work by suppressing the immune system, and pyridostigmine. Plasma exchange has also been used in an attempt to remove antibodies from the body. Further, one other product, guanidine HCl tablets, was approved many years ago (during a period when drugs were not required to be reviewed by the FDA for both safety and effectiveness) for use in the treatment of LEMS. However, this drug has significant side effects and is not currently viewed as an effective treatment for LEMS. Notwithstanding, drugs may be prescribed by physicians for the treatment of LEMS whether or not they are considered effective.

For some years, Ruzurgi® for the treatment of pediatric patients with LEMS was often proscribed to adult LEMS patients, and at a lower price than FIRDAPSE®. Now that Ruzurgi® is no longer on the market, it is no longer competitive to FIRDAPSE®. However, if Ruzurgi® were to become available in the future, it would likely be competitive to FIRDAPSE®.

Finally, we are aware that amifampridine has been available from compounding pharmacies for many years and may remain available, even though we have obtained FDA approval of FIRDAPSE®. Compounded amifampridine is likely to be substantially less expensive than FIRDAPSE®. The Food and Drug Administration Modernization Act of 1997 included a new section, which clarified the status of pharmacy compounding under Federal law. Under Section 503A, drug products that are lawfully compounded by a pharmacist or physician for an individual patient may be entitled to exemptions from three key provisions of the FDCA: (1) the adulteration provision of section 501(a)(2)(B) (concerning FDA's cGMP regulations); (2) the misbranding provision of section 502(f)(1) (concerning the labeling of drugs with adequate directions for use); and (3) the new drug provision of section 505 (concerning the approval nf drugs under new drug or abbreviated new drug applications).

To qualify for these statutory exemptions, a compounded drug product must satisfy several legal requirements. One of these requirements restricts the universe of bulk drug substances that a compounder may use. Specifically, every bulk drug substance used in compounding: (1) must comply with an applicable and current USP or NF drug monograph, if one exists, as well as the current USP chapters on pharmacy compounding; (2) if such a monograph does not exist, the bulk drug substance must be a component of an FDA-approved drug; or (3) if a monograph does not exist and the bulk drug substance is not a component of an FDA-approved drug, it must appear on a list of bulk drug substances that may be used in compounding (i.e., the "Section 503A bulk substances list 1"). While the advertising provisions in Section 503A were ruled unconstitutional in part in the United States by the Supreme Court in 2002, the FDA, since 2013, has aggressively regulated and exercised oversight over the practice of pharmacy compounding following the compounding incident at the New England Compounding Center in Massachusetts that sickened hundreds and killed over 60 individuals.

In 2013, Congress removed the unconstitutional advertising provisions in Section 503A when it passed the Drug Quality and Security Act of 2013 (DQSA), Title I (The Compounding Quality Act). The DQSA also created "outsourcing facilities" under Section 503B of the Federal Food, Drug, and Cosmetic Act, which are drug compounders that voluntarily register with FDA and may produce compounded formulations for office use (at least one of which must be sterile), but must comply with FDA's cGMP regulations and other requirements set forth in Section 503B. Section 503B outsourcing facilities may also only compound from bulk substances if the product is on FDA's drug shortage list, or the substance is on FDA's Section 503B list of bulk substances that may be used in compounding (i.e., the Section 503B bulk substances list 1").

While the FDA has been aggressively enforcing Section 503A since its re-enactment, compounders may still compound "near copies" (but not "essentially copies") of approved drug products, under Section 503A, so long as the prescriber makes a change to the compounded formulation that produces for that patient a significant difference between the commercially available drug and the compounded version. Compounders may also copy commercially available products if they do not do so in "regular or inordinate amounts." In January 2018, FDA published a Final Guidance document titled, "Compounded Drug Products That Are Essentially Copies of a Commercially Available Drug Product Under Section 503A of the Federal Food, Drug, and Cosmetic Act." This Final Guidance sets forth FDA's enforcement policy concerning those compounders that make essentially copies of commercially available drug products. FDA has defined the term "regular or inordinate" in the Final Guidance to mean: "a drug product that is essentially a copy of a commercially available drug product is compounded regularly or in inordinate amounts if it is compounded more frequently than needed to address unanticipated, emergency circumstances, or in more than the small quantities needed to address unanticipated, emergency circumstances." FDA has further stated it will not take enforcement action, considering all the facts and circumstances, against a compounder that compounds less than four "essentially copies" of a commercially available drug product in a calendar month.

Factors affecting competition generally

In general, our ability to compete depends in large part upon:

- our ability to complete clinical development and obtain regulatory approvals for our drug candidates;
- the demonstrated efficacy, safety and reliability of our drug candidates;
- the timing and scope of regulatory approvals;
- product acceptance by physicians and other health care providers;
- the willingness of payors to reimburse for our product;
- protection of our proprietary rights and the level of generic competition;
- the speed at which we develop drug candidates;
- our ability to supply commercial quantities of a product to the market;
- our ability to obtain reimbursement from private and/or public insurance entities for product use in approved indications;
- our ability to recruit and retain skilled employees; and
- the availability of capital resources to fund our development and commercialization activities, including the availability of funding from the federal government.

4AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: N/A WH _____	☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Liquidia Technologies, Inc.

Physical Address: 419 Davis Drive, Suite 100

City: Morrisville State: NC Zip: 27560

Mailing Address (if different from physical address): Same as physical address.

City: _____ State: _____ Zip: _____

Telephone: 919-328-4400 Website: https://www.liquidia.com/

Name of Designated Representative (DR): Michael E. Hunter

Licensing Company Email: legal@liquidia.com DR Email: michael.hunter@liquidia.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☑ Pharmacies	☑ Dangerous Drugs	☑ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Distributors		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation The parent company is publicly traded.

State of Incorporation: Delaware

Parent Company (if any): Liquidia Corporation

Corporation Name: Liquidia Technologies, Inc.

Mailing Address: 419 Davis Drive, Suite 100

City: Morrisville State: NC Zip: 27560

Telephone: 919-328-4400 Email: legal@liquidia.com

Contact Person Name: Russell T. Schundler

Date of SEC Registration: 7/26/2018 | SEC Registration Number: 001-39724 | Stock Exchange Symbol: LQDA

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. N/A - See Attachment C		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment D	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** See Attachment F	✓			
• **List of all corporation shareholders and their percent ownership.** N/A		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment E	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Wholly-owned by parent company, Liquidia Corporation		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) See Attachment F	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment G	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment H	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. N/A		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Liquidia Technologies, Inc.

Facility Name

Michael E. Hunter

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

17 JAN 2023

Date

Board Use Only	Date Received: 2-6-23	Amount: 1000.00 CK-90083

2023

NOT TRANSFERABLE
STATUTE GS 81.106.119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
1385

LICENSE/CERTIFICATE: Manufacturer
TYPE PRESCRIPTION DRUG LICENSE
Expiration Date 12/31/2023

LICENSEE OR CERTIFICATOR
LIQUIDIA TECHNOLOGIES INC
419 DAVIS DRIVE STE 100
MORRISVILLE NC 27560

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

Steven W. Troxler
STEVE TROXLER, COMMISSIONER

Attachment A

Nature of Business

Liquidia Technologies, Inc. "Liquidia" is a prescription drug manufacturer. Liquidia will manufacture bulk powder at its facility. A third party will be used to encapsulate and package its product. The product is a non-controlled prescription drug that is an oral inhalation for the treatment of pulmonary arterial hypertension. A third party logistics provider will be used to ship the product. The contact information for the third parties is provided.

Manufacturer (encapsulating and packaging):

Xcelience, LLC
4910 Savarese Circle
Tampa, FL 33634
FDA Registration #: 3001549109

Third Party Logistics Provider:

Integrated Commercialization Solutions, LLC
420 International Blvd., Suite 500
Brooks, KY 40109

/ Drug Establishments Current Registration Site (default.cfm)

Drug Establishments Current Registration Site

New Search (default.cfm)

Search Results for **liquidia**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Liquidia Technologies, Inc.	3008731457	157103164	ANALYSIS; MANUFACTURE;	419 Davis Dr Ste 100, Morrisville, North Carolina (NC) 27560-7551, United States (USA)	12/31/2023

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Thursday, Dec 1, 2022

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Attachment C

Regarding the Surety Bond

Liquidia Technologies, Inc. is wholly-owned by parent company, Liquidia Corporation. Liquidia Corporation is publicly traded. As such, a surety bond is not required.

Attachment D

Corporate Officer and Director Information

Liquidia Technologies, Inc.
419 Davis Drive, Suite 100
Morrisville, NC 27560

Corporate Officers:

Roger Jeffs
Chief Executive Officer

Michael Kaseta
Chief Financial Officer

Robert Lippe
Chief Operations Officer

Rajeev Saggar
Chief Medical Officer

Russell Schundler
General Counsel and Secretary

Board of Directors:

Stephen Bloch, MD
Damian deGoa
Joanna Horobin, M.B., CH.B.
Roger Jeffs, Ph.D.
David Johnson
Arthur Kirsch
Paul Manning
Katie Rielly-Gauvin
Raman Singh

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIQUIDIA TECHNOLOGIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIQUIDIA TECHNOLOGIES, INC." WAS INCORPORATED ON THE EIGHTH DAY OF JUNE, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3813172 8300

SR# 20223332259

Authentication: 204223149

Date: 08-23-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Attachment F

SEC 10-K and Top Shareholders

Enclosed please find the first 15 pages from Liquidia Corporation's most recent SEC 10-K filing.

Top Four Record Shareholders (as of 1/26/2023)[1]

1. Cede & Co. (82.09%)
2. Caligan Partners CV IV LP (11.11%)
3. Canaan VIII LP (3.39%)
4. Glaxo Group Limited (0.74%)

[1] This reflects the top four record shareholders. Liquidia is unable to verify beneficial holders of securities held in street name by Cede & Co.

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2021

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from ____ to ____

Commission File Number: 001-39724

LIQUIDIA CORPORATION

(Exact Name of Registrant as Specified in Its Charter)

Delaware	**85-1710962**
(State or Other Jurisdiction of Incorporation or Organization)	(I.R.S. Employer Identification No.)
419 Davis Drive, Suite 100 **Morrisville, North Carolina**	**27560**
(Address of Principal Executive Offices)	(Zip Code)

Registrant's telephone number, including area code: **(919) 328-4400**

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, $0.001 par value per share	LQDA	The Nasdaq Stock Market LLC

Securities registered pursuant to Section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer ☐ Accelerated Filer ☐ Non-accelerated Filer ☒ Smaller Reporting Company ☒
Emerging Growth Company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act ☒

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of common stock held by non-affiliates of the registrant on June 30, 2021, which was the last business day of the registrant's most recently completed second fiscal quarter, was $61,668,021 based on a $2.86 closing price per share as reported on the Nasdaq Capital Market.

As of March 4, 2022, there were 52,438,802 shares of the registrant's common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the Liquidia Corporation Definitive Proxy Statement with respect to the 2022 Annual Meeting of Stockholders to be filed pursuant to Regulation 14A within 120 days after the end of the fiscal year ended December 31, 2021 are incorporated by reference into Part III of this Annual Report on Form 10-K to the extent stated therein. Except with respect to information specifically incorporated by reference in the Form 10-K, each document incorporated by reference herein is deemed not to be filed as part hereof.

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This Annual Report on Form 10-K, or this Annual Report, includes our trademarks, trade names and service marks, such as Liquidia, the Liquidia logo, YUTREPIA and PRINT, or Particle Replication In Non-wetting Templates, which are protected under applicable intellectual property laws and are the property of Liquidia Corporation. This Annual Report also contains trademarks, trade names and service marks of other companies, which are the property of their respective owners. Solely for convenience, trademarks, trade names and service marks referred to in this Annual Report may appear without the ®, ™ or SM symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trademarks, trade names and service marks. We do not intend our use or display of other parties' trademarks, trade names or service marks to imply, and such use or display should not be construed to imply, a relationship with, or endorsement or sponsorship of us by, these other parties.

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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K contains forward-looking statements. All statements other than statements of historical facts contained in this Annual Report may be forward-looking statements. The forward-looking statements are contained principally in the sections entitled "Risk Factors," and "Management's Discussion and Analysis of Financial Condition and Results of Operations", but are also contained elsewhere in this Annual Report. In some cases, you can identify forward-looking statements by terms such as "may," "might," "will," "should," "expects," "plans," "anticipates," "could," "would," "intends," "targets," "projects," "contemplates," "believes," "estimates," "predicts," "potential" or "continue" or the negative of these terms or other similar expressions. Forward-looking statements involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. Forward-looking statements include, but are not limited to, statements about:

- those identified and disclosed in our public filings with the U.S. Securities and Exchange Commission (SEC) including, but not limited to (i) the timing of and our ability to obtain and maintain regulatory approvals for our product candidates, including YUTREPIA, the potential for, and timing regarding, eventual FDA final approval of and our ability to commercially launch YUTREPIA, including the potential impact of regulatory review, approval, and exclusivity developments which may occur for competitors; (ii) the timeline or outcome related to our current patent litigation with United Therapeutics pending in the U.S. District Court for the District of Delaware, the *inter partes* review with the Patent Trial and Appeal Board of the U.S. Patent and Trademark Office or any appeals of any decisions issued by the U.S. District Court for the District of Delaware or the Patent Trial and Appeal Board of the U.S. Patent and Trademark Office; (iii) our ability to predict, foresee, and effectively address or mitigate future developments resulting from the COVID-19 pandemic or other global shutdowns, which could include a negative impact on the availability of key personnel, the temporary closure of our facility or the facilities of our business partners, suppliers, third-party service providers or other vendors, or delays in payments or purchasing decisions, or the interruption of domestic and global supply chains, liquidity and capital or financial markets; and (iv) our ability to continue operations as a going concern without obtaining additional funding;
- our expectations regarding the size of the patient populations for, market acceptance and opportunity for those drug products and medical devices that we commercialize in collaboration with third parties, including Sandoz Inc.'s first-to-file fully substitutable generic treprostinil injection and the RG 3ml Medication Cartridge that we developed in collaboration with Cbengdu Shifeng Medical Technologies LTD.;
- our ability to draw down on our debt facility with Silicon Valley Bank ("SVB") and SVB Innovation Credit Fund VIII, L.P. ("Innovation") and our ability to satisfy the covenants contained in the Amended and Restated Loan and Security Agreement with SVB and Innovation;
- our ability to retain, attract and hire key personnel;
- prevailing economic, market and business conditions;
- the cost and availability of capital and any restrictions imposed by lenders or creditors;
- changes in the industry in which we operate;
- the failure to renew, or the revocation of, any license or other required permits;
- unexpected charges or unexpected liabilities arising from a change in accounting policies, including any such changes by third parties with whom we collaborate and from whom we receive a portion of their net profits, or the effects of acquisition accounting varying from our expectations;
- the risk that the credit ratings of our company or our subsidiaries may be different from what the companies expect, which may increase borrowing costs and/or make it more difficult for us to pay or refinance our debts and require us to borrow or divert cash flow from operations in order to service debt payments;
- fluctuations in interest rates;
- adverse outcomes of pending or threatened litigation or governmental investigations, if any;
- the effects on the companies of future regulatory or legislative actions, including changes in healthcare, environmental and other laws and regulations to which we are subject;
- conduct of and changing circumstances related to third-party relationships on which we rely, including the level of credit worthiness of counterparties;
- the volatility and unpredictability of the stock market and credit market conditions;

- conditions beyond our control, such as natural disasters, global pandemics (including COVID-19), or acts of war or terrorism;
- variations between the stated assumptions on which forward-looking statements are based and our actual experience;
- other legislative, regulatory, economic, business, and/or competitive factors;
- our plans to develop and commercialize our product candidates;
- our planned clinical trials for our product candidates;
- the timing of the availability of data from our clinical trials;
- the timing of our planned regulatory filings;
- the timing of and our ability to obtain and maintain regulatory approvals for our product candidates;
- the clinical utility of our product candidates and their potential advantages compared to other treatments;
- our commercialization, marketing and distribution capabilities and strategy;
- our ability to establish and maintain arrangements for the manufacture of our product candidates and the sufficiency of our current manufacturing facilities to produce development and commercial quantities of our product candidates;
- our ability to establish and maintain collaborations;
- our estimates regarding the market opportunities for our product candidates;
- our intellectual property position and the duration of our patent rights;
- our estimates regarding future expenses, capital requirements and needs for additional financing; and
- our expected use of proceeds from prior public offerings and the period over which such proceeds, together with cash, will be sufficient to meet our operating needs.

You should refer to the "Risk Factors" section of this Annual Report on Form 10-K for a discussion of important factors that may cause our actual results to differ materially from those expressed or implied by our forward-looking statements, including, but not limited to, the impact of the COVID-19 outbreak on our company and our financial condition and results of operations. The forward-looking statements in this Annual Report are only predictions, and we may not actually achieve the plans, intentions or expectations included in our forward-looking statements. We have based these forward-looking statements largely on our current expectations and projections about future events and financial trends that we believe may affect our business, financial condition and results of operations. Because forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified, you should not rely on these forward-looking statements as predictions of future events. The events and circumstances reflected in our forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements.

These forward-looking statements speak only as of the date of this Annual Report. While we may elect to update these forward-looking statements at some point in the future, we have no current intention of doing so except to the extent required by applicable law. You should therefore not rely on these forward-looking statements as representing our views as of any date subsequent to the date of this Annual Report on Form 10-K.

Unless the context otherwise requires, references in this Annual Report on Form 10-K to "we," "us", "our", "Liquidia" and the "Company" refer to Liquidia Corporation, a Delaware corporation, and unless specified otherwise, include our wholly owned subsidiaries, Liquidia Technologies, Inc., a Delaware corporation, or Liquidia Technologies, and Liquidia PAH, LLC (formerly known as RareGen, LLC, or RareGen), a Delaware limited liability company, or Liquidia PAH.

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PART I

Item 1. Business.

Overview

We are a biopharmaceutical company focused on the development, manufacturing and commercialization of products that address unmet patient needs, with current focus directed towards the treatment of pulmonary hypertension (PH). We operate as a single entity through our two wholly owned operating subsidiaries, Liquidia Technologies and Liquidia PAH (formerly known as RareGen).

We generate revenue pursuant to a Promotion Agreement between Liquidia PAH and Sandoz Inc. ("Sandoz") sharing profit derived from the sale of the first-to-file fully substitutable generic treprostinil injection ("Treprostinil Injection") in the United States. Liquidia PAH has the exclusive rights to conduct commercial activities to encourage the appropriate use of Treprostinil Injection. We employ a targeted sales force calling on physicians and hospital pharmacies in the treatment of pulmonary arterial hypertension (PAH), as well as key stakeholders involved in the distribution and reimbursement of Treprostinil Injection. Strategically, we believe that our commercial presence in the field will enable an efficient base from which to expand and support the launch of YUTREPIA™ (treprostinil) inhalation powder, formerly known as LIQ861, and tentatively approved by the United States Food and Drug Administration (FDA) in November 2021. We intend to leverage our existing relationships and further validate our reputation as a company committed to supporting PAH patients as we prepare to launch YUTREPIA upon receiving final FDA approval.

We are actively investigating projects that include new indications, formulations, and delivery devices for our existing products and product candidates and evaluating potential new products to treat PH and other conditions. We conduct research, development, and manufacturing of novel products by applying our proprietary PRINT® technology, a particle engineering platform, to enable precise production of uniform drug particles designed to improve the safety, efficacy and performance of a wide range of therapies. We have development experience in inhaled therapies, vaccines, biologics, and ophthalmic implants, among others.

Our Products and Candidates for PH

Our current commercial focus is treating patients diagnosed with PAH. PH is divided into five groups based on the criteria of the World Health Organization (WHO) as defined at the 5th World Symposium on Pulmonary Hypertension in Nice, France. WHO Group I is comprised of individuals with PAH.

PAH is a rare, chronic, progressive disease caused by hardening and narrowing of the pulmonary arteries that can lead to right heart failure and eventually death, with an estimated diagnosed, treated prevalence in the United States of approximately 30,000 patients. There is currently no cure for PAH, so the goals of existing treatments are to alleviate symptoms, maintain or improve functional class, delay disease progression and improve quality of life. Drugs targeting the prostacyclin pathway are central to PAH therapy. Prostacyclin analogs, like treprostinil, have been developed for continuous infusion, either intravenously or subcutaneously, inhalation using a nebulizer and oral administration in the form of tablets. The maximal efficacy benefit of any one drug in the prostacyclin pathway is partially limited by its specific safety profile.

Delivering prostacyclin analogs by inhalation has been effective and causes fewer systemic side effects. Inhalation of prostacyclin analogs helps supplement the endogenous production of prostacyclin where it is normally synthesized, near the targeted pulmonary arteries. As a result, inhalation of prostacyclin analogs helps avoid side effects related to off-target tissues and takes advantage of binding key prostacyclin receptors that are preferentially expressed in the lung. The only inhaled prostacyclin analogs approved by the FDA are Tyvaso® (treprostinil) and Ventavis® (iloprost), which both require nebulizers.

Systemic delivery of prostacyclin has proven effective but challenging. Parenteral delivery of prostacyclin analogs by continuous infusion via intravenous or subcutaneous administration, like Remodulin® (treprostnil) and epoprosentol, are considered the most effective treatment for PAH; however, the inconvenience of external pumps and side-effect profiles

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have limited their use to severely ill patients. Oral tablet delivery of prostacyclin analogs, like Orenitram® (treprostinil), or agonists of the prostacyclin signaling pathway, like Uptravi® (selexipag), improve convenience compared to infusions, but does not address the off-target toxicities that limit optimal dosing.

In 2020, the total reported net revenue of branded therapies used to treat PAH exceeded $4 billion in the United States, of which $2.2 billion targeted the prostacyclin pathway. United Therapeutics reported that its class of branded treprostinil-based products generated net revenue of $1.43 billion in 2021, of which Tyvaso® contributed $607.5 million from predominately U.S. net sales, Orenitram contributed $306.1 million and Remodulin® contributed $513.7 million with $90.2 million in net revenue coming from non-U.S. sales.

The addressable patient population and market value of inhaled treprostinil-based treatments is expected to grow due to new indications and the advent of dry-powder inhalers. In April 2021, the FDA approved Tyvaso® to treat a sub-population of patients in WHO Group III with Interstitial Lung Disease (PH-ILD). United Therapeutics estimates the PH-ILD patient group to be 30,000 patients for whom there are no approved treatments. United Therapeutics is also enrolling clinical studies of Tyvaso to treat patients diagnosed with pulmonary hypertension and chronic obstructive pulmonary disorder (PH-COPD), estimated at 100,000 patients, and idiopathic pulmonary fibrosis (IPF), estimated at more than 100,000 patients.

As the addressable market increases, we believe there will be increased focus on the convenience and clinical utility of approved inhaled treatment options. Dry powder inhalers ("DPIs") offer increased convenience to patients as compared to nebulizers which should increase adoption and compliance to treatment. As with nebulizers, physicians will titrate DPIs to higher, tolerable doses over time to maximize the benefit of prostacyclin therapy. In WHO Group III patients specifically, there is growing medical preference for inhaled therapies to avoid ventilation-perfusion mismatch resulting from systemic delivery of prostacyclins.

YUTREPIA™ (treprostinil) Inhalation Powder to Treat PAH

Our lead investigational drug, YUTREPIA™ (treprostinil) inhalation powder was tentatively approved by the FDA in November 2021. YUTREPIA is an inhaled dry powder formulation of treprostinil designed to improve the therapeutic profile of treprostinil by enhancing deep lung delivery and achieving higher dose levels than current inhaled therapies while using a convenient, easy-to-use dry-powder inhaler, the RS00 Model 8 DPI. This device and its variants have been used in at least eight marketed products globally since 2001, including Novartis's Foradil Aerolizer® for the treatment of asthma and chronic obstructive pulmonary disease (COPD).

We believe YUTREPIA can become the prostacyclin of first choice across the disease continuum because of its convenience, localized deep lung delivery, and ability to titrate to patient tolerance and benefit. YUTREPIA has shown to be safe and well tolerated in patients who are transitioning from Tyvaso and patients who are inhalation naïve. Drug particles in YUTREPIA have been designed with uniform size and shape to enhance delivery to the deep lung. YUTREPIA has demonstrated it can be safely titrated to dose levels well above the target maintenance dose of Tyvaso, and can do so using a convenient, robust, and proven DPI. The net impact is that we believe YUTREPIA should improve the dose range, durability and duration of treatment via inhaled administration, and thereby significantly expand the market value beyond what has been achieved with Tyvaso and Ventavis.

We have developed YUTREPIA under the 505(b)(2) regulatory pathway using the nebulized form of treprostinil, Tyvaso®, as the reference listed drug. This regulatory pathway allows us to rely in part on the FDA's previous findings of efficacy and safety of Tyvaso® and the active ingredient treprostinil. We submitted the New Drug Application ("NDA") for YUTREPIA in January 2020. In November 2020, the FDA issued a Complete Response Letter ("CRL") to the NDA, which we resubmitted in May 2021. The FDA conducted on-site pre-approval inspections of two U.S. manufacturing facilities: the Company's Morrisville, NC facility and the facility of the third-party provider of encapsulation and packaging services for YUTREPIA in August 2021 and October 2021, respectively.

In November 2021, the FDA issued a tentative approval of YUTREPIA which indicated that the NDA had met all the requirements for final approval but cannot yet be marketed. Final FDA approval and launch of YUTREPIA are directly impacted by the pending Hatch-Waxman litigation commenced by United Therapeutics on June 4, 2020. As a result, the

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FDA cannot issue a final approval for the YUTREPIA NDA until the expiration of a 30-month regulatory stay in October 2022 or earlier judgment unfavorable to United Therapeutics by the court. The FDA's tentative approval can be subject to change based on new information that may come to FDA's attention between such time as the tentative and final approval. A new drug product may not be marketed until the date of final approval.

Our NDA submission was based in part upon the results of our pivotal, open-label Phase 3 clinical trial, Investigation of the Safety and Pharmacology of Dry Powder Inhalation of Treprostinil, for YUTREPIA ("INSPIRE"). The primary objective of the INSPIRE study was to evaluate the long-term safety of YUTREPIA with a primary endpoint to assess safety and tolerability through Month 2. The study enrolled patients who have either (a) been under stable treatment with Tyvaso® (nebulizer-delivered treprostinil) for at least three months and transitioned to YUTREPIA under the protocol ("Transition patients"), or (b) patients who had been under stable treatment with no more than two non-prostacyclin oral PAH therapies for at least three months and then had their treatment regimen supplemented with YUTREPIA under the protocol ("Add-On patients"). Transition patients started at a dose comparable to their prior nebulized treprostinil dose and were titrated to higher doses as warranted by their clinical disease. Add-On patients started on a dose of 26.5 mcg of YUTREPIA, with most (>80%) titrating to a 79.5 mcg dose or higher within the first two months of treatment. Of the 121 patients enrolled in the study, 55 were Transition patients and 66 were Add-On patients.

YUTREPIA was observed to be well-tolerated and treatment-emergent adverse events (TEAEs) were mostly mild to moderate in nature at Month 2 up to doses of 159 mcg, the highest dose studied for the primary endpoint. We continued to treat patients who chose to remain on YUTREPIA beyond the Month 2 timepoint. At the completion of the INSPIRE study, the patient with the longest duration of treatment had been on YUTREPIA therapy for 18 months and the highest dosing reached in the INSPIRE study was 212 mcg of treprostinil given four times per day. Patients from INSPIRE had the option of rolling into the LTI-302 extension study to remain on treatment. Patients in LTI-302 continued to titrate doses upwards as needed with no observed maximum tolerated dose and the highest dose delivered being 238 mcg.

Our NDA submission also includes results from pharmacokinetic (PK) studies in healthy volunteers indicating that the single-capsule dose of 79.5 mcg YUTREPIA provides comparable PK with nine breaths of Tyvaso. For reference, the target dose of Tyvaso is 9 to 12 breaths per treatment session, 4 times daily. Clinical results from the PK and pivotal studies of YUTREPIA have been presented at various international scientific meetings such as the American Thoracic Society (ATS), International Society of Heart Lung Transplantation (ISHLT), Pulmonary Vascular Research Institute (PVRI), American College of Chest Physicians (ACCP) in 2019 and 2020.

We are considering conducting other clinical trials to generate additional data to support the use of YUTREPIA, including a clinical trial in pediatric patients. We conducted a clinical study, known as LTI 201, at certain investigational sites in France and Germany to characterize the hemodynamic dose-response relationship to YUTREPIA. In December 2020, we decided to terminate the study earlier than planned due to challenges related to the COVID-19 pandemic; however, we did observe acute, hemodynamic responses as expected with inhaled treprostinil.

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Treprostinil Injection, a Generic Version of Remodulin®

Remodulin® is treprostinil administered through continuous intravenous and subcutaneous infusion, as approved by the FDA in 2002 and 2004, and marketed by United Therapeutics. Patients must use external pumps manufactured by third parties to deliver Remodulin®. Smiths Medical ASD, Inc. ("Smiths Medical") manufactures the pumps used by most patients in the United States to administer Remodulin®, including the CADD-MS® 3 (MS 3) pump used to deliver subcutaneous Remodulin®, and the CADD-Legacy® pump to deliver intravenous Remodulin®. It is estimated that 3,000 patients are treated annually with parenteral, infused treprostinil split between the two routes of administration. Branded Remodulin® generated U.S. revenue of approximately $452 million and $423 million in 2020 and 2021, respectively. The decrease in annual net revenue was attributed to the increased use of generic options as well as COVID-19 pandemic.

In August 2018, Sandoz partnered with Liquidia PAH (then known as RareGen) on an exclusive basis to market and commercialize its generic Treprostinil Injection, which was subsequently launched as the first-to-file, fully-substitutable generic treprostinil for parenteral administration in March 2019. Liquidia PAH promotes the appropriate use of Treprostinil Injection for the treatment of PAH in the United States and works jointly with Sandoz on commercial strategy for the product. Sandoz retains all rights in and to Treprostinil Injection. As the Abbreviated New Drug Application (ANDA) holder, Sandoz maintains responsibility for compliance with FDA regulatory and healthcare laws including any regulatory communications with the FDA or any other regulatory authorities. In consideration for Liquidia PAH conducting certain responsibilities associated with the commercialization of Treprostinil Injection, Liquidia PAH receives a portion of the net profits generated from the sales of the product.

Treprostinil Injection contains the same active ingredient, same strength, same dosage forms and same inactive ingredient amounts as Remodulin®, and at the same service and support, but at a lower price. The treprostinil is supplied in 20 mL multi-dose vials in four strengths — containing 20 mg, 50 mg, 100 mg, or 200 mg (1 mg/mL, 2.5 mg/mL, 5 mg/mL or 10 mg/mL) of treprostinil, respectively.

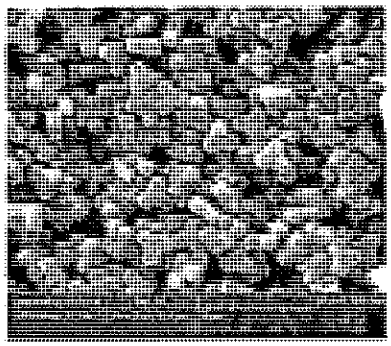
Treprostinil Injection is available for intravenous and subcutaneous administration at the same specialty pharmacies that dispense the brand name medicine. When first launched in April 2019, Treprostinil Injection was only available for intravenous administration. The cartridges required to operate the CADD-MS 3 pump were not available to patients using Treprostinil Injection due to restrictions imposed by other companies. On May 21, 2021, Liquidia PAH's manufacturing partner, Chengdu Shifeng Medical Technologies LTD ("Chengdu") began selling the RG 3ml Medication Cartridge, which may be used to supply medications to PAH patients. The FDA's clearance of Chengdu's 510(k) supports the use of the cartridge with the CADD-MS 3 pump manufactured by Smiths Medical, which has been used for the SC administration of Remodulin for more than 10 years.

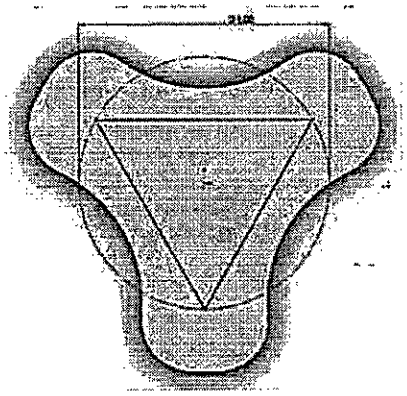
Our PRINT Technology

Our proprietary PRINT particle engineering technology allows us to engineer and manufacture highly uniform drug particles with precise control over the size, three-dimensional geometric shape and chemical composition of the particles. By controlling these physical and chemical parameters of particles, PRINT enables us to engineer desirable pharmacological benefits into product candidates, including prolonged duration of drug release, increased drug loading, more convenient routes of administration, the ability to create novel combination products, enhanced storage and stability and the potential to reduce adverse side effects. Our manufacturing equipment and materials used in the production of our drug particles are proprietary and protected by our patent portfolio and trade secret know-how.

An example of the precise particle engineering enabled by PRINT technology is demonstrated in YUTREPIA. Each particle is designed to enhance delivery and deep-lung penetration with a precise size and highly uniform shape inspired by a naturally occurring pollen. YUTREPIA PRINT particles have a one micrometer trefoil-shape measured by an inscribed one micrometer circle as shown in the figure below. In vitro studies suggest that the uniformity of size and shape allow our inhaled particles to target delivery into the lungs with less deposition in the upper airways. The figures

below depict YUTREPIA, with the figure on the left showing size and shape consistency among particles and the figure on the right showing their trefoil shape:





Development, Regulatory and Commercial Strategy

We believe that our PRINT technology can be applied to a wide range of therapeutic areas, molecule types, routes of administration and novel or generic products. To date, our internal pipeline has focused on the development of improved and differentiated drug products containing FDA-approved active pharmaceutical ingredients (APIs) with established efficacy and safety profiles, which we believe are eligible for the 505(b)(2) regulatory pathway to seek marketing approval in the U.S. The 505(b)(2) regulatory pathway can be capital efficient and potentially enable a shorter time to approval, subject to certain risks associated with this regulatory pathway. If our product candidates receive marketing approval, we plan to commercialize them in the U.S. either by ourselves or through partnership or licensing arrangements with other pharmaceutical companies. Outside of the U.S., we may pursue regulatory approval and commercialization of our product candidates in collaboration with pharmaceutical companies with regional expertise. We intend to manufacture our product candidates using in-house capabilities. Where appropriate, we will rely on contract manufacturing organizations (CMOs) to produce, package and distribute our approved drug products on a commercial scale.

We intend to focus our commercial efforts initially on the U.S. market in the treatment of PAH. We employ a small, targeted sales force for Treprostinil Injection calling on physicians involved in the treatment of PAH in the US, as well as key stakeholders involved in the distribution and reimbursement of Treprostinil Injection. Strategically, we believe that our commercial presence in the field will enable an efficient launch of YUTREPIA if and when we obtain final approval, leveraging existing relationships and further validating our reputation as a company committed to supporting PAH patients. If we have success increasing the utilization of Treprostinil Injection and advancing YUTREPIA to FDA approval, we will increase our efforts to pursue the highly concentrated target market of PAH centers of excellence and high prescribers of PAH therapies. Our physician call points within these sites of care will include cardiologists, pulmonologists and their supporting staff. We believe that we can effectively commercialize YUTREPIA, if approved, with an expanded specialty field team. We also expect to further develop our internal resources and functional areas to support other types of communication. For example, we may utilize medical science liaisons and reimbursement specialists to support the proper conveying of scientific and medical information, and healthcare economic information regarding, and utilization of, YUTREPIA.

Manufacturing and Supply

We operate from a 45,000 square foot facility in Morrisville, North Carolina in which we design, formulate and manufacture engineered drug particles using PRINT particle fabrication lines as well as supportive activity including research and development, analytical development, quality control and production of mold templates that enable our production processes. Our three operational PRINT particle fabrication lines are located within class ISO7 clean rooms

that operate under applicable ISO and current good manufacturing practices (cGMP) air quality and environmental requirements. Our current operational fabrication lines are scaled and capable of producing the necessary materials to support our clinical trials and, if approved, commercial demand for our products.

In August 2021, the FDA completed an on-site Pre-Approval Inspection (PAI) of our Morrisville, North Carolina facility in connection with the review of the YUTREPIA NDA. The 5-day PAI concluded with no Form 483 Inspectional Observations issued. This was our first inspection of the Morrisville site by the FDA. We utilize contract manufacturers to finish production and package our drug product for clinical and commercial use.

We depend on third-party suppliers for commercial inventory and clinical supplies, including active pharmaceutical ingredients which are used in our product candidates. For example, we currently rely on a sole supplier, LGM Pharma, LLC, for treprostinil, the active pharmaceutical ingredient of YUTREPIA, and we currently rely on a sole supplier, Plastiape S.p.A ("Plastiape"), for RS00 Model 8 DPI, the device used to administer YUTREPIA. We also rely on a sole supplier, Xcelience LLC (now a Lonza Group Ltd company), for encapsulation and packaging services. If and when we receive final marketing approval for our product candidates, we may, from time to time, rely on third-party CMOs to manufacture, package and distribute some or all of our approved drug products on a commercial scale.

Supply of Treprostinil Injection is managed directly by our partner Sandoz, who retains the ANDA, manages inventory and records gross revenue on product sales. Sandoz is either the manufacturer or contracted party for the entire supply chain. We collaborate with Sandoz on a regular basis to plan appropriate inventory production and management based on the demand for Treprostinil Injection and observations in the field. Additionally, we have contracted with our manufacturing partner Chengdu to supply the RG 3mL Medication Cartridge for use with CADD-MS® 3 (MS-3) ambulatory infusion pumps and enable subcutaneous administration of Treprostinil Injection.

Our Collaboration and Licensing Agreements

Sandoz Promotion Agreement

Liquidia PAH entered into a Promotion Agreement with Sandoz on August 1, 2018, as amended on May 8, 2020 and September 4, 2020, which engaged Liquidia PAH on an exclusive basis to promote the appropriate use of Sandoz's treprostinil, Treprostinil Injection, referred to as the "Product" in the Promotion Agreement, for the treatment of PAH in the United States, including its commonwealths, territories, possessions and military bases. Liquidia PAH works jointly with Sandoz on commercial strategy for Treprostinil Injection and has responsibility for identifying, manufacturing and developing medical devices, including pumps and cartridges, that may be used to administer the Product. Sandoz retains all rights in and to the Product. Sandoz is the holder of the ANDA for the Product. As the ANDA holder, Sandoz maintains responsibility for compliance with FDA regulatory and healthcare laws including any regulatory communications with the FDA or any other regulatory authorities.

Under the Promotion Agreement, Sandoz retains responsibility for: the specifications, manufacture and supply, distribution and future development of treprostinil; regulatory submission and interactions with the FDA pertaining to treprostinil, including maintaining all necessary regulatory approvals; reporting to the FDA or other regulatory authorities on matters relating to manufacturing, sale or promotion, such as any safety events involving treprostinil; internally reviewing and, as it determines appropriate, approving promotional materials developed by Liquidia PAH, and making submissions to the FDA's Office of Prescription Drug Promotion; handling safety activities including adverse event reporting, and initiating and managing any recalls of treprostinil.

Liquidia PAH's activities and obligations related to regulatory matters conducted under the Promotion Agreement include: promotional and non-promotional activities, including sales and marketing activities for treprostinil, and engagement of healthcare professionals for advisory boards; developing, with prior written approval from Sandoz, marketing and educational materials consistent with FDA approved labeling and applicable laws; notifying Sandoz of notices from governmental authorities about adverse event reports or regulatory inquiries related to the safety of treprostinil, product complaints or alleged defects, unsolicited requests for off-label medical information; providing certain data and information to Sandoz in order to fulfill its transparency and reporting obligations under the Physician Payment Sunshine Act; complying with applicable laws relevant to the activities conducted under the Promotion

Agreement; establishing a compliance program and mechanism for disclosure of any violations of Liquidia PAH policies and procedures and submission of an annual report and certification to Sandoz of its compliance activities; and managing, with oversight and participation from Sandoz, negotiations and arrangements for managed care activities.

The Promotion Agreement, unless earlier terminated, initially extends until the eight (8)-year anniversary of the first commercial sale of the Product by Sandoz, which occurred on or about March 25, 2019. The Promotion Agreement automatically renews for successive two-year terms unless earlier terminated.

Liquidia PAH paid Sandoz an initial payment of $10 million on August 1, 2018 and, upon the successful quality release by Sandoz of 9,000 units of the Product on August 3, 2018, Liquidia PAH paid Sandoz an additional $10 million as further consideration for the right to conduct the activities as contemplated in the Promotion Agreement and to receive a portion of the "Net Profits" (as defined in the Promotion Agreement). The portion of Net Profits are allocated to Liquidia PAH as follows: (i) for that portion of aggregate Net Profits less than or equal to $500 million, Liquidia PAH shall receive between 50-80% of all such Net Profits; and (ii) for that portion of aggregate Net Profits greater than $500 million, Liquidia PAH shall receive 75% of all such Net Profits.

Liquidia PAH and Sandoz may terminate the Promotion Agreement for cause upon a number of customary events, such as a material breach of the Promotion Agreement that remains uncured, complete withdrawal of marketing approval of the Product or upon the filing or institution of bankruptcy, reorganization, liquidation or receivership proceedings with respect to the other party. Further, either party may terminate the Promotion Agreement upon written notice to the other party at any time after the initial eight (8) year term in the event Sandoz is then procuring 100% of its supply of Product from a single third party upon (a) expiration of the supply agreement with such third party and (b) Sandoz's failure, after exercise of commercially reasonable efforts, to secure continued supply of the Product from such third party or other third parties within 12 months of the termination of such supply agreement. Liquidia PAH and Sandoz also each have a right to terminate the Promotion Agreement on not more than 90 days' written notice in the event that Net Profits in the last calendar year are less than $5 million.

Sandoz may terminate the Promotion Agreement on not more than 90 days' written notice after the conclusion of any full 12-month calendar year in the event that Net Profits in such calendar year are less than or equal to 10% of the net sales in such calendar year; *provided, however,* that Sandoz may not terminate the Promotion Agreement in such instance unless and until (i) aggregate amounts received by Liquidia PAH under the sharing of Net Profits have reached $32.5 million, or (ii) both (x) Net Profits or the profit margin were adversely affected in such calendar year by any temporary event or circumstance and (z) the joint steering committee makes a determination that such profit margin deficiency is not likely to continue in the subsequent calendar year. Sandoz may also terminate the Promotion Agreement upon a change of control of Liquidia PAH.

Liquidia PAH may terminate the Promotion Agreement on not more than 90 days' written notice after the conclusion of any full 12-month calendar year in the event that Liquidia PAH's share of the Net Profits in such calendar year are less than or equal to Liquidia PAH's operating expenses relating to the Product for such calendar year; *provided, however,* that Liquidia PAH may not terminate the Promotion Agreement in such instance unless and until (i) aggregate amounts received by Sandoz under the share of Net Profits have reached $28.125 million, or (ii) both (x) Net Profits or its operating expenses relating to the Product were adversely affected in such calendar year by a temporary event or circumstance and (z) the joint steering committee makes a determination that Liquidia PAH's share of the Net Profits is not likely to continue to be less than its operating expenses relating to the Product in the subsequent calendar year.

The University of North Carolina at Chapel Hill

In December 2008, we entered into the Amended and Restated License Agreement with The University of North Carolina at Chapel Hill ("UNC") for the use of certain patent rights and technology relating to initial innovations of our PRINT technology (the "UNC License"). Under the terms of the UNC License, we have an exclusive license to such patent rights and technology for our drug products. The UNC License grants us the right to grant sublicenses to the technology as well as control the litigation of any infringement claim instituted by or against us in respect of the licensed patent rights. We are also responsible for the costs of all expenses associated with the prosecution and maintenance of

the patents and patent applications. Such filings and prosecution will be carried out by UNC and in UNC's name but under our control.

Under the UNC License, we are required to pay UNC royalties equal to a low single digit percentage of all net sales of our drug products whose manufacture, use or sale includes any use of the technology or patent rights covered by the UNC License, as well as tiered royalty percentages ranging in the low single digits of sales by our sublicensees for any product covered by rights under a sublicense agreement granted pursuant to the UNC License. Under the UNC License, we are also required to pay UNC certain fees other than royalties that we collect and are attributable to UNC sublicensed intellectual property. We also reimburse UNC for its costs of procuring and maintaining the patents we license from UNC. Effective November 2017, we satisfied all substantive milestones associated with our UNC License other than semi-annual and annual reporting-based milestones that continue through the term of the UNC License. The UNC License expires (i) on the expiration of the last to expire patent included in the patent rights or (ii) if no patents mature from such patent rights, in December 2028.

We have the right to terminate the UNC License upon a specified period of prior written notice. UNC may terminate the UNC License in certain circumstances, including if we fail to pay royalty or other payments on time or if we fail to sublicense in accordance with the terms of the UNC License. Upon termination of the UNC License, we must pay any royalty obligations due upon termination.

Aerie Pharmaceuticals

We have exclusively licensed our PRINT technology to Aerie Pharmaceuticals, Inc., which in 2017 acquired most of the assets of Envisia Therapeutics, Inc., an entity which we formed in 2013, for broad nsage in the design and commercialization of small molecule and biologic opbthalmic therapies.

GlaxoSmithKline

Previously, we had collaborated with GlaxoSmithKline plc ("GSK") on the use of our PRINT technology in respiratory disease. In June 2012, we entered into an Inhaled Collaboration and Option Agreement (the "GSK ICO Agreement") with GSK to collaborate on research regarding the application of our PRINT technology to specified inhaled therapies. Pursuant to the GSK ICO Agreement, we granted GSK exclusive options and licenses to further develop and commercialize such inhaled therapies using our PRINT technology. In September 2015, GSK exercised its option to obtain an exclusive, worldwide license to certain of our know-how and patents relating to our PRINT technology for the purpose of developing inhaled therapeutics. In connection with the grant of this license, we received a one-time option exercise fee and were also entitled to continued research and development funding, certain milestone payments, and tiered royalties on the worldwide sales of the licensed products. In February 2016, we received a payment from GSK upon the achievement of a clinical development milestone related to the development of an inhaled antiviral for viral exacerbations in COPD. However, in July 2018, GSK notified ns of its plans to discontinue development of this compound afrer completion of the related Phase 1 clinical trial.

In June 2019, we and GSK executed an amendment to the collaboration agreement providing us with rights to develop and commercialize three specified molecular entities for application in inhaled programs using our PRINT technology at our sole expense. This amendment also provides a mechanism for us to acquire rights to develop and commercialize further molecular entities for inhaled applications. New inhaled programs developed under this amendment would carry milestone and royalty payments due to GSK upon initiation of Phase 3 studies and subsequent commercialization, respectively.

In January 2020, we notified GSK of our intent to terminate the GSK ICO Agreement based upon GSK's lack of continued performance under the original agreement, which we believe constitutes a material breach of the agreement. In February 2020, we received a letter from GSK disputing our basis for termination. The parties are currently attempting to resolve the dispute pursuant to the terms of the GSK ICO Agreement and are discussing a possible amendment to this agreement.

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Intellectual Property

The proprietary nature and protection of our product candidates, their methods of use and our platform technology that enables our product candidates are an important part of our business strategy of rapidly developing and commercializing new medicines that address areas of significant unmet medical needs.

Our policy is to seek patent protection of our proprietary product candidates and technology by filing U.S., international and certain foreign patent applications covering certain of our proprietary technology, inventions, improvements and product candidates that are important to the growth and protection of our business. We also rely on a combination of trade secrets, know-how, trademarks and contractual restrictions to protect aspects of our business that are not amenable to patent protection or where we do not consider patent protection to be adequate or applicable.

Our success depends, in part, on our ability to obtain and maintain patent and other protection for our product candidates, enabling technology, inventions and know-how and our ability to defend and enforce these patents, preserve the proprietary nature of our trade secrets and trademarks and operate our business without infringing valid and enforceable patent and other proprietary rights of third parties. We pursue both composition-of-matter patents and method-of-use patents for our product candidates. We are also pursuing patents covering our proprietary PRINT micro- and nano-particle fabrication technology.

We are the owner or exclusive licensee of patents and applications relating to our proprietary technology platform and our product candidates and are pursuing additional patent protection for these and for our other product candidates and technology developments.

We have a total of 149 patents and pending patent applications in our patent portfolio which protect our PRINT Technology and drug products in development. As of December 31, 2021, we were the sole owner of 16 patents in the United States and 44 patents in foreign jurisdictions, as well as approximately 11 additional pending patent applications, including provisional patent applications, in the United States, Europe, Japan and other jurisdictions. In addition to the patents and patent applications owned solely by us, our patent portfolio also includes 74 patents and 5 patent applications licensed from third parties. As of December 31, 2021, we had an exclusive, worldwide license from UNC to 19 U.S. patents and 55 foreign patents, as well as two additional patent applications in the United States or selected foreign jurisdictions. Five of the patents and one of the patent applications in the portfolio licensed from UNC are jointly owned by us. YUTREPIA is specifically protected by 12 issued patents in the United States, the longest-lived of which will expire in 2037.

We hold multiple U.S. trademark registrations and have numerous pending trademark applications. Issuance of a federally registered trademark creates a rebuttable presumption of ownership of the mark; however, it is subject to challenge by others claiming first use in the mark in some or all the areas in which it is used. Federally registered trademarks have a perpetual life so long as they are maintained and renewed on a timely basis and used properly as trademarks, subject to the rights of third parties to seek cancellation of the trademarks if they claim priority or confusion of usage. We believe our patents and trademarks are valuable and would provide us certain benefits in marketing our products.

Competition

The pharmaceutical industry is intensely competitive, subject to rapid and significant technological change and places emphasis on the value of proprietary products. While we believe that our technologies and experience provide us with a competitive advantage, our competitors include organizations such as major multinational pharmaceutical companies, established biotechnology companies, biopharmaceutical companies and generic drug companies. Many of our competitors have greater financial and other resources than we have, such as more commercial resources, larger research and development staffs and more extensive marketing and manufacturing organizations. As a result, these companies may obtain marketing approval more rapidly than we are able and may be more effective in selling and marketing their products. Smaller or early-stage companies may also prove to be significant competitors, particularly through collaboration arrangements with large, established companies.

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Any product candidates that we successfully develop and commercialize will compete with existing therapies and new therapies that may become available in the future. Our competitors may succeed in developing, acquiring or licensing, on an exclusive basis, technologies and drug products that are more effective or less costly than products that we are currently developing or that we may develop, which could render our products obsolete and non-competitive. We expect any products that we develop and commercialize to compete on the basis of, among others, efficacy, safety, convenience of administration and delivery, price and the availability of reimbursement from government and other third-party payors. We also expect to face competition in our efforts to recruit and retain qualified personnel, establish clinical trial sites and secure patient enrollment in our clinical trials, and identify appropriate collaborators to help commercialize any approved products in our target commercial markets.

Competition in PAH

Our products and development programs directed toward the treatment of PAH compete with several approved classes of drugs that target the prostacyclin pathway, the nitric oxide pathway and the endothelin pathway. We also expect continued development by competitors of new mechanisms of action that may be approved during the period of time that our products are being commercialized. Drugs targeting each of the clinically validated pathways may be used alone or in combination with each other to treat patients with PAH. Drugs targeted to the prostacyclin pathway, like Treprostinil Injection and YUTREPIA, are usually added to oral therapies targeting different mechanisms and their use could be impacted by changes in pricing or medical information Specifically, PDE-5 inhibitors, such as tadalafil, marketed by United Therapeutics, and sildenafil, marketed by Pfizer Inc., now compete with generic versions of both tadalafil and sildenafil; endothelin receptor antagonists, such as bosentan and macitentan, both marketed by Actelion Pharmaceuticals Ltd ("Actelion") and ambrisentan, marketed by Gilead Sciences, Inc, compete with generic version of bosentan and ambrisentan; and soluble guanylate cyclase (sGC) stimulator, such as riociguat marketed by Bayer, has seen increased since its U.S. approval in 2013.

Competition with prostacyclin-targeted treatments

Within the prostacyclin pathway, our products face competition from specific products and development programs described below.

The Treprostinil Injection product faces competition primarily from the continued use of the branded Remodulin® sold by United Therapeutics as well as additional generic treprostinil products offered by Teva, Par Pharmaceutical, Dr. Reddy's and Alembic. Generic drug prices may decline dramatically as competitors seek to secure preferential utilization though the specialty pharmacy and hospital distribution channels in which parenteral prostacyclin products are sold. Other parenteral agents that utilize the prostacyclin pathway include parenteral epoprostenol, which is marketed by multiple companies as generic and branded products.

We expect United Therapeutics to continue to defend its leadership position vigorously through, among other actions, life cycle management, marketing agreements with third-party payors, and pharmacy benefits managers. In February 2021, United Therapeutics announced the commercial launch of the Remunity™ pump for Remodulin®, which uses a small subcutaneous pump for patients starting or on a stable dose of Remodulin® and can use prefilled Remodulin® cassettes. The Remunity™ pump also bas a water-resistant casing, which may be considered more convenient than the CADD-MS3 currently used to deliver treprostinil subcutaneously. United Therapeutics is also developing RemoPro™, a prodrug of treprostinil designed to he inactive in the subcutaneous tissue and activated once metabolized in the blood, decreasing site pain currently associated with subcutaneous Remodulin® (treprostinil).

In addition to continuously infused treprostinil products, use of Treprosntil Injection may face competition from other orally delivered products in the prostacyclin pathway, including Orenitram®, sold by United Therapeutics, and Uptravi®, a selective IP agonist sold by Janssen Pharmaceuticals/Actelion. These oral products are perceived to be more convenient than infused products, although their use is targeted earlier in a patient's disease progression.

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Systematically delivered treatments also compete with localized, inhaled treatments

In addition to oral and parenteral options, we expect that YUTREPIA will face competition from the following inhaled treprostinil therapies that are either currently marketed or in clinical development.

- Tyvaso® (inhaled treprostinil) marketed by United Therapeutics, has been approved for the treatment of PAH in the United States since 2009. Tyvaso® is administered via a proprietary nebulizer four times per day. Tyvaso is the reference listed drug in our NDA for YUTREPIA. Following patent litigation, United Therapeutics and Watson Pharmaceuticals, Inc., or Watson Pharmaceuticals, reached a settlement whereby Watson Pharmaceuticals will be permitted to enter the market with a generic version of Tyvaso beginning on January 1, 2026.

- Ventavis® (inhaled iloprost) marketed in the United States by Actelion, a division of Johnson & Johnson, and in Europe by Bayer Schering Pharma AG., has been approved for the treatment of PAH in the United States since 2004. Ventavis® is administered via a proprietary nebulizer six to nine times per day.

- Tyvaso DPI™, a dry-powder, inhaled formulation of treprostinil is an investigational drug licensed by United Therapeutics from MannKind Corporation. In January 2021, United Therapeutics announced that it had demonstrated safety and tolerability of Tyvaso DPI™ in patients with PAH transitioning from Tyvaso® Inhalation Solution, and it had demonstrated comparable treprostinil exposure between Tyvaso DPI™ and Tyvaso® Inhalation Solution. United Therapeutics resubmitted the NDA filing of Tyvaso DPI™ in December 2021 after previously receiving a complete response letter in October 2021. In January 2022, United Therapeutics announced that the FDA had acknowledged acceptance of the resubmitted NDA for review as a class 1 response with a user fee goal date in February 2022. In February 2022, United Therapeutics announced that it had recently received an information request letter from the FDA requesting additional information regarding the pulmonary safety of Tyvaso DPI and that it had responded to the FDA's information request, but that the FDA has considered this response to be a major amendment to the NDA, extending FDA's review deadline to May 2022. Under the license agreement with MannKind Corporation, United Therapeutics is responsible for global development, regulatory and commercial activities. MannKind will manufacture clinical supplies and initial commercial supplies of the product while long-term commercial supplies will be manufactured by United Therapeutics.

- Treprostinil Palmitil Inhalation Powder (TPIP), a dry-powder formulation of a treprostinil prodrug, is a New Chemical Entity (NCE) being developed by Insmed Incorporated ("Insmed"). Insmed announced the completion of an initial Phase 1 study in February 2021 which demonstrated that TPIP was generally safe and well tolerated, with a pharmacokinetic profile that potentially supports once-daily dosing. In 2022, Insmed intends to enroll separate Phase 2b trials studying patients diagnosed with PAH, Pulmonary Hypertension associated with Interstitial Lung Diseases (PH-ILD), and patients Idiopathic Pulmonary Fibrosis (IPF).

- L606 is a nebulized, liposomal formulation of treprostinil for treatment of PAH being developed by Pharmosa Biopharm Inc. ("Pharmosa"). In 2021, Pharmosa initiated a Phase 3 open-label study to evaluate the safety and tolerability of L606 in subjects with PAH that have been stabilized on Tyvaso. The intended product profile seeks reduce the daily dosing frequency of Tyvaso.

There are also a variety of investigational PAH therapies in the later stages of development that target new or clinically-validated mechanism of actions (MOAs) that may benefit patients. The approval of some or any of these could change the treatment paradigm and impact the utilization of treprostinil products and the prostacyclin pathway at large. We believe that new MOAs may slow or reverse the disease progression of PAH having the net impact of increasing the diagnosed prevalent population by extending patient lives and increasing the potential addressable population for treprostinil-based therapies.

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Human Capital

As of March 4, 2022, we employed 47 salaried and 5 hourly employees, all of whom are located in the United States. We have no collective bargaining agreements with our employees, and we have not experienced any work stoppages. We consider our relations with our employees to he good.

We believe that our future success largely depends upon our continued ability to attract and retain highly skilled employees. We provide our employees with competitive salaries and bonuses, opportunities for equity ownership, development programs that enable continued learning and growth and a robust employment package that promotes well-being across all aspects of their lives, including health care, retirement planning and paid time off. In addition, we conduct an annual employee survey to gauge employee engagement and identify areas of focus.

Much of our success is rooted in the diversity of our teams and our commitment to equity and inclusion. We value diversity at all levels and continue to focus on extending our diversity and inclusion initiatives across our entire workforce, from working with managers to develop strategies for building diverse teams to promoting the advancement of leaders from different backgrounds.

In response to the COVID-19 pandemic, we implemented proactive safety measures for our employees. These measures have included, but were not limited to, substantially restricting travel, limiting access to our headquarters and requesting that most of our staff work remotely. We will continue to monitor the status of the COVID-19 pandemic and expect to implement, or re-implement, these measures as appropriate until we determine that the COVID-19 pandemic is adequately contained for purposes of our business. We may take further actions, in compliance with all appropriate government regulations, that we determine to be in the best interest of our employees.

Facilities

Our corporate headquarters is located in Morrisville, North Carolina, and consist of approximately 45,000 square feet of space under a lease that expires on October 31, 2026 and includes an option for us to renew for an additional five years through October 31, 2031, as amended. The primary use of this location is general office, laboratory, research and development and light manufacturing. We believe that our facilities are adequate for our current needs and for the foreseeable future; however, we will seek additional space as needed to accommodate our growth.

Corporate Information

We were incorporated in Delaware on June 17, 2020. Our principal executive offices are located at 419 Davis Drive, Suite 100, Morrisville, North Carolina 27560 and our telephone number is (919) 328-4400. Our website is www.liquidia.com. The information on or that can be accessed through our website is not incorporated by reference into this Annual Report, and you should not consider any such information as part of this Annual Report or in deciding whether to purchase our common stock. This Annual Report and all of our filings under the Securities Exchange Act of 1934, as amended (the "Exchange Act"), including copies of annual reports on Form 10-K, quarterly reports on Form 10-Q, current reports on Form 8-K, and any amendments to those reports, are available free of charge through our website on the date we file those materials with, or furnish them to, the U.S. Securities and Exchange Commission (SEC). Such filings are also available to the public on the internet at the SEC's website at www.sec.gov.

Government Regulation

Government Regulation and Product Approval

Government authorities in the United States at the federal, state and local level and in other countries, extensively regulate, among other things, the research, development, testing, manufacture, (including manufacturing changes), quality control, approval, labeling, packaging, storage, record-keeping, promotion, advertising, distribution, marketing, export and import of products such as those we are developing. The processes for obtaining regulatory approvals in the United States and in foreign countries, along with subsequent compliance with applicable statutes and regulations, require the expenditure of substantial time and financial resources.

Table of Contents

U.S. Drug Development Process

In the United States, the FDA regulates drugs under the United States Federal Food, Drug, and Cosmetic Act (FDCA) and the FDA's implementing regulations.

Failure to comply with the applicable U.S. requirements at any time during the product development process, approval process or after approval may subject an applicant to administrative or judicial sanctions. These sanctions could include the FDA's refusal to approve pending applications, withdrawal of an approval, a clinical hold, untitled or warning letters, product recalls, product seizures, total or partial suspension of production or distribution, injunctions, fines, refusals of government contracts, restitution, disgorgement or civil or criminal penalties. The process required by the FDA before a drug may be marketed in the United States generally involves the following:

- completion of preclinical laboratory tests, animal studies and formulation studies according to Good Laboratory Practices regulations;
- submission to the FDA of an Investigational New Drug application (IND) which must become effective before human clinical studies may begin;
- approval by an independent IRB at each clinical site before each trial may be initiated;
- performance of adequate and well-controlled human clinical studies according to Good Clinical Practice (GCP), regulations, to establish the safety and efficacy of the proposed drug for its intended use;
- preparation and submission to the FDA of an NDA, containing the results of product development, preclinical studies and clinical trials, along with descriptions of the manufacturing process, analytical tests conducted on the drug product, proposed labeling and other relevant information, to request approval to market the drug product;
- satisfactory completion of an FDA inspection of the manufacturing facility or facilities at which the drug product, or components thereof, are produced to assess compliance with cGMP to assure that the facilities, methods and controls are adequate to preserve the drug's identity, strength, quality and purity;
- satisfactory completion of FDA audits of clinical trial sites to assure compliance with GCPs and the integrity of clinical data;
- FDA review and approval of the NDA;
- payment of fees, including annual program fees for each drug product on the market; and
- ongoing compliance with any post approval requirements, including risk evaluation and mitigation strategy (REMS) and post approval studies required by the FDA.

The testing and approval process requires substantial time, effort and financial resources, and we cannot be certain that any approvals for our product candidates will be granted on a timely basis, if at all.

Once a pharmaceutical product candidate is identified for development, it enters the preclinical testing stage. Preclinical tests include laboratory evaluations of product chemistry, toxicity, formulation and stability, as well as animal studies. When a sponsor wants to proceed to test the product candidate in humans, it must submit an IND in order to conduct clinical trials.

An IND sponsor must submit the results of the preclinical tests, together with manufacturing information, analytical data and any available clinical data or literature, to the FDA as part of the IND. The sponsor must also include a protocol detailing, among other things, the objectives of the initial clinical study, the parameters to be used in monitoring safety

Name
Alexandra Yanoschak
Andres Garcia
Andria Johnson
Ashley Galloway
Brandon Knez
Brian Compton
Brian Funge
Cedric Brown
Celia Reyes
Charles Anyikam
Christian Perez Font
Corey Hart
Corey Sisk
Court Gribble
Crystal King
Dana Boyle
David Gerolemon
David Herr
Derek Schorzman
Donna Casto
Douglas Mar
Drew MacLennan
Ellie Vali
Ervin Jones
Frank Bartolini
Gareth Gwyn
Jackie Morrison
Janet Tully
Jason Adair
Jason Prabel
Jazmen Brooks
Jeff Dobson
Jeff Kindig
Jennifer Weidman
Jim Gattis
Justin Larsen
Kayla Noyes
Kevin Brown
Laura Montagna
Mae Sarasua
Marisa Law
Mark Bailey
Matt Snow
Matthew Leath
Michael Hunter
Michael Muller
Michelle Gallant
Mike Houchins
Mike Kaseta
Nathan Hedgpeth
Rajeev Saggar
Robert Lippe
Roger Jeffs
Russell Schundler
Savan Patel
Scott Moomaw
Sean Meng
Sean Yu

4BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Tarsus Pharmaceuticals, Inc.

Physical Address: 15440 Laguna Canyon Rd. Suite 160

City: Irvine State: CA Zip: 92618

Mailing Address (if different from physical address): 15440 Laguna Canyon Road, Ste 160

City: Irvine State: CA Zip: 92618

Telephone: (949) 418-1801 Website: https://tarsusrx.com/

Name of Designated Representative (DR): Remington Easo

Licensing Company Email: tarsuslicense@tarsusrx.com DR Email: reaso@tarsusrx.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☒ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty distributor's, Specialty pharmacies		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: New Facility- no suppliers sold, dispensed or distributed w/i last

Address: _____ City: _____ State: _____ Zip: _____

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): N/A

Corporation Name: Tarsus Pharmaceuticals, Inc.

Mailing Address: 15440 Laguna Canyon Road, Ste 160

City: Irvine State: CA Zip: 92618

Telephone: 949-418-1812 Email: tarsuslicense@tarsusrx.com

Contact Person Name: Remington Easo

Date of SEC Registration: 09/25/2020 | SEC Registration Number: 0001819790 | Stock Exchange Symbol: TARS

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		x
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Tarsus Pharmaceuticals, Inc.
Facility Name

Bryan Wahl
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/18/2023
Date

Board Use Only	Date Received: 1.31.23	Amount: 1000.00 CK-17241

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 8165

NAME: TARSUS PHARMACEUTICALS INC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

15440 LAGUNA CANYON RD STE 160
IRVINE CA 92618
ORANGE COUNTY

ISSUANCE DATE

NOVEMBER 8, 2022

EXPIRATION DATE

NOVEMBER 1, 2023

CURRENT DATE / TIME

FEBRUARY 16, 2023
1:27:30 PM

LICENSE RELATIONSHIPS

NAME: EASO, REMINGTON KURIAN

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 26637 **PRIMARY STATUS:** CLEAR

Tarsus Pharmaceuticals, Inc.

Description of Operations

Tarsus Pharmaceuticals, Inc. is a virtual manufacturer of pharmaceutical products located in Irvine, CA. Tarsus Pharmaceuticals, Inc. is a publicly held corporation (TARS). Tarsus Pharmaceuticals, Inc.'s product is focused on the treatment of Demodex Blepharitis. Tarsus Pharmaceuticals, Inc.'s product is manufactured by a Contract Manufacturer and will be distributed to Tarsus customers by a Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:

NextPharma OY
Niittyhaankatu 20
Tampere, Finland 33721
FDA Establishment #: 3016974567
Contact Person: Jouni Kusnetsoff, Phone: +35832848642

NextPharma manufactures Tarsus Pharmaceuticals, Inc. product and packages finished product. At no time does NextPharma own the product, contract with Tarsus Pharmaceuticals, Inc.'s customers, invoice, nor sell Tarsus Pharmaceuticals, Inc.'s product. Tarsus Pharmaceuticals, Inc.'s product is not a Controlled Substances.

Labeler Code:
81942

Third Party Logistics Provider:

For distribution into the commercial supply channels, Tarsus Pharmaceuticals, Inc. utilizes the following Third-Party Logistics (3PL) provider to manage the storage and distribution of Tarsus Pharmaceuticals, Inc.'s product to customers throughout the United States:

Cardinal Health 105 LLC dba Specialty Pharmaceutical Services
501 Mason Road, Suite 200
La Vergne, TN 37086
Contact Person: Jason Cook, Phone: (615) 287-8999

Tarsus Pharmaceuticals, Inc's Hours of operation are Monday-Friday 8:00am-5:00pm Pacific Standard Time.

Corporate Information

Tarsus Pharmaceuticals, Inc.
15440 Laguna Canyon Rd. Suite 160
Irvine, CA 92618
Phone: (949) 418-1801
Website: www.tarsusrx.com
E-mail: nclase@tarsusrx.com

FEIN: 81-4717861
State of Formation: DE
Date Incorporated: 11/17/2016

Ownership Information

Tarsus Pharmaceuticals, Inc. is a publicly held corporation (TARS).

Officers

Bobak Azamian, President and Chief Executive Officer
Business Address: 15440 Laguna Canyon Rd. Suite 160 Irvine, CA 92618
Business Phone: (949) 418-1779

Leonard Marc Greenstein, Chief Financial Officer
Business Address: 15440 Laguna Canyon Rd. Suite 160 Irvine, CA 92618
Business Phone: (949) 418-1780

Bryan W. Wahl, Secretary
Business Address: 15440 Laguna Canyon Rd. Suite 160 Irvine, CA 92618
Business Phone: (949) 418-1804

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TARSUS PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TARSUS PHARMACEUTICALS, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2016.

Jeffrey W. Bullock, Secretary of State

6134500 8300

SR# 20230164850

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202519450

Date: 01-18-23

TARSUS LABELER CODE ASSIGNMENT FROM FDA EMAIL

From: "edrls@fda.hhs.gov" <edrls@fda.hhs.gov>
Reply-To: "edrls@fda.hhs.gov" <edrls@fda.hhs.gov>
Date: Tuesday, May 18, 2021 at 8:43 AM
To: Mark Mannebach <mannebach@tarsusrx.com>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 18-MAY-2021
Labeler DUNS: 081222566
Labeler Name: Tarsus Pharmaceuticals, Inc.
Labeler Code Assigned: 81942

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Company Code : WY8
Company Name : Tarsus Pharmaceuticals, Inc.
As Of Date = 12/09/2022

Employee Name	First Name	Middle Name	Last Name
Kemp,Adrienne	Adrienne		Kemp
Ruiz,Amy Lee	Amy	Lee	Ruiz
Ho,Anh Nguyen	Anh	Nguyen	Ho
Chan,Arthur	Arthur		Chan
Mottiwala,Aziz A	Aziz	A	Mottiwala
Breese,Bettyanne	Bettyanne		Breese
Ananth,Bharatheesh K	Bharatheesh	K	Ananth
Azamian,Bobak R	Bobak	R	Azamian
Eckstein,Bryan	Bryan		Eckstein
Wahl,Bryan	Bryan		Wahl
Paulson,Catherine Heili	Catherine	Heili	Paulson
Shelton,Cheri	Cheri		Shelton
Crouse,Colleen Pearl	Colleen	Pearl	Crouse
McLean,Craig	Craig		McLean
Navarrette,Cynthia	Cynthia		Navarrette
Ropp,Daniel	Daniel		Ropp
Muller,David Nicolas	David	Nicolas	Muller
Nakasone,David	David		Nakasone
Whitfield,Dianne	Dianne		Whitfield
Hughes,Elizabeth	Elizabeth		Hughes
Robbani,Elora Jabeen	Elora	Jabeen	Robbani
Aguilar,Emily	Emily		Aguilar
Chandler,Emmanuelle	Emmanuelle		Chandler
Barton,Erin Katheryn	Erin	Katheryn	Barton
Nocito,Esteban Pablo	Esteban	Pablo	Nocito
Sim,Eunice	Eunice		Sim
Franco,Evelin	Evelin		Franco
Mun,James	James		Mun
Youmans,James	James		Youmans
Vranes,Jamie	Jamie		Vranes
Bunch,Jasmine Malia	Jasmine	Malia	Bunch
Reising,Jeffrey M	Jeffrey	M	Reising
Anderson,Jennifer Lynn	Jennifer	Lynn	Anderson
Jung,Jennifer	Jennifer		Jung
Kamachi,Jennifer	Jennifer		Kamachi
Lim,Jeremy Jason	Jeremy	Jason	Lim
Trevejo,Jose Miguel	Jose	Miguel	Trevejo
Callihan,Joshua	Joshua		Callihan
Jenkins,Joyce	Joyce		Jenkins
Ballo,Julie	Julie		Ballo
Dhamdhere,Kavita P	Kavita	P	Dhamdhere
Salata,Kelley	Kelley		Salata
Wong,Kevin	Kevin		Wong
Sorbello,Kim-Chheng Ly	Kim-Chheng	Ly	Sorbello

Norman,Kimberly A	Kimberly	A	Norman
Mengoli,Kristine	Kristine		Mengoli
Ludwig Hogan,Laura Ashley	Laura	Ashley	Ludwig Hogan
Gardner,Lauren Marie	Lauren	Marie	Gardner
Greenstein,Leonard M	Leonard	M	Greenstein
Martin,Maaza H	Maaza	H	Martin
Belilovets,Marina	Marina		Belilovets
Holdbrook,Mark J	Mark	J	Holdbrook
Luz,Mark Joseph	Mark	Joseph	Luz
Zyrkowski,Mark Ernest	Mark	Ernest	Zyrkowski
Gay,Matthew	Matthew		Gay
Rossen,Matthew	Matthew		Rossen
Kalim,Mehnaz Mona	Mehnaz	Mona	Kalim
Inducil,Melanie Fabio	Melanie	Fabio	Inducil
LaMotta,Michael William	Michael	William	LaMotta
Thorley,Mika	Mika		Thorley
Clase,Neera	Neera		Clase
Swindell,Olayemi	Olayemi		Swindell
Osundairo,Oluseyi	Oluseyi		Osundairo
Diaz,Paul	Paul		Diaz
Scotten,Priscilla	Priscilla		Scotten
Pursell,Rachelle L	Rachelle	L	Pursell
Dimalanta JR,Ramon Carsola	Ramon	Carsola	Dimalanta
Easo,Remington Kurian	Remington	Kurian	Easo
Doshi,Rutvi	Rutvi		Doshi
Neervannan,Seshadri	Seshadri		Neervannan
Callan,Shannon Jacobson	Shannon	Jacobson	Callan
Shirzadi,Shawn	Shawn		Shirzadi
Baba,Stephanie	Stephanie		Baba
Camacho,Stephanie	Stephanie		Camacho
Wong,Stephanie	Stephanie		Wong
Reyes,Steven J	Steven	J	Reyes
Likitlersuang,Sukhon	Sukhon		Likitlersuang
Warudkar,Swati	Swati		Warudkar
Moran,Timothy Patrick	Timothy	Patrick	Moran
Chandauka,Tinashe Brian	Tinashe	Brian	Chandauka
Chebanova,Valentyna	Valentyna		Chebanova
Huynh,Van	Van		Huynh
Bade,Veronica	Veronica		Bade
Curran,Vickie	Vickie		Curran
Plata,Victoria Boondarik	Victoria	Boondarik	Plata
Chuppe,Walker Gregory	Walker	Gregory	Chuppe
Cui,Yu	Yu		Cui
Branch,Zachary	Zachary		Branch
Blanzy,Katherine Mai Tram	Katherine Mai	Tram	Blanzy
Grandinetti,Alexander Michael	Alexander	Michael	Grandinetti
Strait,Alexus June	Alexus	June	Strait
Ngo,Alicia Huu	Alicia	Huu	Ngo
Ruano,Benir	Benir		Ruano
Alessandrini,Erica Leigh	Erica	Leigh	Alessandrini

Barrera,Gabriel	Gabriel		Barrera
Shoa,Golroxan	Golroxan		Shoa
Vaishnav,Himani A	Himani	A	Vaishnav
Scott,Jennifer Gravitt	Jennifer	Gravitt	Scott
Nuccio,Joseph	Joseph		Nuccio
Eisenberg,Katherine Anne	Katherine	Anne	Eisenberg
Cholkar,Kishore	Kishore		Cholkar
Cruz,Laureano	Laureano		Cruz
Sirimanne,Mai	Mai		Sirimanne
Lee,Pamela M	Pamela	M	Lee
Swartwood,Rod	Rod		Swartwood
Hickok,Shawn D	Shawn	D	Hickok

EDGAR pro
by EDGAR Online

TARSUS PHARMACEUTICALS, INC.

FORM 10-K
(Annual Report)

Filed 03/31/21 for the Period Ending 12/31/20

Address	15440 LAGUNA CANYON ROAD IRVINE, CA, 92618
Telephone	(949) 409-9820
CIK	0001819790
Symbol	TARS
SIC Code	2836 - Biological Products, (No Diagnostic Substances)
Industry	Biotechnology & Medical Research
Sector	Healthcare
Fiscal Year	12/31

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2020

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission File Number 012-34567

TARSUS PHARMACEUTICALS, INC.

(Exact name of Registrant as specified in its charter)

Delaware	**81-4717861**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification Number)**
15440 Laguna Canyon Road, Suite 160 Irvine, California	
(Address of principal executive offices)	**92618 (Zip Code)**

(949) 409-9820
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Stock, $0.0001 par value per share	TARS	The Nasdaq Global Market LLC (Nasdaq Global Select Market)

Securities registered pursuant to Section 12(g) of the Act: None.
Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒
Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒
Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

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Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☒
		Emerging growth company	☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☒

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of the registrant's voting and non-voting common equity held by non-affiliates of the registrant, based on the closing price of the registrant's common stock as reported by the Nasdaq Global Select Market on October 16, 2020, was approximately $312 million. The registrant has elected to use October 16, 2020 as the calculation date, which was the initial trading date of the registrant's common stock on the Nasdaq Global Select Market, because on June 30, 2020 (the last business day of the registrant's second fiscal quarter), the registrant was a privately-held company. Shares of common stock held by each executive officer, director, and holder of 5% or more of the outstanding common stock have been excluded in that such persons may be deemed to be affiliates. This determination of affiliate status is not necessarily a conclusive determination for other purposes.

As of March 19, 2021, the number of outstanding shares of the registrant's common stock, par value $0.0001 per share, was 20,503,096.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the information called for by Part III of this Annual Report on Form 10-K is hereby incorporated by reference to portions of the registrant's definitive proxy statement for its 2021 annual meeting of stockholders, which will be filed with the Securities and Exchange Commission not later than 120 days after the registrant's fiscal year ended December 31, 2020.

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SPECIAL NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K contains "forward-looking statements" within the meaning of Section 21E of the Securities Exchange Act of 1934, as amended ("Exchange Act"). All statements other than statements of historical facts contained in this Annual Report on Form 10-K, including statements regarding our future results of operations and financial position, business strategy, product candidates, planned preclinical studies and clinical trials, results of clinical trials, research and development costs, regulatory approvals, timing and likelihood of success, as well as plans and objectives of management for future operations, are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that are in some cases beyond our control and may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements.

- the likelihood of our clinical trials demonstrating safety and efficacy of our product candidates, and other positive results;
- the timing and progress of our current clinical trials and timing of initiation of our future clinical trials, and the reporting of data from our current and future trials;
- our plans relating to the clinical development of our current and future product candidates, including the size, number and disease areas to be evaluated;
- the prevalence of Demodex blepharitis and the size of the market opportunity for our product candidates;
- the rate and degree of market acceptance and clinical utility of our product candidates;
- our plans relating to commercializing our product candidates, if approved, including sales strategy;
- the impact of COVID-19 on our business and operations;
- the success of competing therapies that are or may become available;
- our estimates of the number of patients in the United States or globally, as applicable, who suffer from Demodex blepharitis, Meibomian Gland Disease, rosacea, Lyme disease and malaria and the number of patients that will enroll in our clinical trials;
- the beneficial characteristics, safety, efficacy, therapeutic effects and potential advantages of our product candidates;
- the timing or likelihood of regulatory filings and approval for our product candidates;
- our ability to obtain and maintain regulatory approval of our product candidates and our product candidates to meet existing or future regulatory standards;
- our plans relating to the further development and manufacturing of our product candidates, including additional indications for which we may pursue;
- our ability to identify additional products, product candidates or technologies with significant commercial potential that are consistent with our commercial objectives;
- the expected potential benefits of strategic collaborations with third parties (including, for example, the receipt of payments, achievement and timing of milestones under license agreements, and the ability of our third party collaborators to commercialize our product candidates in the territories under license) and our ability to attract collaborators with development, regulatory and commercialization expertise;
- existing regulations and regulatory developments in the United States and other jurisdictions;
- our plans and ability to obtain or protect intellectual property rights, including extensions of existing patent terms where available;

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- our continued reliance on third parties to conduct additional clinical trials of our product candidates, and for the manufacture of our product candidates for preclinical studies and clinical trials;
- the need to hire additional personnel, in particular sales personnel, and our ability to attract and retain such personnel;
- the accuracy of our estimates regarding expenses, future revenue, capital requirements and needs for additional financing;
- our financial performance;
- the sufficiency of our existing capital resources to fund our future operating expenses and capital expenditure requirements;
- our competitive position;
- our expectations regarding the period during which we will qualify as an emerging growth company under the JOBS Act; and
- our anticipated use of our existing resources and the proceeds from our Initial Public Offering.

We have based these forward-looking statements largely on our current expectations and projections about our business, the industry in which we operate and financial trends that we believe may affect our business, financial condition, results of operations and growth prospects, and these forward-looking statements are not guarantees of future performance or development. These forward-looking statements speak only as of the date of this Annual Report on Form 10-K and are subject to a number of risks, uncertainties and assumptions described in the section titled "Risk Factors" and elsewhere in this Annual Report on Form 10-K. Because forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified, you should not rely on these forward-looking statements as predictions of future events. The events and circumstances reflected in our forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements after the date of this Annual Report on Form 10-K, whether as a result of any new information, future events or otherwise.

In addition, statements that "we believe" and similar statements reflect our beliefs and opinions on the relevant subject. These statements are based upon information available to us as of the date of this Annual Report on Form 10-K, and while we believe such information forms a reasonable basis for such statements, such information may be limited or incomplete, and our statements should not be read to indicate that we have conducted an exhaustive inquiry into, or review of, all potentially available relevant information. These statements are inherently uncertain and you are cautioned not to unduly rely upon these statements.

Unless the context otherwise requires, all references in this Annual Report on Form 10-K to the "Company", "we," "us," "our," "Tarsus" and "Tarsus Pharmaceuticals" refer to Tarsus Pharmaceuticals, Inc. We primarily conduct our business activities as Tarsus Pharmaceuticals.

***

Tarsus Pharmaceuticals, Tarsus, and Tarsus Pharmaceuticals, Inc., our logo and other registered or common law trade names, trademarks or service markets of Tarsus appearing in this report are the property of the Company. This report contains additional trade names, trademarks and service marks of other companies that are the property of their respective owners. We do not intend our use or display of other companies' trade names, trademarks or service marks to imply a relationship with, or endorsement or sponsorship of us by, these other companies. Solely for convenience, our trade names, trademarks and service marks referred to in this report appear without the ®, ™ or ℠ symbols, but such references are not intended to indicate, in any way, that we will not assert, to the fullest extent under applicable law, our rights or the right of the applicable licensor to these trade names, trademarks and service marks.

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SUMMARY OF RISKS ASSOCIATED WITH OUR BUSINESS

We face risks and uncertainties associated with our business, many of which are beyond our control. Some of the more significant risks associated with our business include the following:

- We are a late clinical-stage biopharmaceutical company with limited operating history. We have incurred significant losses and negative cash flows from operations since our inception and anticipate that we will continue to incur significant expenses and losses for the foreseeable future.
- We may need to obtain additional funding to complete the development and any commercialization of our product candidates, if approved. If we are unable to raise this necessary capital when needed, we would be forced to delay, reduce or eliminate our product development programs, commercialization efforts or other operations.
- We are heavily dependent on the success of our lead product candidate, TP-03 for the treatment of Demodex blepharitis.
- The COVID-19 pandemic, which began in late 2019 and has spread worldwide, may continue to affect our ability to initiate and complete preclinical studies and clinical trials, disrupt regulatory activities, disrupt our manufacturing and supply chain or have other adverse effects on our business and operations.
- Even if TP-03 or any other product candidate that we develop receives marketing approval, we may not be successful in educating eye care physician ("ECPs"), and the market about the need for treatments specifically for Demodex blepharitis and or other diseases or conditions targeted by our product candidates, and TP-03 or other product candidates that we may develop may fail to achieve market acceptance by ECPs, other healthcare providers and patients, or adequate formulary coverage, pricing or reimbursement by third-party payors and others in the medical community, and the market opportunity for these products may be smaller than we estimate.
- The development and commercialization of our products, including our lead product candidate, TP-03 for the potential treatment of Demodex blepharitis and Meibomian Gland Disease ("MGD"), TP-04 for the potential treatment of rosacea and TP-05 for potential Lyme prophylaxis and community malaria reduction, is dependent on intellectual property we license from Elanco Tiergesundheit AG ("Elanco"). If we breach our agreements with Elanco or the agreements are terminated, we could lose license rights that are important to our business. Furthermore, some of our revenue is dependent on receipt of payments and achievement and timing of milestones under the terms of our out-license agreement with LianBio Ophthalmology Limited ("LianBio"), granting exclusive commercial rights of TP-03 for the treatment of Demodex blepharitis and MGD within the People's Republic of China, Macau, Hong Kong, and Taiwan (the "Territory"). Adverse effects on our business could occur if LianBio is not able to make payments, achieve milestones, and/or successfully commercialize TP-03 in the Territory.
- We will need to develop and expand our company and we may encounter difficulties in managing our growth, which could disrupt our operations.
- The sizes of the market opportunity for our product candidates, particularly TP-03 for the treatment of Demodex blepharitis and MGD, have not been established with precision and may be smaller than we estimate, possibly materially. If our estimates of the sizes overestimate these markets, our sales growth may be adversely affected. We may also not be able to grow the markets for our product candidates as intended or at all.
- Clinical drug development involves a lengthy and expensive process with uncertain timelines and uncertain outcomes, and results of earlier studies and trials may not be predictive of future results.
- Any termination or suspension of, or delays in the commencement or completion of, our planned clinical trials could result in increased costs to us, delay or limit our ability to generate revenue and adversely affect our commercial prospects.
- We rely on third parties to conduct our clinical trials and perform some of our research and preclinical studies.
- If we are unable to obtain and maintain sufficient intellectual property protection for our product candidates, or if the scope of the intellectual property protection is not sufficiently broad, our competitors could develop and

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commercialize products similar or identical to ours, and our ability to successfully commercialize our products may be adversely affected.

- Patent terms may be inadequate to protect our competitive position on our product candidates and preclinical programs for an adequate amount of time.
- The concentration of our stock ownership will likely limit your ability to influence corporate matters, including the ability to influence the outcome of director elections and other matters requiring stockholder approval.

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PART I

Item 1. Business

Overview

We are a late clinical-stage biopharmaceutical company focused on the development and commercialization of therapeutic candidates to address large market opportunities, initially in ophthalmic conditions, where there are limited treatment alternatives. Our lead product candidate, TP-03, is a novel therapeutic in Phase 2b/3 that is being developed for the treatment of blepharitis caused by the infestation of Demodex mites, which is referred to as Demodex blepharitis. Blepharitis ("Blephar" is a reference to eyelid and "itis" is a reference to inflammation) is a condition characterized by inflammation of the eyelid margin, redness and ocular irritation, including a specific type of eyelash dandruff called collarettes in Demodex blepharitis. The healthy interaction of the eyelid and the surface of the eyeball is crucial to ocular health. Poorly controlled and progressive blepharitis can lead to worsening of corneal damage over time and, in extreme cases, blindness.

According to published studies, there are an estimated 20 million patients in the United States who suffer from blepharitis, with approximately 45% or nine million of cases caused by Demodex infestation. Further, the possible number of Demodex blepharitis cases may be as high as approximately 25 million, based on our internal research indicating approximately 58% of patients presenting to eye care clinics have collarettes and a published study estimating that at least 45 million people annually visit an eye care clinic.

We believe that TP-03 has the potential to be the first FDA-approved therapeutic for the treatment of Demodex blepharitis and become the standard of care. The active pharmaceutical ingredient ("API") of TP-03, lotilaner, is designed to paralyze and eradicate mites and other parasites through the inhibition of parasite-specific gamma-aminobutyric acid-gated chloride ("GABA-Cl") channels.

To date, we have completed four Phase 2 trials for TP-03 in Demodex blepharitis, all of which met their primary, secondary and/or exploratory endpoints, as applicable, and during which TP-03 was well tolerated. Our Phase 2b/3 trial, Saturn-1, commenced in September 2020. We expect to begin our Phase 3 trial, Saturn-2, in the second quarter of 2021, both with primary and secondary endpoints consistent with those of our Europa and Io Phase 2 trials. If successful, we expect the Saturn-1 and Saturn-2 trials to support our submission of a new drug application ("NDA") with the United States Food and Drug Administration ("FDA") for TP-03 for the treatment of Demodex blepharitis.

In December 2020 we had a Type C meeting with the FDA for TP-03. This meeting confirmed our planned NDA pathway with respect to the data and information required in our forthcoming NDA filing. Furthermore, we intend to pursue marketing authorizations in jurisdictions outside the United States, including Europe and Japan.

On March 26, 2021, we executed an out-license agreement with LianBio Ophthalmology Limited ("LianBio"), granting exclusive commercial rights of TP-03 for the treatment of Demodex blepharitis and MGD within the People's Republic of China, Macau, Hong Kong, and Taiwan (the "Territory"). We are contractually entitled to receive (i) an aggregate $25 million by June 30, 2021, (ii) regulatory and sales milestone receipts totaling $75 million and $100 million, respectively, (iii) tiered royalties in the low double-digits on the net sales of TP-03 within the Territory, and (iv) a minority interest in LianBio that vests upon the achievement of certain clinical and regulatory milestones.

We intend to further advance our pipeline with lotilaner API to address several diseases across therapeutic categories in human medicine, including eye care, dermatology, and other diseases. These targeted diseases with high unmet medical need currently include MGD, rosacea, Lyme disease, and malaria.

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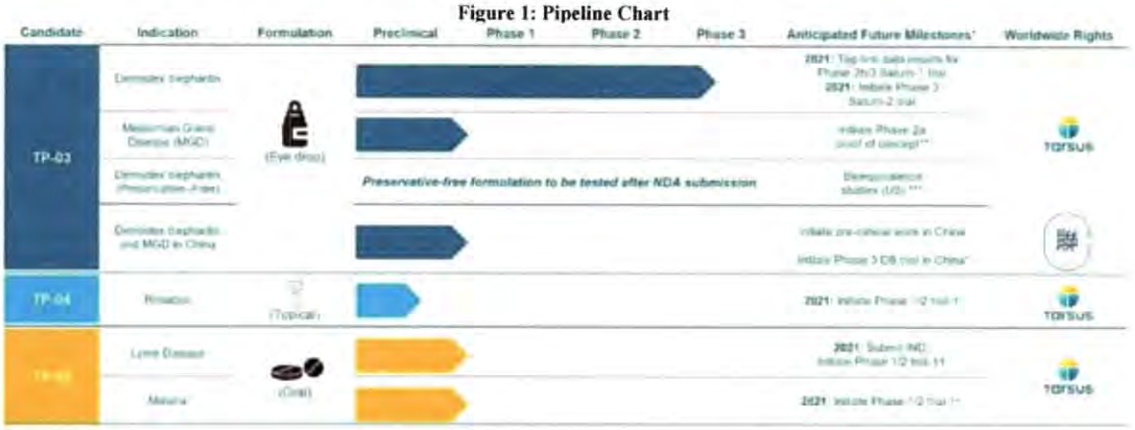
The following pipeline chart presents our wholly-owned product candidates and clinical development status:

Figure 1: Pipeline Chart



* Anticipated milestones are subject to the impact of the ongoing COVID-19 pandemic on our business and those of our partners.

** We intend to rely on preclinical studies and clinical safety assessments from the Demodex blepharitis program. We have not conducted and do not intend to conduct any preclinical studies with TP-03 for the treatment of MGD in order to advance to Phase 2a.

*** We intend to leverage all preclinical, Phase 2 and Phase 3 data from the TP-03 Demodex blepharitis program. We intend to conduct *in vitro* or *in vivo* bioequivalence studies with our preservative-free formulation to compare it to the current preserved formulation of TP-03 in Demodex blepharitis after NDA submission and file a supplement.

† We intend to leverage systemic preclinical data from our TP-03 program and augment with additional dermal preclinical studies to select formulation in order to advance to Phase 1/2, which we intend to conduct outside the United States. We may need to address this approach with the FDA if we were to conduct a clinical trial in the United States. We have not conducted any preclinical studies in rosacea with TP-04 to date.

†† In relation to Lyme disease and malaria, we intend to leverage oral systemic preclinical data from our TP-03 program as well as third-party oral systemic preclinical studies for Lyme disease or community malaria reduction, respectively (and will not conduct our own preclinical studies for Lyme disease and malaria). The formulations used in preclinical studies use the common approach of a gavage that is scaled as appropriate for use in animals. However, human administration, while continuing to be oral, will take the form of a tablet or capsule. In relation to lyme, we had a successful pre-IND meeting with the FDA in February 2021 and gained agreement on our proposed Phase1 study design. We plan to file an IND in the US in the second quarter of 2021 and, subject to FDA approval of the IND, we intend to initiate our Phase 1 trials to evaluate safety and pharmacokinetics of TP-05 from single ascending dose (SAD) and multiple ascending dose (MAD) studies in normal healthy volunteers. In relation to malaria, we may conduct our Phase 1/2 trial outside the United States.

Blepharitis: Market Overview

Blepharitis is a common, chronic ophthalmic condition characterized by inflammation of the eyelid margin, redness and ocular irritation. It is also a progressive disease that often manifests with more severe symptoms if left untreated, such as blurring of vision, missing eyelashes, corneal damage and, in extreme cases, blindness. According to published studies, an estimated 20 million patients suffer from blepharitis in the United States, and there is growing recognition within the ophthalmic community about Demodex mites as an underlying cause of blepharitis. Demodex mites are the most common ectoparasite found on humans. Demodex mites potentially cause approximately 45%, or approximately nine million, of blepharitis cases in the United States and we believe that the number of Demodex blepharitis patients in the United States may be as high as approximately 25 million based on our internal research indicating approximately 58% of patients presenting to eye care clinics have collarettes and a published study estimating that at least 45 million people annually visit an eye care clinic. In addition, there is growing awareness among ECPs of a specific type of debris found at the base of the eyelashes, known as collarettes, or cylindrical dandruff, which are highly correlated with Demodex infestation. Collarettes are composed of partially digested epithelial cells, mite waste products and eggs among other things and can be easily diagnosed by ECPs with a standard eye examination. Demodex blepharitis increases progressively with aging, which is the main risk factor for the condition. These aging patients commonly present to the offices of ECPs for other ophthalmic conditions besides blepharitis, such as cataract surgery and contact lens discomfort. Accordingly, we believe that there is significant opportunity to increase the diagnosis rate of Demodex blepharitis through ECP and patient education that encourages examination of the condition in standard practice.

Despite the high prevalence of patients with Demodex blepharitis and growing awareness of the condition amongst ECPs, there are no FDA-approved therapeutics for the treatment of blepharitis or for Demodex blepharitis. Although we believe blepharitis and Demodex blepharitis are significantly underdiagnosed conditions, with limited treatment alternatives, there are already an estimated 2.1 million annual blepharitis diagnoses in the United States with blepharitis classified per the International Classification of Diseases, Tenth Revision, Clinical Modification ("ICD-10-CM"). Demodex blepharitis is

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currently treated with a variety of over the counter remedies such as tea tree oil, lid wipes and artificial tears, as well as off-label prescription products, which often show sub-optimal efficacy, are poorly tolerated and lead to significant irritation and dissatisfaction for patients, and do not eradicate the Demodex mites.

We have conducted epidemiology and market research on the prevalence of blepharitis and potential adoption of TP-03. Our research indicates approximately 58% of patients presenting to ECP offices have collarettes and, based on Gao (2005), all patients with collarettes were also found to have Demodex. This further validates the accessible opportunity to increase diagnosis rates among patients. In addition, our market research suggests the potential for a high level of adoption of TP-03, if approved. In our surveys, we interviewed 50 ECPs, 96% of whom indicated they would prescribe TP-03 as a first-line treatment for Demodex blepharitis after exposure to the TP-03 target product profile. See the section titled "Market Opportunity in Blepharitis—Our Market Research Studies and Surveys" for more information regarding our surveys. Further, patients continue to have underlying risk of Demodex infestation, so there could be a recurrence based on the presence of Demodex mites in the skin even after eradication of Demodex mites from the eyelid. Our Phase 2 data from the Mars and Jupiter clinical trials followed patients to one year after treatment and showed meaningful recurrence of Demodex blepharitis within six to nine months, which increased considerably one year after treatment. We believe this data suggests TP-03, if approved, may be used on a chronic, intermittent basis in Demodex blepharitis.

We believe the blepharitis market has the potential to be analogous to other ophthalmic markets that grew significantly once there was a product to address the large, latent demand for an effective therapy, such as dry eye. For example, another ocular surface disease, dry eye, had no approved therapeutic for the condition until 2003. With the approval of a therapeutic to treat dry eye in 2003 and concurrent ECP and patient education, the diagnosis rate increased by approximately 12 times, growing from 500,000 annual diagnoses in 2003 to over six million annual diagnoses in 2015. Annual diagnoses rates have been maintained at similar levels since 2015. Blepharitis already has 2.1 million diagnoses per year with blepharitis classified per the ICD-10-CM, despite no approved therapies to help with market awareness, but we believe there is potential for significant market expansion. The markets may be analogous because both Demodex blepharitis and dry eye are diseases that affect the front of the eye, are treated by ECPs, can cause an inflamed ocular surface or eyelids and have similar patient demographics. The potential market for Demodex blepharitis, however, may not be analogous to the market for dry eye due to differences in symptoms, regulatory approval and market dynamics and certain other factors. See "Risk Factors – Risk Related to Development and Commercialization of Our Product Candidates—The market for blepharitis and Demodex blepharitis may be not be similar to the market for dry eye." for additional information and risks related to the comparison of the Demodex blepharitis market to that of dry eye.

We believe there is a significant opportunity to increase the diagnosis rate of Demodex blepharitis and build a significant new market with the approval of a safe and effective therapeutic alternative that addresses the underlying cause of the condition.

Our Approach: TP-03

We are developing TP-03, formulated as an eye drop, which we believe, if approved, has the potential to become the standard of care for Demodex blepharitis. TP-03 is a novel therapeutic based on the drug, lotilaner, which is designed to paralyze and eradicate mites and other parasites through the inhibition of parasite-specific GABA-Cl channels.

We have completed four Phase 2 clinical trials to date, along with one additional *ex vivo* study. Key efficacy endpoints for our Mars and Jupiter clinical trials included collarette grade and mite density and key efficacy endpoints for our Io and Europa clinical trials included collarette cure rate based on collarette grade, which we refer to herein as collarette cure rate, and mite eradication rate. TP-03 met its primary, secondary and/or exploratory endpoints, as applicable, in such trials, and showed statistically significant cure and eradication rates in our two most recent trials, Io and Europa. TP-03 was generally well tolerated throughout these trials. The Phase 2a Mars trial was a smaller single arm trial evaluating the safety and efficacy of TP-03 with a 28-day twice per day, or BID, dosing regimen, with exploratory endpoints including collarette grade and mite density. We utilized the data from the exploratory endpoints to determine collarette cure rate, defined as 10 or fewer collarettes, and mite eradication rate, defined as zero mites per lash. Both collarette cure and mite eradication rates were assessed at 28 days, which were 86% and 57%, respectively.

The Phase 2b Jupiter trial was a larger randomized, controlled double-blind trial with mite density and collarette grade as primary and secondary endpoints, respectively. Similarly to the Mars trial, we utilized the collarette grade and mite density data to determine collarette cure and mite eradication rates, which were both defined consistently with those used in the Mars trial. The efficacy observed in the Jupiter trial appeared consistent with the Mars trial, with a collarette cure rate of 88%, and mite eradication rate of 66%, which were statistically significant compared to the vehicle control. We subsequently conducted the Io Phase 2a and Europa Phase 2b trials to evaluate the safety and efficacy of TP-03 formulation for the treatment of Demodex blepharitis. The design of the Io trial took into account feedback from the FDA, and accordingly we defined collarette cure rate as a more stringent standard of two or fewer collarettes on the eyelid, with a treatment duration of 42 days.

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In the Io trial, we utilized for the first time in clinical trials the formulation of TP-03 that is expected to support our NDA submission for Demodex blepharitis. The change in formulation consisted of replacing LAK with sorbate as the preservative as well as adding a chelating agent. The key differences between the Io and Europa trials, were that Io was a smaller single-arm trial, while Europa was a slightly larger randomized vehicle-controlled trial. The endpoints achieved in Io and Europa were consistent across both trials, with a collarette cure rate of 72% and 80%, respectively, and a mite eradication rate of 78% and 73%, respectively. The achievement of primary, secondary and/or exploratory endpoints, as applicable, in such trials, and safety results across our comprehensive Phase 2 program provided us with the basis to design and initiate our pivotal Phase 2b/3 and Phase 3 clinical trials for TP-03 for the treatment of Demodex blepharitis.

We plan to evaluate TP-03 in two pivotal registration trials, referred to as Saturn-1 and Saturn-2. Saturn-1 is a Phase 2b/3, randomized, controlled, double-blind trial to evaluate the safety and efficacy of TP-03 that is expected to enroll at least 350 Demodex blepharitis patients in multiple centers in the United States. Saturn-1 commenced in September 2020 and top-line data is expected in 2021, subject to the impact of the ongoing COVID-19 pandemic. Saturn-2, our confirmatory Phase 3 randomized, controlled, double-blind trial, has a highly comparable design to that of Saturn-1 and is also expected to enroll approximately 350 Demodex blepharitis patients. Enrollment of Saturn-2 is expected to begin in 2021, subject to the impact of the ongoing COVID-19 pandemic.

In connection with our IND application, we have received a "no-objection" letter from the FDA regarding the trial design for Saturn-1. The trial design for Saturn-2 is highly comparable to that of Saturn-1 and we expect to update the IND protocol prior to commencing Saturn-2. We expect these trials to support the potential submission of an NDA for TP-03 for the treatment of Demodex blepharitis. In December 2020 we had a Type C meeting with the FDA; this meeting confirmed our planned NDA pathway with respect to the data and information required in our forthcoming NDA filing.

We also intend to explore the therapeutic potential of TP-03 for a second ophthalmic condition, MGD, commonly characterized in part by a widespread clogging of the meibomian glands that can result in tear film deficiency, and is one of the leading causes of dry eye disease. There are no FDA-approved therapeutics for MGD. In the United States, MGD prevalence has been found to be approximately two-thirds of the estimated 34 million dry eye patient population. One species of Demodex mite, *Demodex brevis*, is known to infest the meibomian gland, and clinical signs of MGD have been shown to be correlated with infestation of *Demodex brevis*. While dry eye is a multi-factorial disease, TP-03 is designed to relieve some of the key elements of MGD by virtue of causing the death of the *Demodex brevis* mites.

Our Approach: TP-04 and TP-05

We are also developing additional clinical-stage product candidates with lotilaner. These include TP-04 for the potential treatment of rosacea as well as TP-05 for potential Lyme prophylaxis and community malaria reduction.

Rosacea is a chronic skin disease characterized by facial redness, inflammatory lesions, burning and stinging, which can flare up in response to certain triggers such as sun exposure or emotional stress. According to the U.S. National Rosacea Society, approximately 16 million people in the United States are affected by rosacea and a study estimates rosacea prevalence can represent up to 5.4% of the global population. We intend to develop TP-04 as a topical formulation, and we plan to initiate a Phase 1/2 trial of TP-04 outside the United States, for the treatment of rosacea in 2021. We initiated preclinical studies to select Phase 1/2 formulation for TP-04.

Lyme disease is the most common vector-borne disease in the United States, caused by infection of Borrelia bacteria following bite by a tick vector. Estimates of annual cases of Lyme disease in the United States range from approximately 300,000 to 400,000. Malaria is one of the world's highest unmet public health needs, with approximately 228 million cases and more than 400,000 deaths caused by malaria worldwide. We are developing TP-05 as an oral formulation that is designed as a prophylactic drug against Lyme disease to eradicate the tick before it can transmit the Borrelia bacteria. Further, we believe TP-05 also has the potential to significantly reduce malaria transmission through reducing the lifespan of mosquitos that transmit malaria. This may in turn provide herd protection against the spread of malaria. TP-05 is not intended to treat the disease, but to limit its transmission. We have obtained FDA feedback in a pre-IND meeting and plan to submit an IND and initiate a Phase 1/2 trial of TP-05 for Lyme disease in 2021. For malaria, we may conduct the Phase 1/2 trial outside of the United States.

Our Strategy

Our goal is to transform the treatment of Demodex blepharitis with a first ever FDA approved pharmaceutical therapeutic, and to develop our pipeline of innovative therapies that target certain parasite-mediated diseases with large market opportunities. We intend to achieve these goals by pursuing the following key strategic objectives:

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- **Advance TP-03 through clinical development and eventual approval for the treatment of Demodex blepharitis.** We have observed in multiple Phase 2 trials across 147 patients that TP-03 results in the achievement of clinical endpoints, which are generally the same clinical endpoints that will be utilized in our pivotal Phase 2b/3 and Phase 3 trials. We have commenced our first pivotal trial, Saturn-1, a Phase 2b/3 trial, in September 2020, and we expect top-line data in 2021, subject to the impact of the ongoing COVID-19 pandemic. Enrollment of our second pivotal trial, Saturn-2, which will be a Phase 3 trial, is expected to begin in 2021, subject to the impact of the ongoing COVID-19 pandemic.
- **Educate ECPs and establish our own specialty sales organization to commercialize TP-03 in the United States.** If approved by the FDA for Demodex blepharitis, we intend to commercialize TP-03 by developing our own sales organization targeting a subset of the approximately 25,000 prescribing ECPs in the United States. Throughout our commercialization efforts, we intend to educate ECPs on Demodex blepharitis and how to diagnose it with a standard eye examination.
- **Expand the label of TP-03 for other indications, including MGD.** Like blepharitis, MGD may also be caused by Demodex infestation, and we intend to explore the clinical potential for TP-03 in the indication.
- **Develop our pipeline, bringing novel products utilizing lotilaner to unmet needs across human medicine, including rosacea, Lyme disease and malaria**. We plan to expand our pipeline of novel, differentiated product candidates that target parasites to treat or prevent important diseases. The mechanism of lotilaner coupled with our insights into disease where it can demonstrate clinical benefit, provides an opportunity to expand into new indications for treatment or prevention. By utilizing new formulations of lotilaner, we intend to develop a topical formulation designed to treat rosacea, and oral formulations for the prophylaxis of Lyme and community malaria reduction. We intend to expand into Phase 1/2 clinical trials for these indications in 2021.
- **Evaluate and selectively enter into strategic collaborations to maximize the potential of our pipeline and the scope of our eye care product offerings.** Other than the recent out-license to LianBio of TP-03 for the treatment of Demodex blepharitis and MGD within the Territory as noted above, we have retained our rights globally to all of our indications for use in humans, including our lead product candidate, TP-03, for the potential treatment of Demodex blepharitis and MGD, TP-04 for the potential treatment of rosacea and TP-05 for potential prophylaxis of Lyme and community malaria reduction. We are dependent on licenses from Elanco for the development and commercialization of these products. Given the potential to treat patients worldwide we may opportunistically enter into strategic collaborations around certain product candidates, disease or geographic regions.

Blepharitis Overview

Blepharitis

Ocular surface disease represents a broad category of disease that affects at least 35 million people in the United States. The ocular surface comprises the cornea, conjunctiva, eyelids and lacrimal glands and as such any diseases in these structures can be classified as ocular surface disease. Common ocular surface diseases include dry eye disease, ocular allergy, blepharitis and MGD. Almost all of the ocular surface diseases are associated with eye redness and ocular surface inflammation and in some cases conjunctival and/or lid edema. Patients often present with multiple ocular surface diseases and the symptoms have significant overlap, leading to frequent misdiagnosis of the various conditions.

Blepharitis is a common chronic ophthalmic condition characterized by inflammation of the eyelid margin, redness and ocular irritation and is primarily diagnosed and treated by ECPs, including ophthalmologists and optometrists. Based on published studies, an estimated 20 million patients suffer from blepharitis in the United States. Typical signs and symptoms of blepharitis include debris on the eyelashes, redness of eye and eyelid, missing or misdirected eyelashes, blurring of vision, irritation, itchiness and ocular discomfort. It is challenging to manage, recurs frequently, and its progression can lead to scarring of the eyelid, loss of proper eyelid and tear-film function, eyelid and lash abnormalities, inflammation of the conjunctiva and surrounding skin, suboptimal surgical outcomes, corneal damage, and in extreme cases, blindness. Further, approximately 67% of cataract patients have Demodex infestation, which can increase the risk for both infection after cataract and refractive surgery. Therefore, treating Demodex blepharitis may improve patient satisfaction with cataract and refractive surgery. Additionally, the primary reason people stop wearing contact lenses is discomfort and blepharitis has been shown to cause contact lens intolerance. Therefore, treating Demodex blepharitis may reduce contact lens intolerance. We believe these benefits may lead to better vision and an improved quality of life for patients.

Multiple factors can cause blepharitis, including infestation by Demodex mites, bacterial infection, clogging of the meibomian glands and seborrheic dermatitis.

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The following image shows eyelids with blepharitis:

Figure 2: Eyelids With Blepharitis

Demodex Blepharitis

Demodex infestation is a major cause of blepharitis, implicated in approximately 45% of blepharitis cases, or approximately nine million patients. We estimate that the number of Demodex blepharitis patients in the United States may be as high as approximately 25 million based on our internal research indicating approximately 58% of patients presenting to eye care clinics have collarettes and a published study estimating that at least 45 million people annually visit an eye care clinic. These blepharitis cases are referred to Demodex blepharitis. Demodex mites are the most common ectoparasite found on humans and are more likely to cause infestation and disease with aging. Demodex blepharitis typically presents bilaterally in patients with the condition. There are two species of Demodex, *folliculorum* and *brevis*, that live on the skin of the face and eyelids. *Demodex folliculorum,* which is commonly found in the follicle, is the more common sub-species of mite that causes Demodex blepharitis.

The key clinical sign of Demodex blepharitis is a specific type of eyelid debris known as the collarette, which is also sometimes referred to as cylindrical dandruff or waxy scurf. Collarettes are composed of partially digested epithelial cells, mite waste products and eggs among other things and can be easily diagnosed by ECPs with a standard eye examination known as the slit lamp examination. Other bothersome signs and symptoms of Demodex blepharitis that lead to further disease progression include missing or misdirected eyelashes, crusting, redness of the lid margin, inflammation of the lid margin, inflammation of the conjunctiva and/or inflammation of the cornea, also known as blepharoconjunctivitis and blepharokeratitis. Demodex blepharitis is a progressive disease that often manifests with more severe signs and symptoms if left untreated, such as blurring of vision, missing eyelashes, corneal damage and, in extreme cases, blindness. Furthermore, Demodex blepharitis can negatively impact quality of life and create an emotional burden for individuals with the condition.

The following figures demonstrate how *Demodex folliculorum* mites enter and reside in the eyelash follicles:

Figure 3: *Demodex folliculorum* Mites Entering and Residing in Eyelash Follicles

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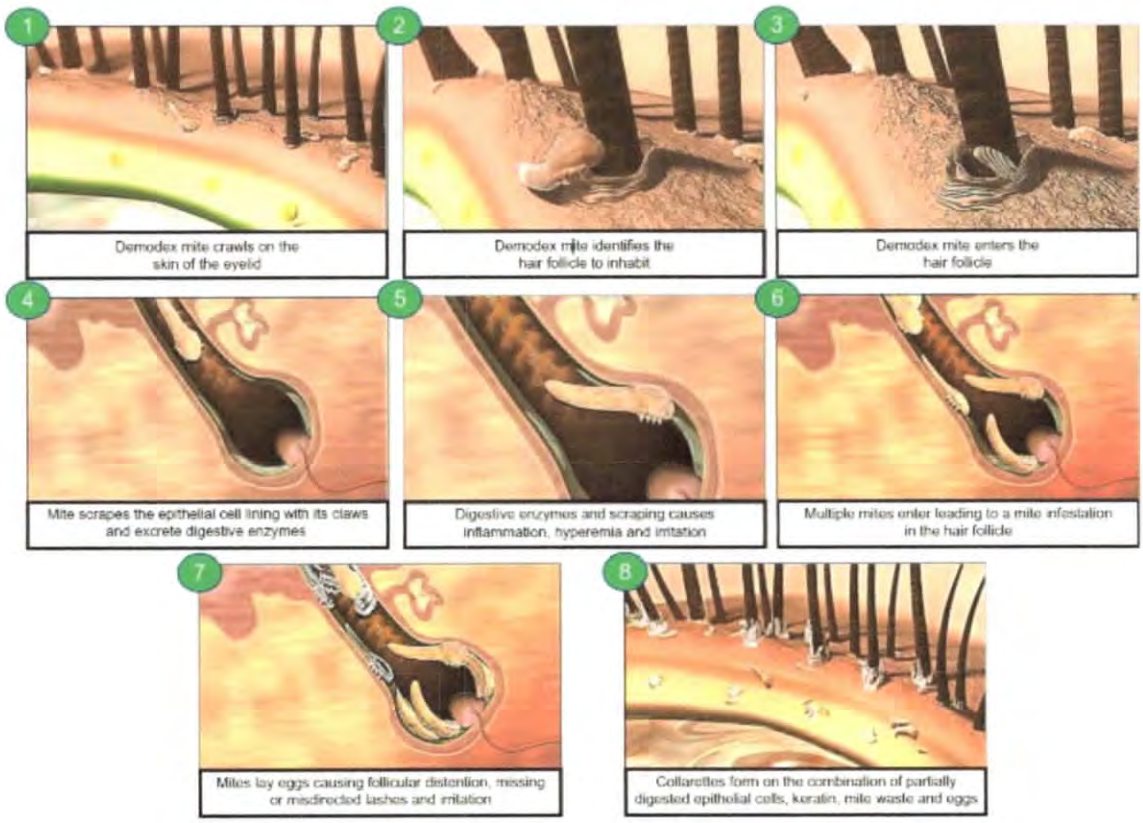

Demodex infestation can lead to Demodex blepharitis in three main ways:

1) **Mechanical:** Overcrowded mites scrape the epithelial cell lining of the eyelash follicles with their claws and lay eggs, causing follicular distention, misdirected lashes, eyelash loss and irritation. Dead mites and collarettes also obstruct the hair follicle opening, leading to inflammation.
2) **Chemical:** Mites excrete digestive enzymes as they feed and exude digestive waste when they die, resulting in inflammation, redness, irritation and epithelial hyperplasia.
3) **Bacterial:** Bacteria living on the mite surface or in its gut cause inflammation of the surrounding ocular tissues.

As mites scratch and feed on the skin, the partially digested epithelial cells, keratin, mite waste and eggs combine to form collarettes. These collarettes are typically found at the base of the lash but can migrate away as the hair shaft grows.

The following figure shows collarettes at the base of an eye lash:

Figure 4: Collarettes Are the Pathognomonic Sign of Demodex Blepharitis

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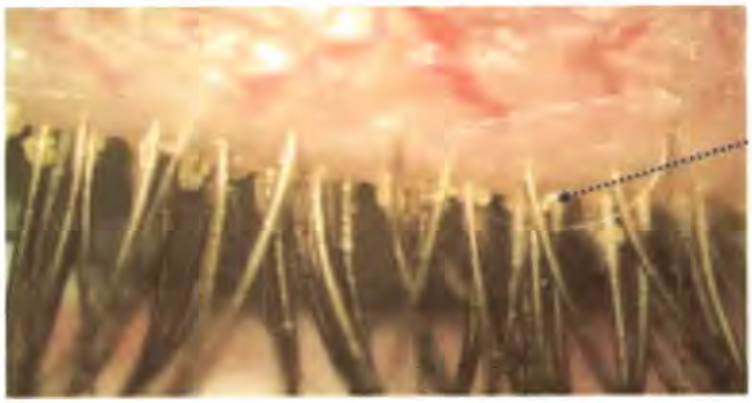
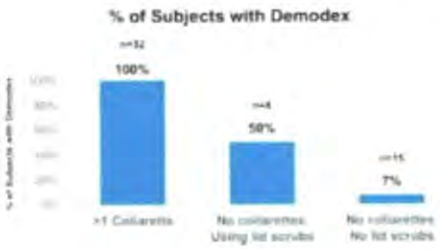


A study conducted by Gao et al. (Gao et al. (2005): High Prevalence of Demodex in Eyelashes with Cylindrical Dandruff. Invst Ophth and Vis Sci, September 2005, Vol. 46, No. 3089-3094.) confirmed the pathognomonic relationship of the collarette to Demodex infestation. The study included 55 patients seen at the Ocular Surface Center in Miami, Florida to determine the prevalence of Demodex in eyelashes with collarettes. All patients underwent a routine, complete eye examination and external photography. Patients were divided into three main groups: those with collarettes; those without collarettes and who had been using daily lid scrubs for a full year; and those without collarettes who were not performing the daily lid scrubs. As illustrated in the figure below, 100% (n=32) of patients with at least one collarette had Demodex present. Those patients without collarettes were divided into two groups; patients who were using lid scrubs for a full year and those who were not. Only 7% (n=15) of patients without collarettes and who were not performing the daily lid scrubs had Demodex, while 50% (n=8) of those subjects without collarettes, but who were using daily lid scrubs with shampoo for a full year, had Demodex infestation, implying that hygiene alone did not eradicate the mites. All 55 patients were seen at one location and may not be representative of the United States population.

The following figure shows that 100% of patients with at least one collarette had Demodex infestation:

Figure 5: 100% of Patients With at Least One Collarette Had Demodex Infestation



Demodex blepharitis can be easily diagnosed by ECPs with the standard eye examination, the slit lamp examination, by confirming the presence of collarettes. The slit lamp examination is routinely performed by ECPs as part of standard practice during a customary eye examination, so diagnosing Demodex blepharitis via presence of collarettes would not involve any additional equipment, training or workflow alterations on the part of the ECP.

Market Opportunity in Blepharitis

According to published studies, there are an estimated 20 million patients in the United States who suffer from blepharitis, with approximately 45%, or approximately nine million, of cases caused by Demodex infestation. Further, we estimate that the number of Demodex blepharitis cases in the United States may be as high as approximately 25 million based on our internal research indicating approximately 58% of patients presenting to eye care clinics have collarettes and a published study estimating that at least 45 million people annually visit an eye care clinic. Despite the high prevalence of patients with Demodex blepharitis and growing awareness of the condition amongst ECPs, there are no FDA-approved therapeutics for the treatment of blepharitis or for Demodex blepharitis. Although we believe blepharitis and Demodex blepharitis are significantly underdiagnosed conditions, with limited treatment alternatives, there are already an estimated 2.1 million annual blepharitis diagnoses in the United States with blepharitis classified per the ICD-10-CM.

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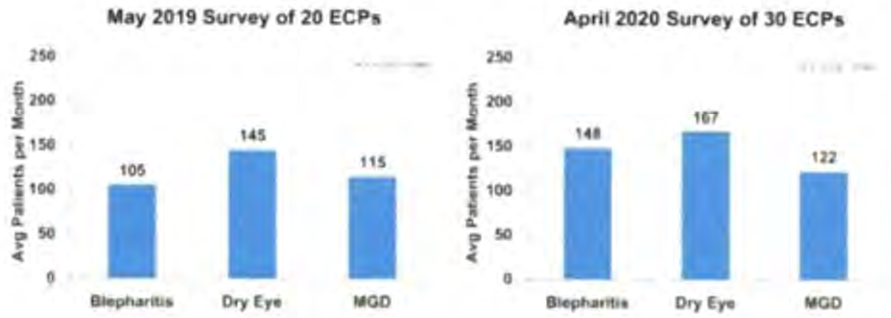
Our Market Research Studies and Surveys

Our market research studies include an ECP survey of 50 ECPs, or the ECP Survey, that we commissioned and which was conducted in 2019 and 2020 to generally determine market awareness and current management of Demodex blepharitis and introduce a hypothetical TP-03 product profile. Twenty ECPs were interviewed in 2019 and 30 ECPs were interviewed in 2020. ECPs were chosen based on a random sample of ophthalmologists and optometrists nationwide that had sufficient exposure to blepharitis patients to provide a representative sample of ECPs who see and manage blepharitis patients, and would potentially be in a position to prescribe TP-03 if it were approved and available. The ECP Survey generally asked ECPs questions regarding their patient base and also introduced the TP-03 product profile to them. The ECP Survey showed that 44% of all diagnosed patients were over the age of 65, and 57% of diagnosed patients were female. Distribution of diagnoses across race and income metrics was approximately proportional to that of the United States population, implying little correlation of the condition with socioeconomic status. The ECP Survey also showed that in April through May of 2020, the number of blepharitis patients in the eye care clinic, which represented 60% of the total patients, was approaching the level of dry eye patients, which represented approximately 65% of the total patients. We believe this demonstrates that the market size for blepharitis may be similar to the market size of dry eye and that both are common in the eye care clinics, which informs us on the potential to increase diagnoses through ECP education. As the population of the United States continues to age, we believe this disease will become more prevalent. While we believe the ECP survey provides insight to the potential market size of Demodex patients, since it was a random sampling of ECPs nationwide that had sufficient exposure to blepharitis patients, the sample size of ECPs and corresponding potential patient population was relatively small and the number of blepharitis patients may not be comparable to the number of dry eye patients. The patients may have had overlapping diagnoses but the ECP Survey did not measure any such potential overlap.

The following figures show that according to the ECP Survey, the number of blepharitis diagnoses approached the number of dry eye diagnoses. This trend is also supported by independent epidemiology studies:

Figures 6 and 7: Blepharitis Diagnoses Approaching Number of Dry Eye Diagnoses



Additionally, the ECP Survey obtained feedback on a hypothetical TP-03 product profile, based on the Mars and Jupiter clinical trial data. In the ECP Survey, a total of 25 ophthalmologists and 25 optometrists were educated on the pathognomonic relationship of collarettes to Demodex blepharitis and exposed to the Mars and Jupiter clinical trial data. After exposure, ECPs were asked their intent to prescribe TP-03 if it were available for their patients presenting with Demodex blepharitis as indicated by collarettes. In these studies, 48 of 50 (96%) ECPs indicated that they would prescribe TP-03 as first-line treatment, and 2 of 50 (4%) indicated that they would prescribe it as second-line treatment. No ECPs indicated that they would prescribe TP-03 as third line or not prescribe TP-03.

The following figure shows that 96% of the surveyed ECPs indicated they would prescribe TP-03 as a first-line treatment:

Figure 8: 96% of Surveyed ECPs Indicated Prescribing Intention TP-03 as First-Line Treatment

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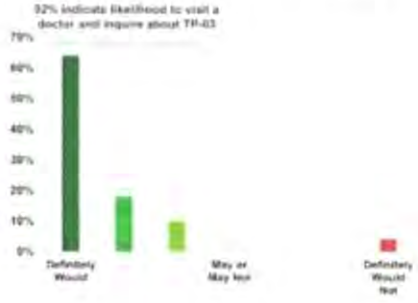
We also sponsored a separate market research survey of 50 patients with blepharitis symptoms, where the presence of "eye crust" on eye lashes was noted as a primary symptom. These patients were randomly selected nationwide and not chosen in connection with the identity of his or her ECP. The individuals with blepharitis symptoms were educated on collarettes and that Demodex mites cause collarettes, and provided with a description of a hypothetical product with the target profile of TP-03, which can potentially eradicate Demodex mites in the eyelid and eliminate collarettes in a majority of patients. After considering the target product profile, the individuals with blepharitis symptoms were asked how likely they were to visit a doctor and ask about whether a product such as TP-03 would be right for them (on a scale of 1-7). Forty-six of 50 (92%) of the individuals with blepharitis symptoms indicated a likelihood to visit a doctor and ask about a product with a target profile of TP-03, and 32 of 50 (64%) indicated a response of "definitely would." Two of 50 (4%) of the individuals with blepharitis symptoms indicated that they "may or may not," and two of 50 (4%) of the individuals with blepharitis symptoms indicated that they "definitely would not."

The following figure shows the results of this survey:

Figure 9: 92% of Individuals with Blepharitis Symptoms Indicated Likelihood To Inquire About a TP-03-Type Product



We believe that blepharitis is underdiagnosed due to the lack of an approved treatment and associated patient and physician education, and the lack of awareness of the role of Demodex mites in the disease process. The ECP Survey showed that only 10-15% of ECPs were aware that collarettes are highly correlated with Demodex infestation. Despite the current lack of awareness by ECPs, we believe that the ocular surface disease marketplace is highly responsive to education of both the ECP and the patient. For example, as a result of ECP and patient education, the dry eye market grew significantly once there was a product to address the large, latent demand for an effective therapy. Dry eye had no approved therapeutic until 2003. Once a therapeutic was approved, the diagnosis rate increased by approximately 12 times, growing from 500,000 annual diagnoses in 2003 to over six million annual diagnoses by 2015. Annual diagnoses rates have been maintained at similar levels since 2015. We believe the Demodex blepharitis and dry eye markets may be analogous because both Demodex blepharitis and dry eye are diseases that affect the front of the eye, are treated by ECPs, can cause an inflamed ocular surface or eyelids and have similar patient demographics. The potential market for Demodex blepharitis, however, may not be analogous to the market for dry eye

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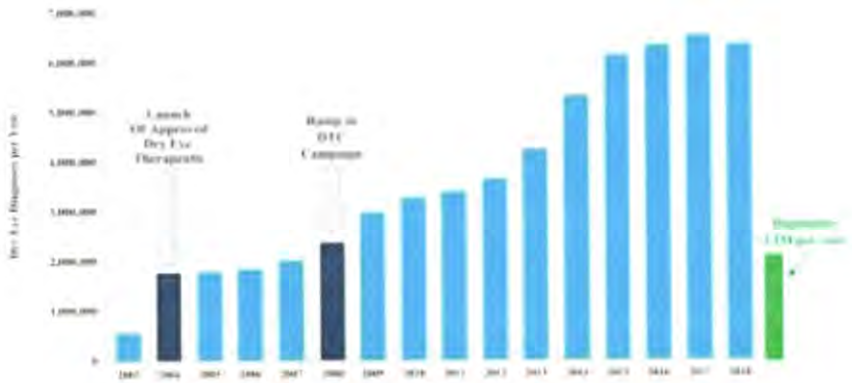
due to differences in symptoms, regulatory approval and market dynamics and other factors. See "Risk Factors—Risk Related to Development and Commercialization of Our Product Candidates—The market for blepharitis and Demodex blepharitis may be not be similar to the market for dry eye" for additional information and risks related to the comparison of the Demodex blepharitis market to that of dry eye.

The following figure shows the annual diagnoses of dry eye disease prior to and after and the launch of an approved therapy for dry eye, with the 2.1 million diagnoses for blepharitis in 2019 shown on the plot for reference:

Figure 10: Dry Eye Diagnoses Per Year



Demodex mites have been implicated in approximately 45% of all blepharitis cases in a meta-analysis of 11 studies consisting of an aggregate of 4,741 patients with blepharitis. The incidence of Demodex blepharitis increases progressively with aging, which is the main risk factor for the condition, with the majority of people over the age of 60 having been shown to have the disease.

Our market research studies also included an epidemiological evaluation we conducted of 1,121 consecutive patients in eight ophthalmology and optometry practices conducted in 2020 (the "Patient Epidemiology Survey"), which showed that 58% of all patients entering the practices had collarettes and all patients entering practices with collarettes were also found to have Demodex blepharitis. By comparison, 20% of those same 1,121 patients were currently on a prescription therapeutic for dry eye disease (Restasis or Xiidra). Additionally, 13% of the 1,121 patients presented with collarettes and were also on a prescription therapeutic for dry eye at the same time. The clinics in the Patient Epidemiology Survey were geographically diverse and represented both high and low dry eye prescription rates. Each practice was required to enroll between 100 and 180 consecutive patients. The clinic with the lowest prevalence demonstrated 29% of consecutive patients had collarettes, and the clinic with the highest prevalence demonstrated 76% of consecutive patients had collarettes.

The following figure shows the prevalence of collarettes and prevalence distribution by clinic, from the Patient Epidemiology Survey:

Figures 11 and 12: Prevalence of Collarettes

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☑ Ownership Change* parent of B owner only ☐ Name Change* ☒ Location Change* (in-state only) out of state * If making a change, provide current license number: WH 01241	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: InSource, Inc.

Physical Address: 53 Summit View Lane

City: Bastian State: VA Zip: 24314

Mailing Address (if different from physical address): PO Box 9

City: Bastian State: VA Zip: 24314

Telephone: 276-688-4121 Website: www.insourceonline.com

Name of Designated Representative (DR): Terry W. Gwyn

Licensing Company Email: InsourceLicensure@henryschein. DR Email: InsourceLicensure@henryschein.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Please see cover letter and product list. Form does not allow for full explanation..	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Virtual Wholesaler

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Please see attached documents, though not relevant to the questions above.

Jen Berry 1/5/2023

Jen Berry

Original Signature (electronic, copies or stamps not accepted)

12/27/2022

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Please see attached
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Parent Owner, Henry Schein Inc. - DE
Parent Company (if any): Parent Owner, Henry Schein, Inc. IS publicly traded. InSource, inc. is not.
Corporation Name: Parent Owner, Henry Schein, Inc.
Mailing Address: 135 Duryea Road, E-355
City: Melville State: NY Zip: 11747
Telephone: 631-843-5500 Email: Licensure@henryschein.com
Contact Person Name: Regulatory Affairs Dept, Melinda Biegen

Date of SEC Registration: 11/03/1995 | SEC Registration Number: 0001000288 | Stock Exchange Symbol: HSIC

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NA
Parent Company (if any): _____
Corporation/Organization Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 6: Partnership

Partnership Name: NA
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: NA
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Correction Submitted 3/2/2022

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	N/A ✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	N/A ✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

InSource, Inc.
Facility Name

Jen L. Berry
Print Name of Authorized Person Submitting Application

Jen Berry Jen Berry
Original signature of Authorized Person (copies or stamps not accepted)

12/27/2022 1/5/2023
Date

Board Use Only	Date Received: 1-11-23	Amount: 1000.00 CK-1578741 ✓ 1/11/23

InSource, Inc.

Contracted 3PL and Supplier List

Contracted 3PL Company	Address	City	State	Zip
HENRY SCHEIN INC	80 Summit View Lane	Bastian	VA	24314

Non-Resident WHS Supplier Name	Address	City	State	Zip
CARDINAL HEALTH	2840 ELM POINT INDUSTRIA	SAINT CHARLES	MO	63301
CARDINAL HEALTH	2512 WESTCOTT BLVD	KNOXVILLE	TN	37931
HENRY SCHEIN INC	80 SUMMIT VIEW LANE	BASTIAN	VA	24314
TOP RX, LLC	2950 BROTHER BLVD	BARTLETT	TN	38133

Non-Resident Manufacturer Name	Address	City	State	Zip
MERCK, SHARP & DOHME CO.	300 FRANKLIN SQUARE DR	SOMERSET	NJ	08873
BRISTOL-MYERS-SQUIBB	2400 W. LLOYD EXPWY	EVANSVILLE	IN	47721

PO Box 9 · Bastian, Virginia 24314 · 1-276-688-4121· Fax 1-276-688-2063

InSource, Inc.
Incorporated Virginia - FEIN 54-1605740
A Wholly Owned Subsidiary of Henry Schein, Inc. – FEIN 11-3136595

Officer Information

James Breslawski, Vice Chairman and President - *Henry Schein, Inc./InSource Inc.*
Business Address: 135 Duryea Road, Melville, NY 11741
Phone: 632-390-8050
Ownership: Less than 1%
Email: Jim.Breslawski@henryschein.com

Ronald South, Senior Vice President/Chief Financial Officer - *Henry Schein, Inc./InSource Inc.*
Business Address: 135 Duryea Road, Melville, NY 11741
Phone: 631-845-2802
Ownership: Less than 1%
Email: Ronald.South@henryschein.com

Mark E. Mlotek, Executive Vice President/ Chief Strategic Officer - *Henry Schein, Inc./InSource Inc.*
Business Address: 135 Duryea Road, Melville, NY 11741
Phone: 631-843-5906
Ownership: Less than 1%
Email: Mark.Mlotek@henryschein.com

Michael S. Ettinger, Executive Vice President/Chief Operating Officer - *Henry Schein, Inc./InSource Inc.*
Business Address: 135 Duryea Road, Melville, NY 11741
Phone: 631-843-5993
Ownership: Less than 1%
Email: Michael.Ettinger@henryschein.com

Charles Crawford, Vice President - *InSource Inc*
Business Address: 54 Tedwall Ct., Greer, SC 29650
Phone: 631-370-6716
Ownership: Less than 1%
Email: Charles.Crawford@henryschein.com

Updated 12/20/2022

Virginia Department of Health Professions
License Lookup

Current as of 02/23/2023 14:34

License Information

License Number	0215000051
Occupation	Wholesale Distributor
Name	INSOURCE, INC.
Address	53 Summit View Lane Bastian, VA 24314
Initial License Date	02/27/1984
Expire Date	02/29/2024
License Status	Current Active
Additional Public Information*	No

Back to License Lookup Result

This serves as primary source verification of the credential issued by the Commonwealth of Virginia and meets the requirements of the Joint Commission.

** "Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.H of the Code of Virginia; please note that this may also include proceedings in which a finding of "no violation" was made. For additional information click on the "Yes" link above. "No" means no documents are available.*

Back to License Lookup

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HENRY SCHEIN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HENRY SCHEIN, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 1992.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2320192 8300

SR# 20230034871

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202431563

Date: 01-05-23

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RI0166149	11-30-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	11-14-2022

INSOURCE
53 SUMMIT VIEW LN
PO BOX 9
BASTIAN, VA 243145299

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RI0166149	11-30-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	11-14-2022

INSOURCE
53 SUMMIT VIEW LN
PO BOX 9
BASTIAN, VA 243145299

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RI0166149	11-30-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	11-14-2022

INSOURCE
53 SUMMIT VIEW LN
PO BOX 9
BASTIAN, VA 243145299

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Currently undergoing change of location process.
Awaiting inspection, which is backlogged due to holidays.
New profile ID # 1694458.

NABP ACCREDITED
DRUG DISTRIBUTOR

InSource, Inc

located at

80 Summit View Ln, Bastian, VA 24314

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

4/10/2021 - 4/9/2024
Period of Accreditation

PO Box 9 · Bastian, Virginia 24314 · 1-276-688-4121· Fax 1-276-688-2063

Corporate Structure for InSource, Inc.

Henry Schein, Inc.
(Parent Company – (Publicly Traded)
FEIN 11-3136595
135 Duryea Road Melville, NY 11747
Incorporated in Delaware on 12/23/1992

Officers: Stanley Bergman, Chief Executive Officer
James Breslawski, President
Ronald South, Senior Vice President/CFO
Mark E. Mlotek, Executive Vice President/CSO
Michael S. Ettinger, Executive Vice President/COO

InSource, Inc.
A wholly owned Subsidiary of Henry Schein, Inc.
(Not Publicly Traded)
FEIN 54-1605740
53 Summit View Lane Bastian, VA 24314
Incorporated in VA on 05/10/1991

Officers: James Breslawski, President
Ronald South, Senior Vice President/CFO
Mark E. Mlotek, Executive Vice President/CSO
Michael S. Ettinger, Executive Vice President/COO
Charles Crawford, Vice President
Designated Representative: Terry Gwyn

Entity Information

Entity Information

Entity Name:	INSOURCE, INC.
Entity ID:	03752920
Entity Type:	Stock Corporation
Entity Status:	**Active**
Series LLC:	N/A
Reason for Status:	Active and In Good Standing
Formation Date:	05/10/1991
Status Date:	07/10/2020
VA Qualification Date:	05/10/1991
Period of Duration:	Perpetual
Industry Code:	0 - General
Annual Report Due Date:	N/A
Jurisdiction:	VA
Charter Fee:	$2500.00
Registration Fee Due Date:	Not Required

Registered Agent Information

RA Type:	Entity
Locality:	RICHMOND CITY
RA Qualification:	BUSINESS ENTITY THAT IS AUTHORIZED TO TRANSACT BUSINESS IN VIRGINIA
Name:	CORPORATION SERVICE COMPANY
Registered Office Address:	100 Shockoe Slip Fl 2, Richmond, VA, 23219 - 4100, USA

Principal Office Address

Address:	53 SUMMIT VIEW LANE, BASTIAN, VA, 24314, USA

Principal Information

(https://www.facebook.com/VirginiaStateCorporationCommission) (https://twitter.com/VAStateCorpComm)

Title	Director	Name	Address	Last Updated
President	No	James P Breslawski	135 Duryea Rd, Melville, NY, 11747 - 3834, USA	05/27/2022
EXEC VICE PRESIDENT	Yes	Mark E Mlotek	135 Duryea Rd, MELVILLE, NY, 11747 - 3834, USA	12/21/2022
EXEC VICE PRESIDENT	Yes	Michael S Ettinger	135 Duryea Rd, MELVILLE, NY, 11747 - 3834, USA	12/21/2022
SVP/CFO	Yes	RONALD SOUTH	135 Duryea Rd, MELVILLE, NY, 11747 - 3834, USA	12/21/2022
Secretary	No	JENNIFER FERRERO	135 DURYEA RD, MELVILLE, NY, 11747, USA	12/21/2022

Current Shares

Total Shares: 10000500

Filing History RA History Name History Previous Registrations Garnishment Designees

Image Request

Back Return to Search Return to Results

Back to Login

InSource, Inc.
Employee List

Employee Name	Job Function	Address	City	ST	Zip
Terry Gwyn	Designated Representivie	53 SUMMIT VIEW LAN	BASTIAN	VA	24314
Andrea Tiller	Sr. Manager, Regulatory Affairs	53 SUMMIT VIEW LAN	BASTIAN	VA	24314
Jen Berry	Regulatory Affairs Specialist	PO BOX 9	BASTIAN	VA	24314

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: InSource, Inc.

Pharmacy/Wholesaler License # (if applicable): (Current # WH01241)

Physical Address: 53 Summit View Lane

City: Bastian State: VA Zip: 24314

Mailing Address (if different from physical address): PO Box 9

City: Bastian State: VA Zip: 24314

Telephone: 276-688-4121 Website: www.insourceonline.com

Licensing Company Email: InsourceLicensure@henryschein.com

Section 2: Personal Information

First: Terry Middle: Wayne Last: Gwyn

Alias(es, nicknames, name changes, etc.): NA

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Grapefield Road

City: Bastian State: VA Zip: 24314

Telephone: [redacted] Email: InsourceLicensure@henryschein.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Rocky Gap High School		08/76-05/81	
Address	**City**	**State**	**Zip**
176 Eagles Road	Rocky Gap	VA	24366
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/98-12/22	[redacted] Grapefield Road	Bastian	VA	24314
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name Please see resume attached			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Please see attached documents.

Original Signature (electronic, copies or stamps not accepted)

12/27/2022
Date

I, Terry W. Gwyn, **certify that as the designated representative for**

InSource, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Terry Gwyn
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/27/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Terry Gwyn

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/27/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Virginia, ss. County of Bland

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/27/2022

Date

Subscribed and Sworn to before me this 27 day of December

Notary Public Signature

TRACEY MARIE DOWDY
COMMONWEALTH OF VIRGINIA
REGISTRATION NO. 7544709
MY COMM. EXPIRES 6/30/2025
NOTARY PUBLIC

(Seal)

TERRY W. GWYN

[redacted] Grapefield Road, Bastian, VA 24314 · [redacted]
Terry.Gwyn@henryschein.com

EXPERIENCE

2022 – PRESENT

DISTRIBUTION SUPPORT SUPERVISOR, INSOURCE, INC.

- Supervise daily operations for Receiving, Put-away, Inventory Control Operations.
- Supervise Controlled Drug Department.
- Complete ARCOS/SORS Reports for all three registrations.
- Assist Re-pack when necessary.
- Maintain "BAM" program, Yearly Flu Ship Report & EOL reporting.
- Conduct Internal Audits.

2012 – 2022

DISTRIBUTION TEAM LEAD, HENRY SCHEIN, INC.

- Team Lead in Receiving Department, insuring items are received into WCS in a proper sequence and a timely manner.
- Insure items are put away accurately to a proper location.
- Initiate consolidation replenishment and free up unused assigned locations.
- Assist Inventory Control with issues involving products and perform inventory investigations.
- Work in Returns/NSP when needed. Still performing duties as Lead in the Controlled Drug Department.
- Complete ARCOS/SORS Reports for all three registrations.
- Assist in Re-pack when necessary.
- Maintain "BAM" program, Yearly Flu Ship Report & EOL reporting.
- Conduct Internal Audits.

1999 – 2012

CONTROLLED DRUG DEPARTMENT SUPERVISOR, GIV, INC./INSOURCE, INC.

- Oversaw all aspects of controlled drug distribution, insuring compliance with State & Federal Regulations.
- Maintained and submitted ARCOS and required State reporting.
- Submitted all DEA FM 106's to DEA & VABOP.
- Conducted performance reviews and managed TSM scheduling.
- Assumed duties of Warehouse and/or Repack Supervisor as needed.

1996 – 1999

VACCINES FOR CHILDREN PROGRAM SUPERVISOR, GIV, INC./INSOURCE, INC.

- Processed receipts and orders for States in compliance with VFC Program standards.
- Provided each contact with weekly inventories and shipping records.
- Attended "startup" meetings with states prior to contract implementation.
- Acted as point of contact with States and assisted with audits of the program.

- Provided a monthly production/product summary to Director.
- Aided and provided information to Contracts Department in relation to bid process.

1993 – 1996

CUSTOMER SERVICE REPRESENTATIVE, INSOURCE, INC. AND WILLIAMS

- Telemarketer for inbound & outbound sales.
- Provided customer service & maintained customer profiles.

ADDITIONAL DUTIES

- Designated Representative for VAWD
- Florida Certified Designated Representative
- California Certified Designated Representative

SKILLS

- Hazardous Waste Operator for Emergency Response (29 CFR 1910.120)
- DOT Hazardous Materials (49 CFR 172.701)
- Hazard Communication GHS (29 CFR 1910.1200)
- Resource Conservation & Recovery Act.

HENRY SCHEIN®

IN SOURCE

PO Box 9 · Bastian, Virginia 24314 · 1-276-688-4121· Fax 1- 276-688-2063

December 27, 2022

To: The State of Nevada
Re: InSource, Inc., Current License Number(s): ***WH01241***
Subject: Discipline Disclosure - InSource, Inc. and Parent Owner, Henry Schein, Inc.

InSource, Inc. and Henry Schein, Inc. firmly believe in full disclosure and remain in good standing, currently licensed in all states where licensure is required. Therefore, though previously disclosed, based on currently available records/information, although not necessarily applicable to the question, InSource, Inc. and Henry Schein, Inc. disclose the following:

InSource, Inc. - Federal Government/State Licensing Agency Legal Response:

State of Florida, Department of Health: (*No Longer the licensing agency, jurisdiction was relocated to the Florida Department of Business and Professional Regulations where InSource is currently licensed.*)

- On May 21, 1996, InSource paid $250.00 in connection with a Notice of Violation of ss 499.005(9) for breaking multi-unit packages into eaches and reselling them *(see **INSO Exhibit A** enclosed here for reference).*

- On May 21, 1996, InSource, Inc. was issued a Warning for not documenting on the invoices the customer's Florida license number authorizing it to be in possession of a prescription drug. *(see **INSO Exhibit A** enclosed here for reference).*

- On July 17, 1996, InSource, Inc. paid $250.00 in connection with a Notice of Violation of ss 499.005(9) for breaking multi-unit packages into eaches and reselling them without including package inserts *(see **INSO Exhibit B** enclosed here for reference).*

- On July 9, 1997, InSource, Inc. paid $500.00 in connection with a Notice of Violation of ss 499.005(9) for breaking multi-unit packages into eaches and reselling them without including package inserts *(see **INSO Exhibit** enclosed here for reference).*

- On August 7, 2001, InSource, Inc. paid $250.00 in connection with alleged violation of ss 499.005(22) and 499.012(2)(c) for having mailing address on invoices and not a physical shipping address; and paid $250.00 in connection with alleged violation of ss. 499.005(15) for selling prescription drugs to a person not permitted with the department or otherwise authorized to purchase and/or possess prescription drugs (*Unable to locate records due to licensure no longer being under the Florida Department of Health*).

Henry Schein, Inc. - Federal Government/State Licensing Agency Legal Response:

In May 2008, Henry Schein, Inc. resolved a matter with the Florida Department of Health ("DOH") (Case No. 2008-08770; prescription drug wholesaler permit # 22:1315) in connection with a Notice of Violation, alleging that Henry Schein, Inc. sold and/or shipped prescription drugs to an unauthorized recipient, in violation of Chapter 499, Florida Statutes. Henry Schein, Inc. entered into a settlement agreement which resolved the matter without any admission of liability and agreed to make a payment of $5,000. The matter was closed by order dated May 15, 2008 *(see **HSI Exhibit A** enclosed here for reference).*

In November 2011, the Iowa Board of Pharmacy alleged that Henry Schein, Inc. violated Iowa state statutes and regulations in connection with the sale of controlled substances to Des Moines University, whose Iowa

Controlled Substances Registration had expired at the time of shipment. (Case No. 2010-35; Wholesale Drug License No. 5328) Henry Schein, Inc. denied the allegations. Henry Schein, Inc. agreed to a Citation and Warning, resolving the matter in April 2012 without any admission of liability and agreed to make a payment of $5,000 *(see **HSI Exhibit B** enclosed here for reference).*

In May 2012, Henry Schein, Inc. resolved a matter with the U.S. on behalf of the Drug Enforcement Administration in which the government alleged that Henry Schein, Inc. violated the US Controlled Substances Act and related regulations, in connection with the alleged failure to report suspicious orders of controlled substances shipped to a University of Pittsburgh research facility. Henry Schein, Inc. denied the allegations. Henry Schein, Inc. entered into a settlement agreement and release dated May 16, 2012, resolving the matter without any admission of liability, and agreed to make a payment of $50,000 to the government for it to recoup costs of investigation *(see **HSI Exhibit C** enclosed here for reference).*

In December 2021, Henry Schein, Inc. resolved a matter with the U.S. on behalf of the Drug Enforcement Administration in which the government alleged that Henry Schein, Inc. violated the US Controlled Substances Act and related regulations, in connection with the sale of controlled substances to certain providers. Henry Schein, Inc. denied the allegations. Henry Schein, Inc. entered into a settlement agreement and release resolving the matter without any admission of liability and agreed to make a payment of $500,000 *(see **HSI Exhibit D** enclosed here for reference).*

Henry Schein, Inc. (and subsidiaries) Civil Case Legal Response:

Henry Schein, Inc. has been named as a defendant in multiple lawsuits (currently less than one-hundred and fifty (150); in less than half of those cases one or more of Henry Schein's subsidiaries, including InSource, Inc. are also named as a defendant) which allege claims similar to those alleged in the County of Summit Action. These actions consist of some that have been consolidated within the MDL and are currently stayed, and others which remain pending in state courts and are proceeding independently and outside of the MDL.

Henry Schein, Inc. also has been dismissed from the following actions: Appalachian Regional Healthcare, Inc. vs. Purdue Pharma L.P., et al., Case No. 1:19-op-45082-DAP (N.D. Ohio); Fayetteville Arkansas Hospital Company, LLC, et al. v. Amneal Pharmaceuticals, LLC, et al, Case No. 72-cv-20-156 (Circuit Court of Washington County Arkansas); Kingman Hospital, Inc. vs. Purdue Pharma L.P., et al., Case no. S8015CV201900563 (Arizona Superior Court, Mohave County); Tucson Medical Center vs. Purdue Pharma L.P., et al., Case No. C2018-4991 (Arizona Superior Court, County of Pima); Lester E. Cox Medical Centers d/b/a Cox Medical Centers vs. Amneal Pharmaceuticals, LLC, Case No. 2031-CC-00459 (Circuit Court of Greene County, Missouri).

In June 2022, Henry Schein, Inc. settled twenty-six cases filed by hospitals in West Virginia, and settled with one additional hospital, for a total amount of three-hundred thousand dollars. The twenty-six cases have been dismissed. Henry Schein (and subsidiaries as applicable) denies any liability and intends to defend itself vigorously against the pending actions.

Please do not hesitate to contact me with any questions related to the information above. I will be happy to assist in any way possible.

Sincerely,

INSO Exhibit A

Henry Schein, Inc
CONFIDENTIAL

INSOURCE™

October 14, 1996

Ms. Sandra R. Stovall
Compliance Officer
Florida Department of Health & Rehabilitative Services
2633 Mahan Drive
Tallahassee, FL 32308

RE: Notice of Violation for Cases 96-03177 and 94-02852

Dear Ms. Stovall:

Enclosed you will find the executed Agreement in the above referenced matters together with Insource, Inc.'s check in the amount of $250.00.

Sincerely,

A. Willard Lester
Vice President of Administrative Services

AWL/tbp

Enclosures

Henry Schein, Inc
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206587

1455

AMOUNT PAID

12591	960926	09/24/96	250.00	250.00		250.00
					CHECK TOTAL	250.00

206587

206587 09/27/96 1455

INSCURCE
P.O. BOX 08
BLAND, VA 24315
PHONE 800 366-3803

TWO HUNDRED FIFTY AND 00/100 DOLLARS

$******250.00

FL DEPT OF HLTH - REHAB SVCS
2633 MAHAN DRIVE
TALLAHASSEE, FL 32308

[redacted]

Henry Schein, Inc
CONFIDENTIAL

AGREEMENT

Case Nos: 96-03177 and 94-02852
Current Permit No: 23:00425

Insource, Inc., by and through its Vice President, A. Willard Lester, hereby agrees to pay a fine of Two Hundred Fifty Dollars ($250.00).

By signing this Agreement, Insource, Inc., agrees to waive its right to a hearing under Chapter 120, Florida Statutes, related to the violations cited in the referenced NOTICE OF VIOLATION letters.

I am fully authorized to bind Insource, Inc., to the terms of this Agreement. I hereby affirm the violations cited in this letter have been corrected and that Insource, Inc., will comply with the Florida Drug Cosmetic Act, Chapter 499, F.S. and the rules adopted thereunder.

By: _____ (Seal) 10-14-96
A. Willard Lester, Vice President — Date

Attested By: _____ (Seal) 10-14-96
Corporate Secretary — Date

Henry Schein, Inc
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INSO Exhibit B

INSOURCE™

August 18, 1997

Ms. Sandra R. Stovall
Compliance Officer
Florida Department of Health & Rehabilitative Services
2633 Mahan Drive
Tallahassee, FL 32308

RE: Notice of Violation for Cases 97-03403 and 97-03405

Dear Ms. Stovall:

Enclosed you will find the executed Agreement in the above referenced matters together with Insource, Inc.'s check in the amount of $500.00. Please note corrective action has been taken as follows:

1. Product pickers are required to put a "P" indicating package insert on all applicable invoices verifying that a proper package insert has been placed in the package.
2. The product packer is required to verify that the package insert has been placed in the package and marked on the invoice that this verification has taken place.
3. All products requiring insertion of a package insert are specially marked in order to remind pickers to place a package insert with the product.

Do not hesitate to contact me if you have any questions.

Sincerely,

A. Willard Lester
Vice President of Administrative Services

AWL/tbp

Enclosures

P.O. Box 39 • Bland, Virginia 24315-0039 • 1-800-366-3829 • Fax 1-800-869-8895

Henry Schein, Inc
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AGREEMENT

Case Nos: 97-03403 and 97-03405
Current Permit No: 23:00425

Insource, Inc., by and through its Vice President, A. Willard Lester, hereby agrees to pay a fine of Five Hundred Dollars ($500.00).

By signing this Agreement, Insource, Inc., agrees to waive its right to a hearing under Chapter 120, Florida Statutes, related to the violations cited in the referenced NOTICE OF VIOLATION letters.

I am fully authorized to bind Insource, Inc., to the terms of this Agreement. I hereby affirm the violations cited in this letter have been corrected and that Insource, Inc., will comply with the Florida Drug Cosmetic Act, Chapter 499, F.S. and the rules adopted thereunder.

By: _____ (Seal) 8-13-97
A. Willard Lester, Vice President — Date

Attested By: _____ (Seal) 8-13-97
Corporate Secretary — Date

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FIRST VIRGINIA BANK-SOUTHWEST
SERVING SOUTHWESTERN VIRGINIA
ROANOKE, VIRGINIA 24019-0585

68-29
514

THE AMOUNT OF THIS CHECK WILL BE SUBJECT TO SERVICE CHARGES AS SPECIFIED IN THE BANK'S SCHEDULE OF CHARGES IF NOT PRESENTED FOR PAYMENT WITHIN ONE YEAR OF THE DATE OF ISSUANCE.

FOR OR PURCHASER INSOURCE INC.

CASHIER'S CHECK

Aug. 11, 1997 No. 576755

PAY Bk.#043/Br.#014 ***$500.00*** $ **500.00**

TO THE ORDER OF FLORDIA DRUGS DEVICES AND COSMETICS TRUST FUND

AUTHORIZED SIGNATURE

[redacted]

Henry Schein, Inc
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HSI EXHIBIT A

MAY-21-2008 10:35 P.02

Final Order No. DOH-08-1017-S-MQA
FILED DATE: 5-19-08
Department of Health
By: Rachel Brooks
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

vs.

HENRY SCHEIN, INC.,

Respondent.

Case No.: 2008-08770

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on April 17, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about May 13, 2008 and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and ORDERED this 15 day of May 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: Rebecca R. Poston
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

Henry Schein, Inc
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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: Henry Schein, Inc., 8691 Jesse B. Smith Court, Jacksonville, Florida 32219, this 19 day of May, 2008.

Rachel B

Deputy Clerk

cc: Lynne Quimby-Pennock, DOH 4052 Bald Cypress Way, Bin #C-65 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

Henry Schein, Inc
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SETTLEMENT AGREEMENT
Henry Schein
Case No: 2008-08770

Pursuant to S. 120.57(4), Florida Statutes, the above named party hereby enters into this stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Henry Schein, neither admits nor denies the violations alleged in the Notice of Violation.

2) During the time the violations allegedly occurred, Henry Schein was a permitted Prescription Drug Wholesaler within the state of Florida having been issued permit number 22:1315.

3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes and Chapter 499, Florida Statutes.

CONCLUSIONS OF LAW

4) Henry Schein, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes, and the jurisdiction of the Department.

5) Henry Schein, admits that the findings set forth in the Notice of Violation, if proven, would constitute a violation of Chapter 499, Florida Statutes.

6) Henry Schein, agrees that the Department's acceptance of the Settlement Agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 64F-12.024, Florida Administrative Code.

SETTLEMENT

7) Henry Schein, agrees to pay a fine of FIVE THOUSAND DOLLARS ($5,000.00), and acknowledges that the total payment is enclosed with this agreement.

8) Henry Schein, affirms the alleged violations cited the Notice of Violation letter issued under this case number have not continued and that it has taken corrective actions to prevent a recurrence.

EXHIBIT
A

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9) Henry Schein, affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

10) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken in compliance with Chapters 120 and 499, Florida Statutes..

11) Henry Schein, expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

12) Henry Schein, waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

Corporate Seal:

Henry Schein Inc.

By: _____ 5/13/08

Sr. Vice President (or authorized agent) Date

Attested by: _____ 5/13/08

Corporate Secretary Date

[Note this line only applies if the respondent is a corporation.]

HSI EXHIBIT B

Henry Schein, Inc
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BEFORE THE IOWA BOARD OF PHARMACY

Re:	)	
Wholesale Drug License of	)	Case No. 2010-35
HENRY SCHEIN, INC.,	)	
License No. 5328,	)	**CITATION AND**
Respondent.	)	**WARNING**

Pursuant to Iowa Code §§ 17A.10 and 272C.3(4) (2011), the Iowa Board of Pharmacy (hereinafter, the "Board") and Henry Schein, Inc. (hereinafter, "Respondent"), have agreed to settle a contested case currently on file with the Board. The Statement of Charges filed against Respondent on November 10, 2011 and the licensee disciplinary proceeding shall be resolved without a hearing, as the Board and Respondent stipulate to the following:

1. Respondent's license to operate as a wholesale distributor of drugs in Iowa is evidenced by Wholesale Drug License Number 5328, recorded in the permanent records of the Board.

2. Wholesale Drug License Number 5328 was renewed November 21, 2010, for the year 2011.

3. The Board has jurisdiction over the parties and the subject matter herein.

4. A Statement of Charges was filed against Respondent on March 8, 2011. The Statement of Charges contained two charges: Count I, "Unauthorized Delivery," and Count II, "Violations of Controlled Substance Laws."

5. Respondent denies the allegations contained in the Statement of Charges and hereby enters into this Citation and Warning to resolve the charges without making any admission against its interests. Respondent acknowledges, however,

Henry Schein, Inc
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that the allegations, if proven in a contested case proceeding, would constitute grounds for the discipline described herein.

6. Upon the Board's approval of this Citation and Warning, (a) Count II of the Statement of Charges ("Violations of Controlled Substance Laws) shall be dismissed with prejudice and (b) Respondent shall be assessed a civil penalty in the amount of $5,000. The civil penalty payment shall be made payable to the Treasurer of Iowa and mailed to the executive director of the Board within 10 days after Respondent's receipt of notice of the Board's approval of this Citation and Warning. All civil penalty payments shall be deposited into the State of Iowa general fund. Upon the Board's receipt of the civil penalty, this disciplinary proceeding shall be concluded without further order of the Board.

7. Respondent represents that it shall, in the future, comply with all provisions of Iowa law, including the administrative rule prohibiting shipment of controlled substances to persons not authorized to possess the controlled substances.

8. Should Respondent violate or fail to comply with any of the terms or conditions of this Citation and Warning, the Board may initiate further action to impose licensee discipline as authorized by Iowa Code chapters 272C and 155A (2011), and 657 Iowa Administrative Code § 36.1.

9. This Citation and Warning is the resolution of a contested case. By entering into this Citation and Warning, Respondent waives all rights to a contested case hearing on the allegations contained in the Statement of Charges, and waives any objections to this Citation and Warning.

Henry Schein, Inc
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10. This proposed settlement is subject to approval by a majority of the full Board. If the Board fails to approve this settlement, it shall be of no force or effect to either party. If the Board approves this Citation and Warning, it shall be the full and final resolution of this matter.

11. The State's counsel may present this Citation and Warning to the Board.

12. The Board's approval of this Citation and Warning shall constitute a FINAL ORDER of the Board in a disciplinary action.

This Citation and Warning is voluntarily submitted by Henry Schein, Inc., to the Iowa Board of Pharmacy for its consideration on this 17th day of April 2012.

HENRY SCHEIN, INC.,
Respondent

Subscribed and sworn to before me by Maryrie Hahn, who has stated to me that he/she is authorized to sign this Citation and Warning on behalf of Henry Schein, Inc., on this 17 day of April 2012.

Lisa Marie Laletta
Notary Public, State of New York
No. 01LA6199083
Qualified in Nassau County
Commission Expires January 1, 2013

NOTARY PUBLIC

This Citation and Warning is accepted by the Iowa Board of Pharmacy on this 27th day of April 2012.

SUSAN M. FREY, Chairperson
Iowa Board of Pharmacy
400 SW Eighth Street, Suite E
Des Moines, Iowa 50309-4688

cc: Scott M. Galenbeck

Henry Schein, Inc
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Assistant Attorney General
Office of the Attorney General
Hoover State Office Building
Des Moines, Iowa 50319

Andrew Anderson
Faegre & Benson
801 Grand Avenue, Suite 3100
Des Moines Iowa 50309

Henry Schein settle 11-11.doc

HSI EXHIBIT C

Henry Schein, Inc
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SETTLEMENT AGREEMENT AND RELEASE

This SETTLEMENT AGREEMENT AND RELEASE is entered into this 16TH day of MAY, 2012, by and between the UNITED STATES OF AMERICA ("United States"), acting through its Department of Justice, and on behalf of the United States Drug Enforcement Administration ("DEA"), and HENRY SCHEIN, INC. ("SCHEIN"), ("Parties").

I. PREAMBLE

A. Henry Schein, Inc., is a for-profit corporation, with corporate headquarters at Melville, New York, and doing business in the Western District of Pennsylvania, by distributing healthcare products and services to office-based practitioners, including dental practices and laboratories, physician practices, animal health clinics, and government and other research institutions.

B. The United States and the DEA allege that SCHEIN failed to design and operate a reliable system which would disclose suspicious orders of controlled substances, pursuant to 21 C.F.R. § 1301.74, from April 17, 2007 through January 15, 2010, hereinafter the "Covered Conduct".

C. This Settlement Agreement is neither an admission of liability by SCHEIN nor a concession by the United States that its claims are not well-founded but constitutes a settlement of disputed matters.

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D. Wishing to avoid the delay, expense, inconvenience, and uncertainty of protracted litigation, the Parties hereby reach a full and final settlement, except as reserved below, of all claims the United States has or may have against SCHEIN based on the above-described Covered Conduct.

II. TERMS AND CONDITIONS

In reliance on the representations contained herein and in consideration of the mutual promises, covenants, and obligations in this Agreement, and for good and valuable consideration, receipt of which is hereby acknowledged, the Parties agree as follows:

A. To recoup the costs of the investigation of the United States of the facts and conduct described in Paragraph I(B) of this Agreement and crediting its efforts of monitoring purchases of controlled substances since May 2011 as a result of the investigation and its own efforts to perfect its monitoring system, SCHEIN agrees to pay the United States of America, Fifty Thousand Dollars and Zero Cents ($50,000.00), after being credited with expending One Hundred Thousand Seven Hundred Seventy-six Dollars and Zero Cents ($100,776.00) in the following manner:

1. Plaintiff will pay the United States of America Fifty Thousand Dollars and Zero Cents ($50,000.00) in one lump-sum payment by May ~~25~~ 13th, 2012. Payment is to be made via Electronic Funds Transfer pursuant to instructions provided by the Financial Litigation Unit of the United States Attorney's Office of this District.

2. SCHEIN will be credited with expending One Hundred Thousand Seven Hundred Seventy-Six Dollars ($100,776.00) from May 3, 2011, to the effective date of this Settlement, in verifying orders of controlled substances in its attempt to upgrade its monitoring efforts so as to

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adhere to all pertinent Federal regulations and procedures.

B. Until the payment due date, as set forth above, the United States covenants not to sue on the matters addressed in the Covered Conduct and in this Agreement. Upon full and timely payment of all monies due and full compliance with all terms of this Settlement Agreement by SCHEIN, this covenant not to sue will become a full and valid release as provided for in Paragraph C below.

C. Subject only to the conditions specified in Paragraph II(D) below, on receipt of the payment as described in Paragraph II(A)(1) above, the United States on behalf of the DEA will release and will be deemed to have released SCHEIN, its subsidiaries and its affiliates, successors and assigns, from any claims that the United States has arising from the Covered Conduct.

D. The United States specifically does not release SCHEIN or any other entity or individual under this Agreement from:

(1) any criminal liability;

(2) any liability arising under Title 26, U.S. Code (Internal Revenue Code);

(3) any liability to the United States (or any agencies thereof) for any conduct other than that identified in Paragraph I(B);

(4) any other obligations created by this Agreement; and

Henry Schein, Inc
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(5) any liability for express or implied warranty claims or other claims for defective or deficient services, including quality of goods and services; and

(6) any liability of individuals.

E. With respect to the Covered Conduct, nothing in any provision of this Agreement constitutes an agreement by the United States concerning the characterization of the amounts paid hereunder for purposes of any proceeding under Title 26 of the Internal Revenue Code.

F. After payment has been made pursuant to Paragraph II(A)(1), SCHEIN will be deemed to have fully and finally released and forever discharged the United States and the DEA, their officers, agents, employees and/or servants, in their official and individual capacities, from any claims or counterclaims (including attorney's fees, costs, and expenses of every kind and however denominated) that SCHEIN has asserted, could have asserted, or may assert in the future against the United States, its agencies, officers, agents, employees, and servants related to the Covered Conduct and the investigation of the United States and prosecution thereof, provided, however, that nothing in this paragraph:

1. prohibits the Parties from taking action to enforce the terms or provisions of this Agreement;

2. resolves or in any manner affects any claims the United States has or may have against SCHEIN arising under Title 26, U.S. Code (Internal Revenue Code), or any claims arising under this Agreement.

Henry Schein, Inc
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G. If SCHEIN fails to make the $50,000.00 payment as provided in Paragraph II(A)(1), the United States, at its sole option, may file a Complaint, and SCHEIN agrees to sign a Consent Judgment. Additionally, the United States may rescind the releases in this Agreement and bring any civil and/or administrative claim, action, or proceeding against SCHEIN for the Covered Conduct. In the event the United States opts to rescind the releases in this Agreement pursuant to this paragraph, SCHEIN agrees that it will not plead, argue, or otherwise raise any defenses under the theories of statute of limitations, laches, estoppel, or similar theories, to any such civil or administrative claims, actions, or proceedings which are brought by the United States within ninety (90) calendar days of written notification to SCHEIN that the releases herein have been rescinded pursuant to this paragraph, except to the extent such defenses were available on the effective date of this Settlement Agreement. SCHEIN is in default of this Agreement if the United States Department of Justice receives its payment of the amount provided for in Paragraph II(A) of this Agreement more than thirty (30) days after the scheduled due date of payment. Upon default, the full remaining unpaid balance (including all unpaid interest and principal) plus costs and reasonable attorneys' fees will become immediately due and payable.

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Interest will accrue at the legal rate of interest compounded annually from the date of default on the remaining unpaid principal balance.

H. Further, only upon default, SCHEIN understands that this debt will be referred to the United States Department of the Treasury for the purpose of collecting the debt through the Treasury Offset Program. Under this program, the Department of the Treasury will reduce or withhold any of your eligible Federal payments by the amount of your debt, including but not limited to federal tax refunds, stimulus payments, and the like. This "offset" process is authorized by the Debt Collection Act of 1982, as amended by the Debt Collection Improvement Act of 1996, and the Internal Revenue Code.

I. SCHEIN agrees not to file a Petition under any Chapter of the Bankruptcy Code for the first ninety (90) days subsequent to the last signature of this Settlement Agreement. Additionally, in the event that SCHEIN commences, or a third party commences, within 91 days of the effective date of this Agreement, any case, proceeding, or other action (1) under any law relating to bankruptcy, insolvency, reorganization, or relief of debtors, seeking to have any order for relief of any of SCHEIN's debts, or seeking to adjudicate SCHEIN as bankrupt or insolvent, or (2)

Henry Schein, Inc
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seeking appointment of a receiver, trustee, custodian, or other similar official for SCHEIN or for all or any substantial part of his assets, SCHEIN agrees as follows:

a. SCHEIN's obligations under this Agreement may not be avoided pursuant to 11 U.S.C. § 547, and SCHEIN will not argue or otherwise take the position in any such case, proceeding, or action that (i) its obligations under this Agreement may be avoided under 11 U.S.C. § 547; (ii) it was insolvent at the time this Agreement was entered into, or became insolvent as a result of the payment made to the United States hereunder; or (iii) the mutual promises, covenants, and obligations set forth in this Agreement do not constitute a contemporaneous exchange for new value given to it.

b. In the event that SCHEIN's obligations hereunder are avoided pursuant to 11 U.S.C. § 547, the United States, at its sole option, may enforce the Settlement Agreement or rescind the releases in this Agreement and bring any civil and/or administrative claim, action, or proceeding against SCHEIN for the claims that would otherwise be covered by the releases provided in Paragraph II(C). If the United States chooses to do so, SCHEIN agrees (i) that any such claims, actions, or proceedings brought by the United States are not subject to an "automatic stay" pursuant to 11 U.S.C. § 362(a) as a result of the action, case, or proceeding described in the first clause of this paragraph, and that SCHEIN will not argue or otherwise contend that the United

Henry Schein, Inc
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States' claims, actions, or proceedings are subject to an automatic stay; (ii) that SCHEIN will not plead, argue, or otherwise raise any defenses under the theories of statute of limitations, laches, estoppel, or similar theories, to any such civil or administrative claims, actions, or proceeding which are brought by the United States within ninety (90) calendar days of written notification to SCHEIN that the releases herein have been rescinded pursuant to this paragraph, except to the extent such defenses were available on the effective date of this Settlement Agreement; and (iii) that the United States has a valid claim against SCHEIN in the amount of $50,000.00 plus treble damages, costs, and attorneys' fees incurred in litigating any Civil Action against SCHEIN, and the United States may pursue its claim, inter alia, in the case, action, or proceeding referenced in the first clause of this paragraph, as well as in any other case, action, or proceeding.

J. This Agreement is intended to be for the benefit of the Parties only. The Parties do not release any claims against any person or entity, except to the extent provided for in Paragraphs II(C) and (F).

K. Except as provided for in Paragraphs II(A)(1), II(G) and II (I)(b)(iii) above, each party shall bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this Agreement.

Henry Schein, Inc
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L. Each party and signatory to this Agreement represents that it freely and voluntarily enters into this Agreement without any degree of duress or compulsion.

M. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to this Agreement is the United States District Court for the Western District of Pennsylvania. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any party for that reason in any subsequent dispute.

N. This Agreement constitutes the complete Agreement between the Parties. This Agreement may not be modified except by written consent of all parties to it.

O. The undersigned signatories represent and warrant that they are fully authorized and empowered to execute this Agreement. The undersigned United States signatories represent that they are signing this Agreement in their official capacity.

P. This Agreement may be executed in counterparts, each of which constitutes an original, and all of which constitute one and the same Agreement.

Q. This Agreement is binding on SCHEIN's successors, transferees, purchasers, heirs, and assigns.

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R. All parties consent to the disclosure of this Agreement pursuant to law by the United States, and information about this Agreement, to the public.

S. The Parties have executed two (2) original copies of this Agreement, each of which will be deemed an original thereof.

T. This Agreement is effective on the date of signature of the last signatory to the Agreement (Effective Date of Agreement). Facsimiles of signatures shall constitute acceptable, binding signatures for purposes of this Agreement.

AS TO THE UNITED STATES OF AMERICA:

DAVID J. HICKTON
United States Attorney

By: _____ Dated: 16 MAY 2012
PAUL E. SKIRTICH
Assistant United States Attorney
Western District of Pennsylvania

AS TO HENRY SCHEIN, INC.:

_____ Dated: 5/16/12
EFREM M. GRAIL, ESQUIRE
Counsel for Henry Schein, Inc.

HSI EXHIBIT D

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SETTLEMENT AGREEMENT AND RELEASE

I. PARTIES

This Settlement Agreement and Release ("Agreement") is entered into among the United States of America, acting through the United States Department of Justice and on behalf of the Drug Enforcement Administration ("DEA") (collectively the "United States"); and Henry Schein, Inc. ("HSI") (HSI and the United States are hereinafter referred to as the "Parties").

II. PREAMBLE

As a preamble to this Agreement, the Parties agree to the following:

A. At all relevant times, HSI was a corporation organized and existing under the laws of the state of Delaware.

B. At all relevant times, HSI was a wholesale distributor of medical and dental supplies, including certain medications and other substances used in connection with medical and dental care. HSI was registered by the DEA to distribute controlled substances subject to the Controlled Substances Act, 21 U.S.C. §§ 801 *et seq* ("CSA").

C. 21 C.F.R. 1301.74(b) imposes a responsibility on distributors of controlled substances to "design and operate a system to disclose to the registrant suspicious orders of controlled substances" including "orders of unusual size, orders deviating substantially from a normal pattern, and orders of unusual frequency." Distributors must "inform the Field Division Office of the Administration in his area of suspicious orders when discovered by the registrant." Moreover, registrants are obliged to maintain effective controls against diversion of controlled substances into other than legitimate medical, scientific, and industrial channels. 21 U.S.C. § 823(b)(1).

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D. It is unlawful for any person who distributes controlled substances "to refuse or negligently fail to make, keep, or furnish any record, report, notification, declaration, order or order form, statement, invoice, or information required under [the Controlled Substances Act]." 21 U.S.C. § 842(a)(5).

E. The United States contends that HSI sold and distributed opioids and other controlled substances to the following practitioners between the dates set forth below in spite of "red flags" and other clear warning signs that the providers were abusing and/or diverting the controlled substances in violation of Title 21 of the United States Code. The United States contends, moreover, that HSI failed to design and operate a system to disclose to the registrant suspicious orders of controlled substances in violation of 21 C.F.R. 1301.74(b), failed to make mandatory suspicious order reports to DEA in violation of 21 U.S.C. § 842(a)(5), and failed to maintain effective controls against diversion of controlled substances into other than legitimate medical, scientific, and industrial channels in violation of 21 U.S.C. § 823(b)(1):

1. Scott Edmonds, DDS, Huntington, W.Va. (February, 2012 – September, 2018)
2. Dr. Elizabeth Korcz and Mathew Korcz, Hoover, AL (February, 2015 – February, 2017)
3. John Eldridge, Phoenix, AZ (January, 2013 – December, 2017)
4. Larry Preston, DDS, Knoxville, TN (July, 2012 – September, 2014)
5. Dr. Frank Purpera, Blacksburg, VA (April, 2014 – July 2016)

The claims set forth in this Paragraph F are hereafter referred to as the "Covered Conduct."

F. In light of the foregoing, the United States contends that it has certain civil claims against HSI pursuant to 21 U.S.C. §§ 842(a)(5) and 842(c)(1)(B)(ii).

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G. This Agreement is not an admission of liability or fault by HSI nor is it a concession by the United States that its claims are not well founded and substantially justified.

H. HSI denies any liability or wrongdoing related to the Covered Conduct.

I. To avoid the delay, uncertainty, inconvenience, and expense of protracted litigation of the above claims, the Parties have reached a full and final settlement pursuant to the Terms and Conditions below.

III. TERMS AND CONDITIONS

1. HSI shall pay the United States the sum of $500,000.00 (the "Settlement Amount"), representing civil penalties pursuant to 21 U.S.C. § 842(c)(1)(B)(ii). The payment from HSI to the United States shall be made in a lump sum within ten (10) business days of the Effective Date of this Agreement, by electronic funds transfer ("EFT"), pursuant to written instructions to be provided by the United States.

2. In consideration of the promises and obligations of HSI in this Agreement, and conditioned upon full payment of the Settlement Amount, the United States releases HSI, together with its current and former parent corporations; direct and indirect subsidiaries; brother or sister corporations; divisions; current or former corporate owners; each of their employees, servants and agents; and the corporate successors and assigns of any of them (the "HSI Released Parties"), from any further civil liability (including civil penalties, fines, or other damages) which may be imposed by the United States pursuant to 21 U.S.C. § 842(c) by virtue of the Covered Conduct. HSI understands and agrees that nothing in this Agreement shall waive, release, or limit the rights of DEA to institute, direct, or maintain any administrative action against HSI and/or its officers,

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directors, or employees to suspend, revoke, or otherwise limit HSI's registration pursuant to 21 U.S.C. § 824 or 21 C.F.R. § 1301.36.

3. This Agreement is intended to be for the benefit of HSI Released Parties and the United States only, and neither party releases any claims against any other person or entity, or any claims by or on behalf of any other person or entity.

4. HSI fully and finally releases the United States, its agencies, employees, servants, and agents from any claims (including attorney fees, costs, and expenses of every kind and however denominated) which it has asserted, could have asserted, or may assert in the future against the United States, its agencies, employees, servants, and agents, related to the Covered Conduct alleged in Paragraph E of the Preamble of this Agreement, and the investigation and prosecution thereof by the United States.

5. In the event that HSI fails to pay any portion of the Settlement Amount it is obligated to pay pursuant to Paragraph 1 hereof, then HSI shall be in breach of the terms of this Agreement ("Default" or "Breach").

6. In the event of a Default by HSI, the United States may elect to rescind this Agreement. If this Agreement is rescinded, then (a) all releases granted herein shall be void and the United States may proceed with any and all civil claims it may have arising from the Covered Conduct; (b) HSI shall not plead, argue, or otherwise raise, and hereby waives, any defenses under the theories of statute of limitations, laches, estoppel, or similar theories, to any such civil claims, actions, or proceeding that are brought by the United States within 60 calendar days of written notification to HSI that this Agreement and the releases herein have been rescinded, except to the extent such defenses were available to HSI on the Effective Date of this Agreement; and (c) no

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documents or items created or disclosed in furtherance of the settlement negotiations will be admissible as evidence in any action initiated against HSI.

7. HSI acknowledges that this Agreement is freely and voluntarily entered into, without any degree of duress or compulsion whatsoever. HSI also acknowledges that it was represented by legal counsel, of its choosing, throughout the negotiation of the settlement and the negotiation and execution of this Agreement.

8. The United States and HSI hereby consent to the disclosure of this Agreement, information about this Agreement, and the settlement memorialized herein to the public.

9. Each Party to this Agreement will bear his/its own legal and other costs incurred in connection with this matter, including the preparation and performance of this Agreement.

10. This Agreement is governed by the laws of the United States. The Parties agree that the exclusive jurisdiction and venue for any dispute arising between and among the Parties regarding this Agreement and its terms shall be the United States District Court for the Southern District of West Virginia.

11. The section and paragraph headings in this Agreement are inserted solely for the convenience of the parties and shall not be construed to be part of or in any way effect the substantive provisions of this Agreement.

12. This Agreement constitutes the complete Agreement and understanding by and between the United States and HSI with respect to the settlement of claims against HSI arising out of the Covered Conduct, and no promises, agreements or understandings, written or oral that are not contained herein shall be of any force or effect. This Agreement may be amended at any time by mutual consent of the parties hereto with any such amendment to be invalid, unless reduced to

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writing and signed by an authorized representative of HSI and an authorized representative of the United States.

13. This Agreement may be executed in counterparts, each of which constitutes an original and all of which constitute one and the same agreement. Facsimiles and copies of signatures shall constitute acceptable, binding signatures for purposes of this Agreement.

14. This Agreement is binding on HSI and its successors, transferees, and assigns.

15. This Agreement shall be effective on the date on which the last signatory to this Agreement places his/her signature hereon (the "Effective Date").

IN WITNESS WHEREOF, the United States and HSI have duly executed this Agreement with the intent to be bound by the terms, conditions and representations herein.

[SIGNATURES APPEAR ON THE FOLLOWING PAGE]

Henry Schein, Inc
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HENRY SCHEIN, INC.

By: Walter Shephard Date 11/22/21

Its SVP & Chief Legal Officer

JPM w/p by Brandan Montminy Date 11/22/21

JOHN P. MCDONALD
LOCKE LORD LLP
Counsel for Henry Schein, Inc.

Date 12/1/21

WILLIAM S. THOMPSON
United States Attorney
Southern District of West Virginia

J. Todd Scott Date 11/23/2001

J. TODD SCOTT
Special Agent in Charge
Louisville Division
Drug Enforcement Administration

RIDER

To be attached to and form part of:

Bond Number 015210053

dated September 18, 2022

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of INSOURCE, INC.
(Principal)

and in favor of NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Principal Address shall be amended:

FROM: **80 Summit View Lane**
Bastian, VA 24314

TO: **53 Summit View Lane**
Bastian, VA 24314

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 11th day of October, 2022.

Signed, Sealed & Dated this 11th day of October, 2022.

INSOURCE, INC.
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: Sandra Diaz
Sandra Diaz, Attorney-in-Fact

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 28, 2019

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from _____ to _____

Commission file number 0-27078

HENRY SCHEIN, INC.

(Exact name of registrant as specified in its charter)

Delaware	11-3136595
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

135 Duryea Road

Melville, New York

(Address of principal executive offices)

11747

(Zip Code)

(631) 843-5500

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $.01 per share	HSIC	The Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

YES: ☒ NO: ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

YES: ☐ NO: ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

YES: ☒ NO: ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

YES: ☒ NO: ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer: ☒ Accelerated filer: ☐ Non-accelerated filer: ☐ Smaller reporting company: ☐ Emerging growth company: ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act).

YES: ☐ NO: ☒

The aggregate market value of the registrant's voting stock held by non-affiliates of the registrant, computed by reference to the closing sales price as quoted on the Nasdaq Global Select Market on June 29, 2019, was approximately $10,236,712,000.

As of February 14, 2020, there were 143,390,505 shares of registrant's Common Stock, par value $.01 per share, outstanding.

Documents Incorporated by Reference:

Portions of the Registrant's definitive proxy statement to be filed pursuant to Regulation 14A not later than 120 days after the end of the fiscal year (December 28, 2019) are incorporated by reference in Part III hereof.

HENRY SCHEIN®

GENERAL BUSINESS: 1-631-843-5500
FAX: 1-631-843-5680
www.henryschein.com

HENRY SCHEIN, INC
F.E.I.N 11-3136595

Shareholders:

FIRM NAME	% of Ownership	CITY	COUNTRY
The Vanguard Group, Inc.	10.98%	Malvern	United States
Generation Investment Management LLP	9.58%	London	United Kingdom
Longview Partners LLP	7.89%	London	United Kingdom
State Street Global Advisors (US)	5.22%	Boston	United States
BlackRock Institutional Trust Company, N.A.	4.99%	San Francisco	United States
Atlanta Capital Management Company, L.L.C.	1.16%	Atlanta	United States

Department of State: Division of Corporations

Allowable Characters

HOME

Entity Details

THIS IS NOT A STATEMENT OF GOOD STANDING

File Number:	**2320192**	Incorporation Date / Formation Date:	**12/23/1992** (mm/dd/yyyy)
Entity Name:	**HENRY SCHEIN, INC.**		
Entity Kind:	**Corporation**	Entity Type:	**General**
Residency:	**Domestic**	State:	**DELAWARE**

REGISTERED AGENT INFORMATION

Name:	**CORPORATION SERVICE COMPANY**		
Address:	**251 LITTLE FALLS DRIVE**		
City:	**WILMINGTON**	County:	**New Castle**
State:	**DE**	Postal Code:	**19808**
Phone:	**302-636-5401**		

Additional Information is available for a fee. You can retrieve Status for a fee of $10.00 or more detailed information including current franchise tax assessment, current filing history and more for a fee of $20.00.

Would you like ○ Status ○ Status,Tax & History Information

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HENRY SCHEIN, INC
F.E.I.N 11-3136595

Board of Directors:

Stanley M. Bergman
Mohamad Ali
James P. Breslawski
Deborah Derby
Joseph L. Herring
Kurt P. Kuehn
Philip A. Laskawy
Anne H. Margulies
Mark E. Mlotek
Steven Paladino
Carol Raphael
E. Dianne Rekow, DDS, Ph.D.
Scott Serota
Bradley T. Sheares, Ph.D.
Reed V. Tuckson, M.D., FACP

Incorporated Delaware 12/23/1992

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www.henryschein.com

HENRY SCHEIN, INC
F.E.I.N 11-3136595

Shareholders:

Name	FEIN#	Address	City	State	Zip	% of Ownership
The Vanguard Group, Inc.	23-1945930	100 Vangaurd Blvd V26	Malvern	PA	19355	11.10
Generation Investment Management, LLP	98-0456791	20 Air Street	London	UK	W1B5AN UK	9.89
Longview Partners, LLP	N/A	Thames Court 1 Queenhithe	London	UK	X0 EC4V3RL	5.61
BlackRock Institutional Trust Company, N.A.	32-0174431	400 Howard Street	San Francisco	CA	94105	5.25
State Street Global Advisors (US)	90-0337987	Channel Center, 1 Iron Street	Boston	MA	02110	5.13

InSource, Inc.
Current Product List

Item Description	Federal Drug Class
Neomy/Poly B/HC Otic Susp	RX
Tetracaine Ophthalmic Solution	RX
Diphenhydramine Inj MDV	RX
Albuterol Inh Solution 3mL	RX
Ketorolac Inj IM SDV 2mL	RX
Ketorolac INJ SDV Non/Ret	RX
Aplisol Tuberculin PPD Inj MDV	RX
Kenalog-40 Inj MDV	RX
Kenalog-10 Inj MDV	RX
Kenalog-40 Inj SDV	RX
Lidocaine Viscous Oral Sol	RX
Ketorolac Inj IM/IV SDV 1mL	RX
Epinephrine Inj SD Ampule 1mL	RX
Rhogam Plus Inj Syringe	RX
Lidocaine 2% w/EPI 1.7 mL INJ	RX
Marcaine 0.5% w/Epi 1.7 ml INJ	RX
Monsels Solution OB/GYN 8ml	RX
Septocaine 4% w/EPI 1.7 mL INJ	RX
Calcium Gluc Inj SDV 10mL	RX
2022 Fluad Syr PB	RX
Ceftriaxone Sod Inj Pwd SDV	RX
Dexameth Sod Phs Inj MDV 30mL	RX
Ceftriaxone Sod Inj SDV	RX
2022 Fluad Syr WFG	RX
2022 Flucelvax Syr WFG	RX
Cyanocobalamin MDV N-R	RX
Betamethasone Combo Inj MDV	RX
Triamcinolone Ace Inj MDV 10mL	RX
Ventolin HFA Inhaler	RX
Epinephrine Adult Auto-Inject	RX
Diphenhydramine Inj SDV 1mL	RX
Medroxyprogesterone SDV 1mL	RX
Lidocaine HCl Inj MDV 20mL	RX
Ceftriaxone Sodium F/Inj SDV	RX
Ibuprofen Tablets	OC
Hylenex Recom Human Inj SDV	RX
Mupirocin Ointment 2%	RX
Methylprednisolne Ace Inj MDV	RX
Methylprednisolone Ace Inj MDV	RX
Ibuprofen Tablets	RX
Silver Nitrate Applicators	RX
Magnesium Chlor Inj MDV 50mL	RX
Clonidine HCl Tablets	RX
2022 Fluzone MDV WFG2	RX

2022 Afluria Syr WFG	RX
2022 Fluzone HD Syr WFG	RX
2022 Afluria Syr PB	RX
2022 Flucelvax MDV WFG	RX
2022 Fluzone HD Syr PB	RX
2022 Flucelvax Syr PB	RX
Betadine Ophthalmic Solution	SR
Lidocaine Jelly Urojet NR PF	RX
Diphenhydr Inj SDV Non-Ret	RX
Proparacaine HCL Ophth Sol	RX
2022 Afluria MDV WFG	RX
2022 Fluad Syr WFG2	RX
2021 Flucelvax MDV QIV PB	RX
Sterile Water Inj Bac FTV	RX
Lidocaine w/Epi FTV Non-Return	RX
Triamcinolone Ace Inj SDV 1mL	RX
Gonak Hypromellose Opht Drops	RX
Amoxicillin/Clavulanate Tabs	RX
Triamcinolone Ace Inj MDV 5mL	RX
Erythromycin Ophth Oint	RX
Lidocaine 2% Hcl Syr Luer-Jet	RX
Lidocaine HCl Inj MDV 50mL	RX
2022 Flucelvax MDV PB	RX
Dexamethasone Sod Inj MDV N-R	RX
Ixiaro Jap Enceph PFS Inj	RX
TDVAX Tet Diph Tox SDV Inj N-R	RX
Pneumovax-23 SDV Inj	RX
Famotidine Inj MDV 4mL	RX
Famotidine Inj SDV 2ml	RX
Ondansetron HCL Inj SDV 2mL	RX
Cyanocobalamin (B12) Inj MDV	RX
Solu-Medrol Act-O-Vial PF N-R	RX
Amoxicillin/Clavul Pot Tablets	RX
Glycopyrrolate Inj MDV N-R	RX
Ondansetron HCl Inj MDV	RX
Epipen Inj Jr Twin Pack .3mL	RX
Epinephrine Auto Inject Adult	RX
Epinephrine Auto Injector Jr	RX
Epipen Inj Adult Twin Pk .3mL	RX
Clindamycin HCL Capsules	RX
Dexamethasone Tablets	RX
Cefazolin Sodium Inj SDV 15mL	RX
Tubersol Tuberculin PPD MDV	RX
Venofer Iron Sucrose Injection	RX
Medroxyprogesterone PF Syr 1mL	RX
Boostrix Tdap PFS Inj	RX
M-M-R II SDV Inj w/Dil	RX
Lidocaine HCl Inj SDV PF	RX
Hydrocortisone 2.5% Cream	RX
Drysol Dab-O-Matic Sol 60mL	RX

2022 Flucelvax MDV WFA2 6mos+	RX
Phenylephrine Hcl Ophth Soln	RX
Cyclomydril Ophth Drops	RX
Infuvite IV Multivit 5mL	RX
Amphotericin B F/IV Injection	RX
Anastrozole Tablets	RX
Infed (Iron Dextran) 2ml	RX
Glucagon Emergency Kit w/Syr	RX
Atropine Sulf Inj SDV N-R	RX
Azithromycin Tablets	RX
Pneumovax-23 PFS Inj	RX
MicRhogam Plus Inj Syringe	RX
Dantrium Inj Vial 20mg	RX
Havrix Hep A Adult PFS Inj	RX
Ammonia Inhalants	DP
Drysol Solution 37.5mL	RX
Triamcinolone Cream 0.1%	RX
B Complex 100 Inj MDV 30ml	RX
Adacel Tdap SDV Inj	RX
Adacel Tdap PFS Inj	RX
Gardasil 9 HPV PFS Inj	RX
Propranolol HCl Inj SDV 1mL	RX
Methylprednisolone Ace MDV 5mL	RX
Diluent Sterile MMR Inj	RE
Lidocaine W/EPI Inj MDV 50mL	RX
Intron-A Inj w/Diluent	RX
Sodium Chloride Sol Non-DEHP	RE
Lumicain Solution	RX
Tadalafil Tablets	RX
Calcium Chloride Luer Syr 10mL	RX
Lidocaine HCl Inj MDV 10mL	RX
Flumazenil Inj MDV N-R	RX
Nexterone Premixxed IV Bag	RX
HyperRho S/D Full Dose Syr 1ml	RX
BYD Mask Level 3	DU
Ceftriaxone Sodium F/Inj Pwd	RX
Epinephrine Inj SD Amp	RX
Naloxone Syr 21gx1.5" N-R	RX
Sodium Bicarb Prefild Syr 8.4%	RX
Amiodarone HCl SDV Inj 18ml	RX
Lidocaine HCl Inj SDV N-R	RX
Aminocaproic Acid N-R	RX
Phytonadione Syringe 27Gx0.5"	RX
Pitocin Inj Vial 1mL	RX
Lidocaine 2% w/EPI 1.7ml INJ	RX
Silver Sulfadiazene Cream Jar	RX
Lidocaine Jelly Urojet 10mL	RX
Magnesium Sulf Inj SYR Non-Ret	RX
Atropine Sulf Inj Abj LFS N-R	RX
Aminophylline Inj SDV Non Retn	RX

Atropine Sulf Ansyr Syr N-R	RX
Adenosine Inj SDV 2mL	RX
Atropine Sulf Abj LFS N/R	RX
Dextrose Inj Infant Syr Non-Rt	RX
Engerix-B Hep B Adult SDV Inj	RX
Ventolin HFA Inhaler w/dctr	RX
Menactra Meningitis SDV Inj	RX
Infanrix DTaP Ped PFS Inj	RX
Acthib HIB Ped SDV Inj	RX
Pentacel Dtap Hib Pol SDV Inj	RX
Promethazine HCL Inj SDV	RX
Boostrix Tdap SDV Inj	RX
Lidocaine HCl Inj SDV PF 5mL	RX
Ipol Polio MDV Inj	RX
Haloperidol Lactate SDV 1mL	RX
Lidocaine Ansyr Syr Non Return	RX
Nalbuphine Inj Amp N-R	RX
Tropicamide Ophth Solution 1%	RX
Metoclopramide HCL SDV N-R	RX
Fluorouracil Inj SDV 20mL	RX
Metoprolol Tartrate Tablets	RX
Cyanocobalamin B12 MDV 30mL	RX
Xylocaine Inj SDV MPF 2mL	RX
Akten (Lidocaine) Ophth Gel	RX
Hydroxocobalamin Inj MDV	RX
Sotradecol Inj MDV 2mL	RX
Vancomycin HCL Inj SDV	RX
Lidocaine HCL Abj LFS Syr PF	RX
Calcium Chloride Syr N-R	RX
Solu-Medrol Inj Act-O-Vial NR	RX
Lidocaine w/Epi MDV Non-Return	RX
Prometh HCL Amps Non-Ret	RX
Solu-Medrol Inj Act-O-Vl NR	RX
Bupivacaine HCl Inj MDV N-R	RX
Amiodarone HCL Inj SDV NR	RX
Mepivacaine 3% Plain 1.7mL INJ	RX
Dopamine HCL inj FTV Non-Retn	RX
Phenylephrine HCL Inj SDV N-R	RX
Atropine Sulfate SDV N-R	RX
Adenosine Inj SDV N-R	RX
Marcaine Inj SDV Non-Rtrn PF	RX
Neostigmine Meth MDV N-R	RX
Sodium Chl Inj SDV Non-Retrnbl	RX
Adrenalin Inj SDV N-R	RX
Calcium Chloride Syr N-R	RX
Lidocaine Inj MDV Non-Return	RX
Sodium Chl Inj Vl Bact FTV .9%	RX
Furosemide Inj SDV N-R	RX
Phytonadione (Vit K) Inj Amp	RX
Lidocaine Ansyr Syr Non-Return	RX

Naloxone Inj Syr No Needle NR	RX
Thiamine HCL Inj MDV N-R	RX
Water For Inj FTV Non-Returnbl	RX
Naloxone SYR Needleless N-R	RX
Naloxone HCL N-R	RX
Bupivacaine HCL MDV Non-Return	RX
Tranexamic Acid Inj SDV 10mL	RX
Naloxone Inj Syr No Needle	RX
Norepinephrine Bitart Amp 4mL	RX
Ipratropium Brom Inh Sol 2.5ml	RX
Thiamine Hcl Inj MDV 2mL	RX
Sodium Bicarb Abj Sry	RX
Nitro-Bid Ointment	RX
2022 Flucelvax MDV WFG2	RX
Lubricating Jelly Fliptop	DU
Metformin HCl Tablets	RX
Amlodipine Besylate Tablets	RX
Sildenafil Citrate (R) Tablets	RX
Sildenafil Tablets	RX
Water f/Inj FTV Vl Non-Return	RX
EZ-Cleans Plus Kit	DU
Nitrazine Paper Phizatest	*
Shingrix Shingles SDV Inj	RX
Dexamethasone INT Oral Sol	RX
Havrix Hep A Ped PFS Inj	RX
Pediarix Dtap Ped PFS Inj	RX
Engerix B Ped PFS Inj	RX
Organisol Powder Detergent	*
Allrap Cover Film	*
N95 Respirator & Surg Mask L3	DU
Morgan Medi-Flow Lens	DP
2022 Flublok RV4 Syr WFG	RX
2022 Flucelvax MDV WFA1	RX
2022 Fluzone Syr WFG2	RX
Lexiscan Inj Syringe	RX
2022 Fluzone MDV PB	RX
Sodium Chl Inj SDV Non Return	RX
Sterile Water Inj FTV N-R	RX
Prednisone Tab	RX
Amoxicillin Capsules	RX
Phenylephrine Ophthalmic Soln	RX
Tetracaine HCl Ophth Solu 4mL	RX
Promethazine HCL Inj Amp 1mL	RX
Tigan Inj SDV Non Returnable	RX
2022 Afluria Syr WFG2	RX
Sterile Water Inj SDV	RX
Diltiazem Hcl Inj SDV 25mL	RX
Nitroglycerin Inj SDV Non Retr	RX
Nitro Dextrose 5% Inj 250ml	RX
Fluorouracil Inj SDV 10mL	RX

Heparin Porcine Inj. MDV N-R	RX
Gentamicin Sulf Inj MDV 2mL	RX
Tobramycin Sulfate Inj 2mL	RX
Hydrocortisone Cream	RX
Instrument Brushes SS	*
Hydrocortisone Ointment	RX
Dipyridamole Inj SDV Non-Ret	RX
2022 Fluzone Syringe WFG	RX
Prednisolone Oral Solution	RX
Hydroxyzine HCL Inj SDV N-R	RX
Atropine Sulfate Inj MDV NR	RX
Prednisone Tablets	RX
Dexameth Sod Phs Inj MDV N-R	RX
Glycopyrrolate Inj SDV 1mL	RX
Ondansetron Oral Disint Tablet	RX
Dexamethasone Sod Inj N-R	RX
2022 Afluria MDV WFG2	RX
Lidocaine Jelly Urojet 5mL	RX
Ceftriaxone Sod Pwd f/Sol Inj	RX
Mupirocin Ointment	RX
Silver Sulfadiazene Cream	RX
Ipratropium/Albut Inh Soln 3mL	RX
Sodium Chloride SDV MPF 10mL	RX
Ciprofloxacin HCL Tablets	RX
Lidocaine W/EPI Inj MDV 30mL	RX
Dipyridamole Inj SDV 10ml	RX
Gentamicin Sulfate Ointment	RX
Engerix-B Hep B Adult SDV	RX
Engerix B Ped PFS	RX
Depo-Medrol Inj SDV	RX
Depo-Medrol Inj MDV	RX
Orphenadrine Citr Inj SDV 2mL	RX
Folic Acid Injection MDV	RX
Dopamine 5% Dextrose 250ml	RX
Dopamine Inj SDV Non/Ret	RX
Hydrocortisone Cream Rx	RX
Aminophylline Inj Non Ret	RX
Coverlet Spots Oval	*
HyperRho S/D Mini-Dose Syringe	RX
Methylprednisolone Ace Inj SDV	RX
HyperRho S/D Full-Dose Syringe	RX
Ampicillin Inj SDV N-R	RX
Podocon 25	RX
Heparin Sod (Pork) Inj N-R	RX
Glycopyrrolate Inj MDV 20mL	RX
Recombivax Hep B SDV 10/pk	RX
Esmolol HCL INJ SDV N-R	RX
Verapamil HCL Inj N-R	RX
Heparin Sod Pork Inj SDV 1ml	RX
Sodium Bicarb Inj SDV N-R	RX

Atropine Sulf Abj LFS Syr N-R	RX
Lincomycin HCL Inj N-R	RX
Carbocaine 3% Plain 1.7 mL INJ	RX
Magnesium Sulf INJ SDV 10ml	RX
Marcaine Inj SDV Non Returnble	RX
Lidocaine HCl Inj Amp N-R	RX
Glydo Lidocaine Jelly SY11mL	RX
GLYDO Lidocaine Jelly Inj 6mL	RX
Lidocaine HCL Inj Amp Non-Retn	RX
Propranolol HCL	RX
Naloxone HCL Inj CRPJ Syr N-R	RX
APAP Extra Strength Tab	OC
Boostrix Tdap PFS	RX
Digoxin Inj Amp Non-Returnable	RX
Lidocaine Hcl Jelly USP	RX
Paremyd Ophthalmic Sol	RX
Tropicamide Ophthalmc Sol 0.5%	RX
AK-FLUOR Sod Inj SDV 5mL	RX
Aspirin Tablet	OC
Fluorescein/Benox Ophth Sol	RX
Testosterone Cyp Inj MDV	3N
Fosinopril Sodium Tablets	RX
Mannitol Inj SDV Non Return	RX
2022 Flucelvax Syr WFG2	RX
Cath Foley 5cc 14FR SIL Coat	DP
Xylocaine w/Epi Inj MDV 10mL	RX
Xylocaine w/Epi Inj MDV 50mL	RX
Syringe w/o Needle LL	DP
Syringes Luer Lok Disp Sterile	DP
Insta-Glucose Gel 31g/Tb	OC
Syringe w/o Needle Luerlock	DU
Dextrose Inj Ansyr 2syr 50mL	RX
Sodium Chl Bacterio Inj 30mL	RX
Amoxicillin Susp Dye Free	RX
Lisinopril Tabs	RX
Binder Abdominal 12"	*
Engerix-B Hep B Adult PFS Inj	RX
Narcan Nasal Spray	RX
Sodium Chloride Inj SDV 20mL	RX
Vaginal Specula 590 Series	DP
Acclean Fluoride Varnish 5%	DP
Maxizyme Tablets	*
Deterra Drug Deactivate Sys	*
Lisinopril Tablets	RX
Cetirizine HCL Syr	RX
Nalbuphine HCL MDV	RX
Lidocaine Jelly Urojet 20mL	RX
Sterile Water Inj Bact MDV	RE
Ondansetron HCL Tab	RX
2021 Fluzone QIV Syr PB	RX

2022 Fluzone HD Syr WFG2	RX
2022 Fluzone Syr PB	RX
Nystatin Cream	RX
Hydroxyzine HCL Inj SDV	RX
HyperTet Inj Prefilled-Syr	RX
Humalog Vial #HV-7510	RX
Silver Nitrate Applicator	RX
Amoxicillin Tablets Chewable	RX
2021 Fluad QIV Syr PB	RX
Sensorcaine w/Epi SDV 30mL PF	RX
Sodium Chloride Inj SDV 50mL	RE
Bupivacaine HCl Inj MDV 50mL	RX
2022 Flublok RV4 Syr WFG2	RX
2022 Flublok RV4 Syr PB	RX
Zonisamide Capsule	RX
Hydralazine HCl Inj SDV 1mL NR	RX
Twinrix Hep A/B Adult PFS Inj	RX
Asthma Check Peak Flow Meter	*
Promethazine HCL Amp	RX
Boostrix Tdap Ado/Adt SDV	RX
Naproxen Tablets	RX
Needle Disposable	DP
Premium Non-Woven Sponges NS	*
Resting Ekg Electrode	*
Needle Disposable Safety	DP
Stapler Precise Titanium 5Ct	*
Bandaid Metal Det Plastic LF	*
Speedclean For Autoclave	*
Kenalog-80 Inj MDV	RX
Chamber Brite Autoclave	*
Imovax Rabies Pre/Post SDV Inj	RX
Protectiv Plus IV Catheter	DP
Vaqta Hep A Adult PFS	RX
Ipratropium Brom Sol UD 2.5mL	RX
Docusate Sodium Liquid	OC
2022 Fluarix Syr WFG INS	RX
Amoxicillin Suspension	RX
Armour Thyroid Tablets	RX
Tenivac Td PFS Inj	RX
Lidocaine HCl Inj SDV 2ml	RX
2022 Fluad Syr LC	RX
2022 Flucelvax Syringe LC	RX
2022 Afluria MDV LC	RX
2022 Afluria Syr LC	RX
Atropine Sulf Inj SDV 1mL	RX
Kenalog-80 Inj SDV	RX
Mask Oxygen Non-Rebreathing	*
IV Admin Set Anethesia	*
Neomy/Poly B/HC Otic Sol	RX
Olopatadine HCl Ophth Solution	RX

MenQuadfi Meningitis Inj SDV	RX
Shingrix Shingles SDV w/Diluen	RX
PedVaxHib HIB Ped SDV Inj	RX
Recombivax Hep B Ped PFS	RX
Engerix-B Hep B Adult PFS	RX
Havrix Hep A Ped PFS	RX
Lidocaine HCl Topical Solution	RX
Lidocaine Amp Prs-Free Non Ret	RX
Epinephrine Jr Auto-Inject	RX
Hydrochlorothiazide Capsules	RX
Phenergan Inj SDV 1mL	RX
Geri-Lanta Liquid Regular	DU
Saline Nasal Spray 45ml	DU
Simvastatin Tablets	RX
Hydrochlorothiazide Tablets	RX
Typhim Vi Typhoid PFS Inj	RX
2022 Fluzone MDV WFG	RX
Salinocaine 55%	RX
Lidocaine HCl Inj Amp PF 5mL	RX
Atorvastatin Calcium Tablets	RX
Rolyan Monofilament	*
Nail Polish Remover Pad	*
Amiodarone HCl Inj SDV 3mL	RX
Prednisone Oral Sol	RX
Surgitube Gauze White #2 Wide	*
2021 Afluria QIV Syr PB	RX
SafetyGlide Needle	DP
Hartman Alligator Forcep	*
Transcend Glucose Gel 15g	*
Woods Lamp Batt Operat 4 (AA)	*
Lidocaine w/Epi Inj MDV N-R	RX
Water f/Inj Vl Non-Returnable	RE
Gentamicin Sulfate Cream	RX
Premarin IV 5ml/vl	RX
Dexameth Sod Pho Inj N-R MDV	RX
Albuterol Sulfate Inh Sol 3mL	RX
Haloperidol Lact SDV N-R	RX
Syringe Only Luer-Lok	DP
Filter Needle TW	DP
Ipratro/Albut Inh Sol 3mL	RX
2022 Fluzone SDV WFG	RX
Metformin HCl ER Tablets	RX
Huggies Diapers Little Movers	*
Dexamethasone Ophth Sol	RX
Lidocaine HCL ABJ LFS N-R PF	RX
Sodium Chloride Inj 30ml	RX
2022 Fluzone SDV WFG2	RX
Albuterol Sulf Inhal Sol 3mL	RX
Clindamycin Phos Inj N-R	RX
Cefazolin/Dex F/Inj 50mL	RX

Dopamine & Dextr 400mg/ba	RX
Phenytoin Sod Inj SDV N-R	RX
Twinrix Hep A/B PFS	RX
Nitro-Bid 2% Foilpacs	RX
Naloxone HCl Carpuject Syr N-R	RX
Nebulizer Aerosol Mask Adult	DP
Olmesartan Medoxomil Tablets	RX
Rosuvastatin Calcium Tablets	RX
Testosterone Cyp Inj MDV 10mL	3N
Magnesium Sulfate Inj SDV 2mL	RX
Xylocaine w/Epi Inj MDV 20mL	RX
Xylocaine Epi Inj MDV 2% 20mL	RX
Lidocaine W/EPI Inj MDV 20mL	RX
Priftin Tablet Rifapentine	RX
Methylprednisolone Tablets	RX
Replacement Filters f/C30	DU

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: CJ Logistics America, LLC

Physical Address: 24101 S. Bradley St.

City: Channahon State: IL Zip: 60410

Mailing Address (if different from physical address): 1750 S. Wolf Rd.

City: Des Plaines State: IL Zip: 60018

Telephone: 847-390-6800 Website: www.cjlogisticsamerica.com

Name of Designated Representative (DR): Charles McAfee

Licensing Company Email: licensing@cjlogisticsamerica.com DR Email: charles.mcafee@cjlogisticsamerica.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: OTC Medications; OTC Devices	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: 3PL for Wholesalers

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - new application
Address: _____ City: _____ State: _____ Zip: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): CJ Logistics Holdings America Corp.
Corporation/Organization Name: CJ Logistics America, LLC
Mailing Address: 1750 S. Wolf Rd.
City: Des Plaines State: IL Zip: 60018
Telephone: 847-390-6800 Email: licensing@cjlogisticsamerica.com
Contact Person Name: Joe Smiesko

Section 6: Partnership

Partnership Name: N/A
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

CJ Logistics America, LLC

Facility Name

Kevin Coleman

Print Name of Authorized Person Submitting Application

K. D. C

Original signature of Authorized Person (copies or stamps not accepted)

10/12/2022

Date

Board Use Only	Date Received: 11-2-22	Amount: 1000.00 CK - 991149

12/1/22

CJ Logistics America, LLC – Owner and Officer List

Owner:
CJ Logistics America, LLC
24101 S. Bradley St.
Channahon, IL 60410
847-390-6800
Ownership: 100%

Officers:

Name/Title	Business Address	Business Telephone Number
Kevin Coleman - CEO	1750 S. Wolf Rd. Des Plaines, IL 60018	847-390-6800
Maria Motev Grechanik - Secretary	1750 S. Wolf Rd. Des Plaines, IL 60018	847-635-4390
Beth Wong - Treasurer	1750 S. Wolf Rd. Des Plaines, IL 60018	847-635-4390

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CJ LOGISTICS AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7024091 8300

SR# 20223513316

Authentication: 204381706

Date: 09-13-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Mrs. Sharron Lynn Simons - 000137815 - CJ Logistics America, LLC

My Employees

Status - is Active and Building - is IL-Channahon, Crdnl

Displaying **all** records

Name	Employee Number	Status	Job	Division	Department
Bailey (Bailey), Antonio	000157988	Active	Optimization Specialist	Logistic Centers	LC Operations
Cerna I (Guzman), Francisco x.	000160579	Active	Step-Ops Specialist	Logistic Centers	LC Operations
Collins, Sean	000097632	Active	Workflow Coordinator	Logistic Centers	Customer Operations
Contreras, Daniel	000150677	Active	Lead Trainer	Logistic Centers	LC Operations
Downey, Stephen	000160319	Active	Step-Sanitation Spec	Logistic Centers	LC Operations
Gathe Jr., Jeffery	000160957	Active	Step-Ops Specialist	Logistic Centers	LC Operations
Grant, Rickie R.	000151378	Active	Step-Ops Spec Ded Cse Pkr	Logistic Centers	LC Operations
Hennigan, Brian	000087384	Active	Lead Trainer	Logistic Centers	LC Operations
Kelly, Ariel	000161092	Active	Step-Ops Specialist	Logistic Centers	LC Operations
Laws, Dionte	000159796	Active	Optimization Specialist	Logistic Centers	LC Operations
Ledesma, Antonio	000156559	Active	Step-Ops Spec Ded Cse Pkr	Logistic Centers	LC Operations
Martinez, Jennifer	000127012	Active	Customer Specialist II	Logistic Centers	Customer Operations
McAfee, Charles R.	000134507	Active	Supply Chain Leader I	Logistic Centers	LC Operations
McElligott, Rick J.	000136792	Active	Step-Ops Specialist	Logistic Centers	LC Operations
Perez, Leo F.	000160839	Active	Step-Ops Specialist	Logistic Centers	LC Operations

Name	Employee Number	Status	Job	Division	Department
Ringold, Lyle	000157830	Active	Optimization Specialist	Logistic Centers	LC Operations
Shaw, Emmanuel	000158598	Active	Team Leader	Logistic Centers	LC Operations
Soto, Daniel	000150369	Active	Lead Trainer	Logistic Centers	LC Operations
Velazquez Gonzalez, Jobany	000122988	Active	Step-Ops Spec Ded Cse Pkr	Logistic Centers	LC Operations
Velez, Gabriel	000160277	Active	Ops Spec-Ded Case Pckr	Logistic Centers	LC Operations
Versher (versher), Jermaine	000152075	Active	Step-Ops Spec Ded Cse Pkr	Logistic Centers	LC Operations
Watts, Lynette L.	000150404	Active	Customer Specialist I	Logistic Centers	Customer Operations
Whiting Jr., Stan	000150439	Active	Step-Ops Spec Ded Cse Pkr	Logistic Centers	LC Operations
Williams, Jasmine	000153579	Active	Step-Sanitation Spec	Logistic Centers	LC Operations
Zamudio, Citlalli I.	000160318	Active	Optimization Specialist	Logistic Centers	LC Operations
Zavala (Zavala), mayra	000160998	Active	Step-Ops Specialist	Logistic Centers	LC Operations

Records per page 50 Displaying all records 1 / 1

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
278.000096

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2024

WHOLESALE DRUG THIRD PARTY
LOGISTICS PROVIDER

CJ LOGISTICS AMERICA LLC
RYAN JOSEPH MORIARTY
24101 S BRADLEY ST
CHANNAHON, IL 60410-4523

MARIO TRETO, JR.
SECRETARY

CECILIA ABUNDIS
DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

17322722

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4451440

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: CJ Logistics America, LLC

Pharmacy/Wholesaler License # (if applicable): Pending

Physical Address: 24101 S. Bradley St.

City: Channahon State: IL Zip: 60410

Mailing Address (if different from physical address): 1750 S. Wolf Rd.

City: Des Plaines State: IL Zip: 60018

Telephone: 847-390-6800 Website: www.cjlogisticsamerica.com

Licensing Company Email: licensing@cjlogisticsamerica.com

Section 2: Personal Information

First: Charles Middle: Richard Last: McAfee

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 24101 S. Bradley St.

City: Channahon State: IL Zip: 60410

Telephone: 847-390-6800 Email: charles.mcafee@cjlogisticsamerica.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Davenport University		01/02 - 04/09	
Address	City	State	Zip
6191 Kraft Ave SE	Grand Rapids	MI	49512
Diploma/Degree obtained, if any			
BA, Business Management			

School Name		From - To (MM/YY – MM/YY)	
Kenwood Academy High School		9/1984- 5/1988	
Address	City	State	Zip
5015 S. Blackstone Ave.	Chicago	IL	60615
Diploma/Degree obtained, if any			
General Studies Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2015 - Present	[redacted] Flagstone Drive	Dyer	IN	46311
From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/2015 – 05/2015	[redacted] S. Wentworth Ave.	Lansing	IL	60438
From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2007-02/2015	[redacted] Cottonwood Drive	Dyer	IN	46311
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
CJ Logistics America, LLC			03/19 - Present	
Business Address		**City**	**State**	**Zip**
24101 S. Bradley St.		Channahon	IL	60410
Phone	**Title**		**Number of Employed Hours**	
847-390-6800	Supply Chain Leader I		over 6,240	
Description of Duties				
Oversee and manage the storage and output of medical devices for medical company.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✔	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
9/2/1988	3/14/1989	IL	Calumet City	Cook
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
IL27910910		Police Department Calumet City		
Reason/Charge				
Theft Class Misdemeanor - 1-R-Theft				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
N/A			N/A	
Name of Business/Industry/Entity				
Marshall Fields				

Provide explanation below:

While removing trash from cleaning of business, found merchandise that was placed in garbage by co-worker. Completed 6-month supervision and dismissed.

Original Signature (electronic, copies or stamps not accepted)

1-9-2023
Date

I, Charles McAfee, **certify that as the designated representative for**

CJ Logistics America, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CM I am at least 21 years of age;
3. CM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Charles McAfee

Print Name (First, Last)

Original signature (electronic, copies or stamps not accepted)

12-12-2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles McAfee

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-12-2022

Date

Please have this section completed in the presence of a Notary Public.

State of ILLINOIS, ss. County of WILL

I, Charles McAfee, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12-13-2022 CRM 12-13

~~12-12-2022~~

Date

Subscribed and Sworn to before me this 13th day of December

Notary Public Signature

OFFICIAL SEAL
CINDY NORMAN
NOTARY PUBLIC, STATE OF ILLINOIS
WILL COUNTY
MY COMMISSION EXPIRES 08/02/2025

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: CJ Logistics America, LLC — MDEG License # (if applicable): Pending

Physical Address: 24101 S. Bradley St.

City: Channahon — State: IL — Zip: 60410

Mailing Address (if different from physical address): 1750 S. Wolf Rd.

City: Des Plaines — State: IL — Zip: 60018

Telephone: 847-390-6800 — Website: www.cjlogisticsamerica.com

Licensing Company Email: licensing@cjlogisticsamerica.com

Section 2: Personal Information

First: Charles — Middle: Richard — Last: McAfee

Alias(es, nick[redacted] changes, etc.): N/A

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ■ M ☐ F ☐ X

Mailing Address: 24101 S. Bradley St.

City: Channahon — State: IL — Zip: 60410

Telephone: 847-390-6800 — Email: charles.mcafee@cjlogisticsamerica.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Davenport University		01/02 – 04/09	
Address	City	State	Zip
6191 Kraft Ave SE	Grand Rapids	MI	49512
Diploma/Degree obtained, if any			
BA, Business Management			

School Name		From - To (MM/YY – MM/YY)	
Kenwood Academy High School		09/84 - 05/88	
Address	City	State	Zip
5015 S. BLackstone Ave.	Chicago	IL	60615
Diploma/Degree obtained, if any			
General Studies Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2015 - Present	[redacted] Flagstone Drive	Dyer	IN	46311
From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/2015 – 05/2015	[redacted] S. Wentworth Ave.	Lansing	IL	60438
From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2007-02/2015	[redacted] Cottonwood Drive	Dyer	IN	46311
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
CJ Logistics America, LLC			03/19 - Present	
Business Address		**City**	**State**	**Zip**
24101 S. Bradley St.		Channahon	IL	60410
Phone	**Title**		**Number of Employed Hours**	
847-390-6800	Supply Chain Leader I		over 6,240	
Description of Duties				
Oversee and manage the storage and output of medical devices for medical company.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
9/2/1988	3/14/1989	IL	Calumet City	Cook

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
IL27910910	Police Department Calumet City

Reason/Charge
THeft CLass Misdemeanor - 1-R-THeft

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
Marshall Fields

Provide explanation below:

While removing trash from cleaning of business, found merchandise that was placed in garbage by co-worker. Completed 6-month supervision and dismissed.

Original Signature (electronic, copies or stamps not accepted)

12-12-2027
Date

I, Charles McAfee, **certify that as the MDEG Administrator for**

CJ Logistics America, LLC,

that I (initial that you have read and meet the following requirements):

1. CM Have a high school diploma or its equivalent;
2. CM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles McAfee
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-12-2022
Date

Board Use Only	Date Received: 12-29-22

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661 Attn: Chicago.CertRequest@marsh.com FAX:212-948-0770	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Liberty Insurance Corporation	42404
INSURER B : Liberty Mutual Fire Insurance Company	23035
INSURER C : XL Insurance America Inc	24554
INSURER D : Liberty Insurance Company	
INSURER E : Liberty Mutual Insurance Corporation	33600
INSURER F :	

INSURED
CJ Logistics Holdings America Corporation
1750 South Wolf Road
Des Plaines, IL 60018

COVERAGES **CERTIFICATE NUMBER:** CHI-009885630-06 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			TB7-641-444813-032	08/01/2022	08/08/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 1,000,000 $ 5,000 $ 2,000,000 $ 4,000,000 $ 4,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			AS2-641-444813-022 COMP/COLL PRIVATE PASSENGER DEDUCTIBLE $2,500 ALL OTHER VEHICLES ARE SELF- INSURED FOR PHYSICAL DAMAGE	08/01/2022	08/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
C	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ 10,000			US00093453LI22A	08/01/2022	08/01/2023	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
E E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WA5-64D-444813-042 (AOS) WC5-641-444813-052 (WI)	08/01/2022 08/01/2022	08/01/2023 08/01/2023	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
D	Motor Carriers			AI7-641-444813-012	08/01/2022	08/01/2023	Limit	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence Only

CERTIFICATE HOLDER

CJ Logistics Holdings America Corporatio
1750 South Wolf Road
Des Plaines, IL 60018

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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The ACORD name and logo are registered marks of ACORD

SURETY RIDER

To be attached to and form a part of

Bond No. 8898797

dated effective October 12, 2007
(MONTH-DAY-YEAR)

executed by CJ Logistics America, LLC, as Principal,
(PRINCIPAL)

and by Fidelity and Deposit Company of Maryland, as Surety,

in favor of State of Nevada, Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

Change Principal Name:
From: DSC Logistics, LLC
To: CJ Logistics America, LLC

Adding Location:
24101 S. Bradley Street, Channahon, IL 60410

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective September 8, 2022
(MONTH-DAY-YEAR)

Signed and Sealed September 8, 2022
(MONTH-DAY-YEAR)

CJ Logistics America, LLC
(PRINCIPAL)

By: _____
(PRINCIPAL)

Fidelity and Deposit Company of Maryland
(SURETY)

By: Jessica Frederick
Jessica Frederick, Attorney-in-Fact

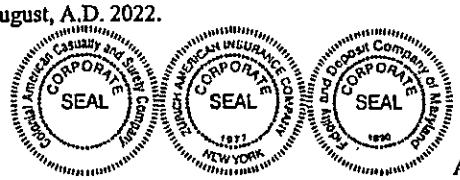
S-0443/GEEF 10/99

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint **Lisa FRYE, Loretta JONES, Thelma M. LETT, Michelle LUTE-HEATHERLY, Sandra KING, Sarah MAJOR, Amanda MILLS, Carolyn E. WHEELER, Vicki NOBINGER, Bonnie RICE, Rachel A. CHAVERIAT, Leslie PATTERSON, Sandy MCELHANEY, Andrea ALLMAN, Jessica FREDERICK and Lori A. WRIGHT, all of Knoxville, Tennessee,** its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings,** and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does bereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND,** this 25th day of August, A.D. 2022.



ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray
Vice President

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 25th day of August, A.D. 2022, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2023

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 8th day of September, 2022.

M J. Pethick

By: Mary Jean Pethick
Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
Ph: 800-626-4577

If your jurisdiction allows for electronic reporting of surety claims, please submit to:
reportsfclaims@zurichna.com

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

SURETY RIDER

To be attached to and form a part of

Bond No. 8898797

dated effective October 12, 2007
(MONTH-DAY-YEAR)

executed by CJ Logistics America, LLC, as Principal,
(PRINCIPAL)

and by Fidelity and Deposit Company of Maryland, as Surety,

in favor of State of Nevada, Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

Change Principal Name:
From: DSC Logistics, LLC
To: CJ Logistics America, LLC

Adding Location:
24101 S. Bradley Street, Channahon, IL 60410

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective September 8, 2022
(MONTH-DAY-YEAR)

Signed and Sealed September 8, 2022
(MONTH-DAY-YEAR)

CJ Logistics America, LLC
(PRINCIPAL)

By: _____
(PRINCIPAL)

Fidelity and Deposit Company of Maryland
(SURETY)

By: Jessica Frederick
Jessica Frederick, Attorney-in-Fact

S-0443/GEEF 10/99

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President,** in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint **Lisa FRYE, Loretta JONES, Thelma M. LETT, Michelle LUTE-HEATHERLY, Sandra KING, Sarah MAJOR, Amanda MILLS, Carolyn E. WHEELER, Vicki NOBINGER, Bonnie RICE, Rachel A. CHAVERIAT, Leslie PATTERSON, Sandy MCELHANEY, Andrea ALLMAN, Jessica FREDERICK and Lori A. WRIGHT, all of Knoxville, Tennessee,** its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings,** and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY,** and **FIDELITY AND DEPOSIT COMPANY OF MARYLAND,** this 25th day of August, A.D. 2022.

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray
Vice President

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 25th day of August, A.D. 2022, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2023

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 8th day of September, 2022.

By: Mary Jean Pethick
Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
Ph: 800-626-4577

If your jurisdiction allows for electronic reporting of surety claims, please submit to:
reportsfclaims@zurichna.com

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

NEVADA STATE BOARD OF PHARMACY
555 Double Eagle Court #1100
Reno, Nevada 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 8898797

Application/License No. _____

DSC Logistics, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 300 Gateway Parkway, Roanoke, TX 76262 (Address of Applicant/Principal), as PRINCIPAL, and Fidelity and Deposit Company of Maryland (Surety Company), a corporation organized under the laws of the state of Maryland (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 3910 Keswick Road, Baltimore, MD 21211 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 12, 2007 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal

may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 12th day of October, 20 07.

APPLICANT/PRINCIPAL
DSC Logistics, Inc.

Authorized Representative

SURETY COMPANY
Fidelity and Deposit Company of Maryland

Leslie M. Patterson
Surety Company's Representative

Leslie M. Patterson, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Loretta M. Jones
Witness Loretta M. Jones

Rachel Chaveriat
Witness Rachel Chaveriat

Countersigned by:

Michele Robertson
Nevada Resident Agent Michele Robertson
Marsh USA, Inc. October 15, 2007

SURETY RIDER

To be attached to and form a part of

Bond No. **8898797**

Type of Bond: **Pharmaceutical Wholesaler Surety Bond**

dated effective **October 12, 2007**
(MONTH-DAY-YEAR)

executed by **DSC Logistics, Inc.** , as Principal,
(PRINCIPAL)

and by **Fidelity and Deposit Company of Maryland** , as Surety,
(SURETY)

in favor of **State of Nevada**
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

Principal address is hereby amended as follows:

From: 300 Gateway Parkway, Roanoke, TX 76262

To: 14840 Central Pike, Suite 190, Lebanon, TN 37090

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **November 25, 2015**
(MONTH-DAY-YEAR)

Signed and Sealed **November 25, 2015**
(MONTH-DAY-YEAR)

DSC Logistics, Inc.
(PRINCIPAL)

By: _____
(PRINCIPAL)

Fidelity and Deposit Company of Maryland
(SURETY)

By: _____
Carolyn E. Wheeler, Attorney-In-Fact

SURETY RIDER

To be attached to and form a part of

Bond No. 8898797

Type of Bond: Pharmaceutical Wholesaler Surety Bond

dated effective October 12, 2007
(MONTH-DAY-YEAR)

executed by DSC Logistics, Inc. , as Principal,
(PRINCIPAL)

and by Fidelity and Deposit Company of Maryland , as Surety,
(SURETY)

in favor of State of Nevada
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

Principal address is hereby amended as follows:

From: 300 Gateway Parkway, Roanoke, TX 76262

To: 874 Thomas Parkway, Jefferson, GA 30549

Adding the following two locations to be covered under this bond:

11599 Arrow Route, Rancho Cucamonga, CA 97130

140 Greenwood Industrial Pkwy, McDonough, GA 30253

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective December 9, 2015
(MONTH-DAY-YEAR)

Signed and Sealed December 9, 2015
(MONTH-DAY-YEAR)

DSC Logistics, Inc.
(PRINCIPAL)

By: _____
(PRINCIPAL)

Fidelity and Deposit Company of Maryland
(SURETY)

By: _____
Carolyn E. Wheeler, Attorney-In-Fact

S-0443/GEEF 10/89

SURETY RIDER

To be attached to and form a part of

Bond No. 8898797

dated effective 10/12/2007
(MONTH-DAY-YEAR)

executed by DSC Logistics, Inc. , as Principal,
(PRINCIPAL)

and by Fidelity and Deposit Company of Maryland , as Surety,

In favor of State of Nevada, Board of Pharmacy
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

Add 12350 Philadelphia Street, Mira Loma, CA 91752 as a covered location under this bond.

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 2/12/2016
(MONTH-DAY-YEAR)

Signed and Sealed 2/12/2016
(MONTH-DAY-YEAR)

(PRINCIPAL)

By: _____
(PRINCIPAL)

Fidelity and Deposit Company of Maryland
(SURETY)

By: _____
Vicki Nobinger, Attorney-In-Fact

S-0443/GEEF 10/99

SURETY RIDER

To be attached to and form a part of

Bond No. 8898797

dated effective 10/12/2007
(MONTH-DAY-YEAR)

executed by DSC Logistics, Inc. , as Principal,
(PRINCIPAL)

and by Fidelity and Deposit Company of Maryland , as Surety;

in favor of State of Nevada, Board of Pharmacy
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

The Principal name from: DSC Logistics, Inc.

To: DSC Logistics, LLC

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 8/20/2018
(MONTH-DAY-YEAR)

Signed and Sealed 9/25/2018
(MONTH-DAY-YEAR)

DSC Logistics, LLC
(PRINCIPAL)

By: _____
(PRINCIPAL)

Fidelity and Deposit Company of Maryland
(SURETY)

By: _____
Rebecca J. Hobbs, Attorney-In-Fact

S-0443/GEEF 10/99

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: CJ Logistics America, LLC — MDEG License # (if applicable): Pending

Physical Address: 24101 S. Bradley St.

City: Channahon — State: IL — Zip: 60410

Mailing Address (if different from physical address): 1750 S. Wolf Rd.

City: Des Plaines — State: IL — Zip: 60018

Telephone: 847-390-6800 — Website: www.cjlogisticsamerica.com

Licensing Company Email: licensing@cjlogisticsamerica.com

Section 2: Personal Information

First: Charles — Middle: Richard — Last: McAfee

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X

Mailing Address: 24101 S. Bradley St.

City: Channahon — State: IL — Zip: 60410

Telephone: 847-390-6800 — Email: charles.mcafee@cjlogisticsamerica.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Davenport University		2010 - 2002	
Address	City	State	Zip
6191 Kraft Ave SE	Grand Rapids	MI	49512
Diploma/Degree obtained, if any			
BA, Business Management			

School Name		From - To (MM/YY – MM/YY)	
Kenwood Academy High School		9/1984 – 5/1988	
Address	City	State	Zip
5015 S. Blackstone Ave	Chicago	IL	60615
Diploma/Degree obtained, if any			
General Studies Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2015 - Present	[redacted] Flagstone Drive	Dyer	IN	46311
02/2015 – 05/2015	[redacted] S. Wentworth Ave.	Lansing	IL	60438
07/2007-02/2015	[redacted] Cottonwood Drive	Dyer	IN	46311
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: CJ Logistics America, LLC			From - To (MM/YY – MM/YY): 03/19 - Present
Business Address: 24101 S. Bradley St.	City: Channahon	State: IL	Zip: 60410
Phone: 847-390-6800	Title: Supply Chain Leader I		Number of Employed Hours: over 6,240
Description of Duties: Oversee and manage the storage and output of medical devices for medical company.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
9/2/1988	3/14/1989	IL	Calumet City	Cook

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
IL27910910	Police Department Calumet City

Reason/Charge	
Theft Class Misdemeanor - 1-R-Theft	

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
Marshall Fields

Provide explanation below:

While removing Trash From Cleaning of Business was Found merchandise was placed in Garbage by Co-worker. Completed 6-month Supervision and Dismissed.

Original Signature (electronic, copies or stamps not accepted)

10/7/2022
Date

Due to the age of the matter, court documents are not available but a copy of the FBI results have been provided.

I, Charles McAfee, **certify that as the MDEG Administrator for**

CJ Logistics America, LLC,

that I (initial that you have read and meet the following requirements):

1. CRM Have a high school diploma or its equivalent;
2. CRM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CRM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CRM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles McAfee

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10-7-2022

Date

Board Use Only	Date Received: 11-2-22

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12-12-2022
Date

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: MC Homecare LLC

Physical Address: 13949 Alvarez Rd

City: Jacksonville State: FL Zip: 32218

Mailing Address (if different from physical address): 402 BNA Drive Ste. 500

City: Nashville State: TN Zip: 37217

Telephone: 6153466320 Website: www.preferredmedical.com

Name of Designated Representative (DR): Alex Morrow

Licensing Company Email: Compliance@mdc-mg.com DR Email: AMorrow@preferredmedical.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☒ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: distributors		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
N/A				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Baxter
Address: One Baxter Pkwy City: Deerfield State: IL Zip: 60015
Name: Cardinal Health
Address: 200 McKight St City: Jacksonville State: TX Zip: 75766
Name: Nestle
Address: 4001 US Hwy 202/206 City: Bridgewater State: NJ Zip: 08807
Name: National Distribution + Contracting INC
Address: 402 BNA Drive Ste 500 City: Nashville State: TN Zip: 37217

Section 4: Publicly Traded Corporation

State of Incorporation: NA
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): National Distribution + Contracting INC
Corporation/Organization Name: ND Homecare LLC
Mailing Address: 402 BNA Drive Ste 500
City: Nashville State: TN Zip: 37217
Telephone: 615 366 3330 Email: Compliance@ndc-inc.com
Contact Person Name: Tammy Beasley

Section 6: Partnership

Partnership Name: N/A
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ (Not a person (National Distribution + contracting Inc)		✓✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

NDC Homecare LLC

Facility Name

Tamm Beasley

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

1/3/2023

Date

Board Use Only	Date Received: _____	Amount: $1,000 (CC) 1/19/23

NDC Homecare, LLC

Sole Member
National Distribution & Contracting, Inc. 100%
402 BNA Drive
Suite 500
Nashville, TN 37217

Officers
Jack Thomas Stephens III - CEO
[redacted] West Pope Ct
Homosassa, FL 34448

Tammy Beasley, Sr. Compliance Manager
[redacted] Rosecran Circle
LaVergne, TN 37086

NDC Homecare, LLC including the officers, directors, etc have not had any past criminal convictions and violations of the state and federal laws regarding drugs or devices or has not been involved in, or convicted of any criminal or prohibited acts.

Home Jacksonville FL lack of license

Florida does not require a license for devices without drugs.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NDC HOMECARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NDC HOMECARE, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6333287 8300

SR# 20223966698

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204807190

Date: 11-08-22

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/23/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh Risk & Insurance Services CA License #0437153 633 W. Fifth Street, Suite 1200 Los Angeles, CA 90071 CN132167684-NDC-CAS2-22-23	**CONTACT NAME:** **PHONE (A/C, No, Ext):** / **FAX (A/C, No):** **E-MAIL ADDRESS:**	
	INSURER(S) AFFORDING COVERAGE	**NAIC #**
	INSURER A : N/A	N/A
INSURED NDC Homecare, LLC 402 BNA Drive, Suite 500 Nashville, TN 37217	**INSURER B :** N/A	N/A
	INSURER C : Medmarc Casualty Insurance Co.	22241
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** LOS-002568292-03 **REVISION NUMBER:** 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Products /			22TN380011	09/30/2022	09/30/2023	Each Occ. / Aggregate:	$5,000,000
	Completed Operations Liability						Each Person Med. Expense:	$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
EVIDENCE OF INSURANCE

CERTIFICATE HOLDER

NDC Homecare, LLC
402 BNA Dr. Ste 500
Nashville, TN 37217

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh Risk & Insurance Services

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Employees for NDC Homecare that handle RX items

Alvarez,Diana
Amaya, Juan
Argueta, Jessica
Crawford,Sheri
Jiron, Sofia
Lopez, Brian
Lumas, Armon
Miller, Andrew
Mismit, Dalila
Mister,Josiah
Prado, Alijah
Smith, James
Ward, Walter
Alicea-Nieves, Alexis
Appiah-Kubi, Emmanuel
Belenski, Johnathan W
Boyd, D'artagnan
Brady, Tim
Burkhart, Matthew
Cagle, Becky
Cooper, Christopher
Davenport, Zach
De la Cruz, Ana
Driver, Doris
Fyle, Percy
Glasgow, Valarie
Guerrero, Sara
Haught, Linda
Lester, Rebecca J
McClain, Steve
Mcgill, Meghan
Mendaga, Tesfaye
Mendez, Jose
Pride, Ladonte
Ramirez, Adriana
Rizk, Reda
Ruiz, Jeffrey

Simpson, Catherine
Villamizar, Jordani
Brian Collier
ABDELSHAHID, HANY
ADEN, ADEN M.
ALAZAWI, GASSAN
ALAZZAWI, ALI B.
ALEMU, KIDIST B.
ANGRIN, HUBERT
BOKA, GEMACHIS A.
DOUNGTAL, MONTIWA
FRANSTOOK, BENJAMIN
GARCIA, OMAR
HARGROVE, JEFFERY P.
HEREFORD, VINCENT C.
HICKS, ANTOINE
INTHAVONG, NIKORN
JONES, ALEXANDER L
KOUNLAVOUTH, SISOUMANY
KWARTENG, MICHAEL A.
MAOKHAMPHIOU, ANDREW
MEBRAHTU FESSEHAYE, AMINE
MICHAEL, MEZGEBU K.
MUSA, SHUKRI M
PATHAMMAVONG, OUDOMSAY
PHANTHADETH, PULEMANA S
PHETDARAVONE, SOMPHONE
SENEMOUNNARATH, KINNY D.
SOURINTHONE, FONGSAMOUTH
SOUVANNAKHIRY, SYAMPHAY
SURAFEL, TINA N.
VALENT, LINO P
VONGSAMPHANH, SOULEEPHON
VONGSAVATH, BUDDHASAK
Khalil, Ali
Bachez, Ana
Dagoberto, Carlos
Porter, Cory
Duran, Dina
Tax, Juan
Eagle, Katie

Gregory, Mario
Phelps, Michael
Sanchez, Nayely
Floris, Patricia
Hayes, Sherry
Bell, Thomas
Holford, Tonia
Nesby, Willie

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler NDC Homecare LLC

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 13949 Alvarez Rd

City Jacksonville State FL Zip 32218

Mailing Address (if different from physical address) 402 BNA Dr STE 500

City Nashville State TN Zip 37217

Telephone 615 366-3230 Website www.preferredmedical.com

Licensing Company Email COMPLIANCE@NDC-INC.COM

Section 2: Personal Information

First Alexander L. Morrow Jr Middle L. Last Morrow

Alias(es, nickna [redacted] Alex

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Selawick Lane

City Jacksonville State FL Zip 32218

Telephone [redacted] Email amorrow@preferredmedical.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	X	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	X	
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	X	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)
University of Phoenix		08/04 - 05/06
Address	**City**	**State / Zip**
Jacksonville Campus	Jacksonville	FL 32256
Diploma/Degree obtained, if any		
MBA (Masters of Business Admin)		

School Name		From - To (MM/YY – MM/YY)
Northern Kentucky University		08/1990 - 05/97
Address	**City**	**State / Zip**
1 Louie B Nunn Dr	Highland Heights	Ky 41099
Diploma/Degree obtained, if any		
MPA (Masters of Public Admin)		

School Name		From - To (MM/YY – MM/YY)
Methodist University		08/81 - 05/86
Address	**City**	**State / Zip**
5400 Ramsey Street	Fayetteville	N.C. 28311
Diploma/Degree obtained, if any		
BA (Bachelor of Arts		

School Name		From - To (MM/YY – MM/YY)
Cape Fear Senior High School		08/79 - 05/81
Address	**City**	**State / Zip**
4762 Clinton Road	Fayetteville	NC. 28317
Diploma/Degree obtained, if any		

School Name		From - To (MM/YY – MM/YY)
Address	**City**	**State / Zip**
Diploma/Degree obtained, if any		
12/20/2022		

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/97 - 12/99	[redacted] Selawick Lane	Jacksonville	FL.	32218
Current				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

12/20/2022

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Preferred Medical			From - To (MM/YY – MM/YY): 10/11 - Current
Business Address: 13949 Alvarez Rd St 100	City: Jacksonville	State: FL	Zip: 32218
Phone: (904) 234-0533	Title: Distribution Center Manager		Number of Employed Hours: 15
Description of Duties: -Responsible for Receiving; shipping and storing perscription foods in a fast pace distribution Center Environment.			

Business Name: Zimmer Biomet			From - To (MM/YY – MM/YY): 03/19 - 05/20
Business Address: 1520 Tradeport Dr	City: Jacksonville	State: FL	Zip: 32218
Phone: 612-9483-5400	Title: Field Inventory Assoc. Manager		Number of Employed Hours: 14
Description of Duties: -Responsible for all field surgical tools Kits and parts for all of North America; also full inventory of all Sales team Members			

Business Name: Ecolab			From - To (MM/YY – MM/YY): 12/16 - 05/18
Business Address: 13500 Tradeport Cir. E	City: Jacksonville	State: FL	Zip: 32218
Phone: 800-533-3539	Title: Production Manager I		Number of Employed Hours: 49
Description of Duties: Responsible for Surgical change over parts in a clean room environment: Assembled and controled by lot number.			

Business Name: Vistakon Johnson: Johnson Vision Product			From - To (MM/YY – MM/YY): 04/93 - 02/02
Business Address: 7500 Centurion PKWY N.	City: Jacksonville	State: FL	Zip: 32256
Phone: (904) 443-1000	Title: Production Module Leader		Number of Employed Hours: 41
Description of Duties: Responsible for manufacturing of Contact Lenses			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

12/20/2022

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

12/20/2022

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

12/20/2022

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

12/20/2022
Date

I, Alexander L. Morrow Jr., **certify that as the designated representative for** Preferred Medical,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ___ I am at least 21 years of age;
3. ___ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ___ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ___ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ___ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ___ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Alexander L. Morrow Jr.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/20/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alexander L. Morrow Jr.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date 12/29/2022

Please have this section completed in the presence of a Notary Public.

State of FLORIDA, ss. County of DUVAL

I, ALEXANDER MORROW, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/29/2022

Date

Subscribed and Sworn to before me this 29 day of DEC 2022.

Notary Public Signature

Notary Public State of Florida
Harish A Patel
My Commission HH 327743
Expires 2/26/2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG NDC Homecare LLC MDEG License # (if applicable) MP03051

Physical Address 13949 Alvarez Rd

City Jacksonville State FL Zip 32218

Mailing Address (if different from physical address) 402 BNA Dr STE 500

City Nashville State TN Zip 37217

Telephone 615 366 3230 Website www.preferredmedical.com

Licensing Company Email Compliance@NDC-INC.com

Section 2: Personal Information

First Alexander Middle Levene Last Morrow

Alias(es, nicknames, name changes, etc.) Alex

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Selawick Lane

City Jacksonville State FL Zip 32218

Telephone (904) 234-0533 Email amorrow@preferredmedical.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	X	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	X	
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.429)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	X	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Phoenix			08/04 - 05/06	
Address		City	State	Zip
Jacksonville Campus		Jacksonville	FL	32256
Diploma/Degree obtained, if any				
MBA (Masters of Business Admin.)				
School Name			From - To (MM/YY – MM/YY)	
Northern Kentucky University			08/90 - 05/92	
Address		City	State	Zip
1 Louie B Nunn Dr		Highland Heights	KY	41099
Diploma/Degree obtained, if any				
MPA (Masters of Public Admin.)				
School Name			From - To (MM/YY – MM/YY)	
Methodist University			08/81 - 05/86	
Address		City	State	Zip
5400 Ramsey Street		Fayetteville	N.C.	28311
Diploma/Degree obtained, if any				
BA (Bachelor of Arts				
School Name			From - To (MM/YY – MM/YY)	
Cape Fear Senior High School			08/79 - 05/81	
Address		City	State	Zip
4762 Clinton Road		Fayetteville	N.C.	28312
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

12/20/2022

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/97-Present	[redacted] Selawick Lane	Jacksonville	FL.	32218
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

12/20/2022

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Preferred Medical			10/22 - Current	
Business Address		**City**	**State**	**Zip**
13949 Alvarez Rd St 100		Jacksonville	FL	32218
Phone	**Title**		**Number of Employed Hours**	
(904) 284-0533	Distribution Center Manager		15	
Description of Duties				
Responsible for Receiving; Shipping and Storage of prescripton goods in a fast pace Distribution Center environment.				

Business Name			From - To (MM/YY – MM/YY)	
Zimmer Biomet			03/19 - 05/20	
Business Address		**City**	**State**	**Zip**
1520 Tradeport Dr.		Jacksonville	FL	32218
Phone	**Title**		**Number of Employed Hours**	
612-9483-5400	Field Inventory Assoc Manager		14	
Description of Duties				
Responsible for all field surgical tool Kits and parts for all of North America; Also fall inventory of all Sales team Members				

Business Name			From - To (MM/YY – MM/YY)	
Eolab			12/16 - 05/18	
Business Address		**City**	**State**	**Zip**
13500 Trade Port Cir. E.		Jacksonville	FL.	32218
Phone	**Title**		**Number of Employed Hours**	
800-533-3539	Production Manager I		49	
Description of Duties				
Responsible for Surgecal Room Change over parts, in a clean room environment; Assembled and controled by lot number.				

Business Name			From - To (MM/YY – MM/YY)	
Vistakon Johnson; Johnson Visin Products			04/93 - 02/07	
Business Address		**City**	**State**	**Zip**
7500 Centurion PKWY N.		Jacksonville	FL	~~32256~~ ~~32218~~
Phone	**Title**		**Number of Employed Hours**	
(904) 443-1000	Production Module Leader		41	12/30/22
Description of Duties				
Responsible for manufacturing of Contact Lenses				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
	12/30/2022			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

12/20/2022

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

12/20/2022

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

12/20/2022
Date

I, Alexander L. Morrow Jr., **certify that as the MDEG Administrator for** Jacksonville Distribution Center for Preferred Medical,

that I (initial that you have read and meet the following requirements):

1. AM Have a high school diploma or its equivalent;
2. AM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. AM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. AM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alexander L. Morrow Jr.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/20/2022

Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 20BSBIZ0734

Application/License No. _____

NDC Homecare, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13949 Alvarez Rd, Jacksonville, FL 32218 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza, Hartford, CT 06155 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on December 13, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

20BSBIZ0734

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 14th day of December, 2022.

APPLICANT/PRINCIPAL

NDC Homecare, LLC

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Andrea Allman, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Marie Lett

Witness Lori Wright

Countersigned by:

N/A

Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: MARSH USA INC
Agency Code: 20-246454

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Andrea Allman

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 20BSBIZ0734
Naming NDC Homecare, LLC as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of December 14, 2022.

Signed and sealed in Lake Mary, Florida.

Keith Dozois

Keith D. Dozois, Assistant Vice President

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☒ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 023823	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: NDC Homecare LLC

Physical Address: 1000 Schroeder Bldng I Ste 101

City: Waco State: TX Zip: 76710

Mailing Address (if different from physical address): 402 BNA Drive Ste 500

City: Nashville State: TN Zip: 37217

Telephone: 615 366 3330 Website: www.preferredmedical.com

Name of Designated Representative (DR): Chris Deskins

Licensing Company Email: compliance@ndc-inc.com DR Email: cdeskins@preferredmedical.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☒ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: distribution		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____ Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
N/A				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Baxter
Address: One Baxter Plw City: Deerfield State: IL Zip: 60015
Name: CArdnal HealtR
Address: 200 McKight St City: Jacksonville State: TX Zip: 75766
Name: Restle
Address: 1007 US Hwy 202/206 City: Bridgwater State: NJ Zip: 08807
Name: National Distribution + Contracting Inc
Address: 402 BNA Drive Ste 500 City: Nashville State: TN Zip: 37217

Section 4: Publicly Traded Corporation

State of Incorporation: NA
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): National Distribution & Contracting Inc
Corporation/Organization Name: NDC Homecare LLC
Mailing Address: 402 BNA Drive Ste 500
City: Nashville State: TN Zip: 37217
Telephone: 615 366 3230 Email: Compliance@ndc-inc.com
Contact Person Name: Tammy Beasley

Section 6: Partnership

Partnership Name: NA
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: NA
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ (not a person (National Distribution & Contracting Inc))		✓✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

NDC Homecare LLC

Facility Name

Tamm Beasley

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12/20/2022

Date

Board Use Only	Date Received: _____	Amount: $1000 (CC) 1/19/23

NDC Homecare, LLC

Sole Member
National Distribution & Contracting, Inc. 100%
402 BNA Drive
Suite 500
Nashville, TN 37217

Officers
Jack Thomas Stephens III - CEO
[redacted] West Pope Ct
Homosassa, FL 34448

Tammy Beasley, Sr. Compliance Manager
[redacted] Rosecran Circle
LaVergne, TN 37086

NDC Homecare, LLC including the officers, directors, etc have not had any past criminal convictions and violations of the state and federal laws regarding drugs or devices or has not been involved in, or convicted of any criminal or prohibited acts.

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

NDC HOMECARE LLC
407 NEW SANFORD RD
LA VERGNE TN 37086

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

NDC HOMECARE LLC DBA
PREFERRED MEDICAL SUPPLY
1000 SCHROEDER BLDG 1 STE 101
WACO, TX 76710

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 1002544
Expires: June 25, 2024

NON-TRANSFERABLE

Commissioner

515803

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NDC HOMECARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NDC HOMECARE, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6333287 8300

SR# 20223966698

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204807190

Date: 11-08-22

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/23/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh Risk & Insurance Services CA License #0437153 633 W. Fifth Street, Suite 1200 Los Angeles, CA 90071 CN132167684-NDC-CAS2-22-23	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED NDC Homecare, LLC 402 BNA Drive, Suite 500 Nashville, TN 37217	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** N/A — N/A **INSURER B :** N/A — N/A **INSURER C :** Medmarc Casualty Insurance Co. — 22241 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** LOS-002568292-03 **REVISION NUMBER:** 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A						E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Products / Completed Operations Liability			22TN380011	09/30/2022	09/30/2023	Each Occ. / Aggregate:	$5,000,000
							Each Person Med. Expense:	$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EVIDENCE OF INSURANCE

CERTIFICATE HOLDER	CANCELLATION
NDC Homecare, LLC 402 BNA Dr. Ste 500 Nashville, TN 37217	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE *Marsh Risk & Insurance Services*

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State	Facility	License number
Alabama, AL	Home TX	196231
Idaho, ID	Home TX	W57151
Illinois, IL	Home TX	004.004723
Iowa, IA	Home TX	41053
Louisiana, LA	Home TX	9721
Maine, ME	Home TX	WH70003170
New Mexico, NM	Home TX	WD00012515
North Carolina, NC	Home TX	1850
South Dakota, SD	Home TX	600-2965
Virginia VA	Home TX	0243000086
DQSA - WDD/3PL Register with the CDER Direct	Home TX	081186530
Minnesota, MN	Home TX	364072
California, CA	Home TX	OSD 7749
Connecticut, CT (DME Included)	Home TX	CSW.0004778
Georgia, GA	Home TX	PHWH005126
Kansas, KS	Home TX	16-113782
Kansas, KS	Home TX	5-107883
North Dakota, ND	Home TX	Whol2620
Ohio, OH	Home TX	0130000363
Nebraska, NE	Home TX	1576
Kentucky, KY	Home TX	W04497
Oklahoma, OK	Home TX	88-W-6061
Oregon, OR	Home TX	W1-0004753
Rhode Island, RI	Home TX	DIS03742
Utah, UT	Home TX	11405591-1710
Washington, WA	Home TX	PHWH.FX.60984531
FDA Food Facility Registration Waco TX- Registrar	Home TX	13430621266
Missouri, MO	Home TX	2018044343
Montana, MT	Home TX	PHA-WDD-LIC-63417
New York, NY	Home TX	038605
Illinois, IL	Home TX	203.002658
Wisconsin, WI	Home TX	3084-45
Texas, TX -Prescription Drug	Home TX	1002544
New Hampshire, NH	Home TX	07020
West Virginia, WV	Home TX	WD0560293
Texas, TX - Multi Product	Home TX	1001574
Arizona, AZ	Home TX	W003215
Arizona, AZ	Home TX	C002087
Colorado, CO	Home TX	WHO.0008394
Nevada, NV	Home TX	MP03050
Nevada, NV	Home TX	WH02802
Arkansas, AR	Home TX	MG01927
Arkansas, AR	Home TX	WD05130

Employees for NDC Homecare that handle RX items

Alvarez,Diana
Amaya, Juan
Argueta, Jessica
Crawford,Sheri
Jiron, Sofia
Lopez, Brian
Lumas, Armon
Miller, Andrew
Mismit, Dalila
Mister,Josiah
Prado, Alijah
Smith, James
Ward, Walter
Alicea-Nieves, Alexis
Appiah-Kubi, Emmanuel
Belenski, Johnathan W
Boyd, D'artagnan
Brady, Tim
Burkhart, Matthew
Cagle, Becky
Cooper, Christopher
Davenport, Zach
De la Cruz, Ana
Driver, Doris
Fyle, Percy
Glasgow, Valarie
Guerrero, Sara
Haught, Linda
Lester, Rebecca J
McClain, Steve
Mcgill, Meghan
Mendaga, Tesfaye
Mendez, Jose
Pride, Ladonte
Ramirez, Adriana
Rizk, Reda
Ruiz, Jeffrey

Simpson, Catherine
Villamizar, Jordani
Brian Collier
ABDELSHAHID, HANY
ADEN, ADEN M.
ALAZAWI, GASSAN
ALAZZAWI, ALI B.
ALEMU, KIDIST B.
ANGRIN, HUBERT
BOKA, GEMACHIS A.
DOUNGTAL, MONTIWA
FRANSTOOK, BENJAMIN
GARCIA, OMAR
HARGROVE, JEFFERY P.
HEREFORD, VINCENT C.
HICKS, ANTOINE
INTHAVONG, NIKORN
JONES, ALEXANDER L
KOUNLAVOUTH, SISOUMANY
KWARTENG, MICHAEL A.
MAOKHAMPHIOU, ANDREW
MEBRAHTU FESSEHAYE, AMINE
MICHAEL, MEZGEBU K.
MUSA, SHUKRI M
PATHAMMAVONG, OUDOMSAY
PHANTHADETH, PULEMANA S
PHETDARAVONE, SOMPHONE
SENEMOUNNARATH, KINNY D.
SOURINTHONE, FONGSAMOUTH
SOUVANNAKHIRY, SYAMPHAY
SURAFEL, TINA N.
VALENT, LINO P
VONGSAMPHANH, SOULEEPHON
VONGSAVATH, BUDDHASAK
Khalil, Ali
Bachez, Ana
Dagoberto, Carlos
Porter, Cory
Duran, Dina
Tax, Juan
Eagle, Katie

Gregory, Mario
Phelps, Michael
Sanchez, Nayely
Floris, Patricia
Hayes, Sherry
Bell, Thomas
Holford, Tonia
Nesby, Willie

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Y

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler NDC Homecare LLC

Pharmacy/Wholesaler License # (if applicable) WH02802

Physical Address 1000 Schroeder Bldg 1 STE 101

City Waco State TX Zip 76710

Mailing Address (if different from physical address) 402 BNA Dr STE 500

City Nashville State TN Zip 37217

Telephone 615 366 3230 Website www.PreFerredMedical.com

Licensing Company Email Compliance@NDC-INC.com

Section 2: Personal Information

First Christopher Middle Jason Last Deskins

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Harding Ln

City Moody State TX Zip 76557

Telephone [redacted] Email cdesking@preferredmedical.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Bosqueville High		8/89	7/93
Address	**City**	**State**	**Zip**
7636 Rock Creek Rd	Waco	TX	76708
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2/11 Present	[redacted] Harding Ln	Moody	TX	76557
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above:

Business Name			From - To (MM/YY – MM/YY)
Preferred Medical			8-9-19 - Present
Business Address	**City**	**State**	**Zip**
1000 Schroeder Bldg 1 STE 101	Waco	Tx	76710
Phone	**Title**	**Number of Employed Hours**	
254-772-0040	Interim DC Manager	7280 +	
Description of Duties			
Interim DC Manager			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer, or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
		TX	Waco	McLennan
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Promotion of Gambling				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
			N/A	
Name of Business/Industry/Entity				
Just 1 More				

Provide explanation below:

Worked at a bar that paid cash on 8 liner machines

Original Signature (electronic, copies or stamps not accepted)

12-21-22
Date

I, Chris Deskins, certify that as the designated representative for

~~Prefter~~ Preferred Medical,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CJD I am at least 21 years of age;
3. CJD I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CJD I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CJD I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CJD I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CJD I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Chris Deskins

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-21-22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chris Deskins

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-22-22

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of McLennan

I, ~~Adriane Ruth~~ Chris Deskins, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/22/22

Date

Subscribed and Sworn to before me this 22 day of Dec. 2022

Notary Public Signature

ADRIANE RUTH
Notary Public
STATE OF TEXAS
ID# 12884021-8
My Comm. Exp. Jan. 4, 2024

(Seal)

Yes answer for Chris Deskins

Worked for at bar that 8 liner gambling machines and bar was investigated and charged along with all employees it was a misdemeanor.

0014523590F

J.A. "ANDY" HARWELL
MCLENNAN COUNTY CLERK
FILED
2014 DEC 15 AM 8:10
DEPUTY

20144310clr

In the Name and by the Authority of the State of Texas

I, ABELINO "ABEL" REYNA , Criminal District Attorney of McLennan County, in said State of Texas, now here in the County Court at Law of McLennan County, at the July Term of 2014 A. D., thereof do present this information (founded upon the written affidavit of John Aultman herewith filed),which information charges and presents to said County Court at Law that **CHRISTOPHER JASON DESKINS** , hereinafter called Defendant, in the County of McLennan and State of Texas, heretofore on or about the 5th day of May, 2014 , did then and there intentionally and knowingly operate or participate in the earnings of a gambling place, to-wit: Just One More Bar, by managing the bar gambling operations.

Against the peace and dignity of the State

ABELINO "ABEL" REYNA
Criminal District Attorney, McLennan County, Texas

By _____
Assistant Criminal District Attorney

" 20144310CR2

No. _____

MISDEMEANOR INFORMATION

THE STATE OF TEXAS

VS.

CHRISTOPHER JASON DESKINS

GAMBLING PROMOTION

Filed on the _____ day

Of _____ A.D. 20 _____

J. A. "Andy" Harwell

Clerk, County Court, McLennan County, Texas

By _____ Deputy

Name of Defendant: CHRISTOPHER JASON DESKINS

0014811185F

NO. 20144310CR2

OID# 1724562229

THE STATE OF TEXAS §

VS. Jason §

CHRISTOPHER DESKINS §

THE COUNTY COURT AT LAW

OF

McLENNAN COUNTY, TEXAS

J.A. "ANDY" HARWELL
McLENNAN COUNTY CLERK
FILED
2016 MAR 24 PM 2:03
DEPUTY

ORDER DEFERRING ADJUDICATION

(Plea of Guilty)

The Defendant, charged with the misdemeanor offense of Gambling Promotion, as alleged in the Information herein, appeared in person with counsel, or voluntarily waived counsel, and the State appeared by her Assistant Criminal District Attorney, and all parties announced ready for trial. The Defendant was arraigned in open court on the charges contained in the information, and pleaded GUILTY. A jury and a record were waived by all parties, and trial proceeded before the Court. The Defendant made application for deferred adjudication community service. Considering Defendant's plea and all evidence and documents submitted, the Court finds that such evidence substantiates the Defendant's guilt, and that the best interest of society and the Defendant will be served by deferring further proceedings without entering an adjudication of guilt, and placing the Defendant on community supervision.

IT IS THEREFORE ADJUDGED and ORDERED by the Court that the proceedings be and are hereby deferred without an adjudication of guilt, and the Defendant is released on his/her own recognizance under supervision of the Court through the McLennan County Community Supervision and Corrections Department ("Department") for a period of 24 months, subject to the following terms and conditions of community supervision, beginning on the date of the signing of this Order and ending upon Defendant's discharge from community supervision or until the date community supervision is revoked by the Court, whichever is later. *The filing of a motion to adjudicate guilt does not terminate the requirements of this order!*

Defendant is ORDERED to comply with sections 1 through 15 as follows, and with sections 16 and 17 as designated herein by the Court. Defendant shall:

1. Commit no offense against the laws of this state or of any other state, or of the United States;
2. Report immediately to the Department and thereafter, as directed by the Court or the supervision officer, at least once each month, and obey all rules and regulations of the Department;
3. Remain within McLennan County, Texas, unless permitted to leave McLennan County, Texas, by the Court or by the Department, unless supervision is transferred. The Court authorizes transfer of supervision to _____ County, Texas, or to the State of _____. If supervision of the Defendant is accepted by said County/State, Defendant shall remain within such County/State unless permitted to leave that County/State by this Court or by the supervision officer;
4. Report any change of residence, job, or job status to the Department within 72 hours;
5. Permit the Department's officers to visit the Defendant at home, at work, or elsewhere, at any time;
6. Work faithfully at employment suitable to the Court and the Department, as far as possible, and attend and complete any probationer employment program as directed by the Department;
7. Avoid persons or places of disreputable or harmful character;
8. Avoid injurious or vicious habits, avoid the excessive use of alcoholic beverages, and avoid the unlawful use of drugs, narcotics or any other controlled substance;
9. Provide the Department with a high school diploma or its equivalent or prove skill level of students who have completed 6th grade in public schools in this state;
10. Attend the first available community supervision orientation seminar and complete the seminar within 30 days after the date assigned seminar begins;
11. Submit to and pay the fee for drug and alcohol testing (non-diluted urine sample, breath sample, hair samples or blood sample) by the Department, a Department technician a Department-approved independent technician, or a Department-approved independent laboratory, as required and directed by the Department. If a test conducted through an independent laboratory confirms the absence of alcohol and any substance prohibited by law or by this Order, the Defendant's account will be credited for any fees paid by the Defendant for independent laboratory testing;
12. Support Defendant's dependents;
13. Pay a deferred adjudication fee of $ 600.00 at the rate of $ 30.00 per month until paid in full;
14. Pay all costs of Court at the rate of $ 40.00 per month until paid in full;
15. Pay a fee of $55.00 per month to the Department during the community supervision period. WAIVED *(only if initialed)* _____

(Unless otherwise stated, any payment ordered herein is due beginning within 30 days from this date as determined by the Department)

16. Defendant shall perform the following conditions of community supervision, as indicated:

_____ a. Begin, pay the fee for, and successfully complete the first available _____ DWI, _____ DWI repeat offender, or _____ Drug education program, as directed by the Department, within 180 days;

_____ b. Attend ___ Alcoholics Anonymous _____ Narcotics Anonymous meetings at least _____ times per _____ week _____ month, and provide verification of attendance to the Department;

_____ c. Enroll in, pay the fee for, and attend a DWI/Drug Victim Impact Panel program approved by the Department, and provide proof of attendance to the Department, within sixty (60) days;

_____ d. Submit to an **alcohol/drug evaluation** administered by the Department within thirty (30) days, and pay for the evaluation within 180 days. This order will be amended to reflect any recommended treatment program(s);
_____ e. Pay **restitution** in the amount of **$**_____ through the Department in favor of ____ **the DA Hot Check Dept.** *(see attached)* ***OR*** _____ at the rate of **$**_____ per month until paid in full;
_____ f. Obtain and maintain at least the minimum limits of liability insurance for any motor vehicle operated by the Defendant as required by Texas law, and provide the Department with written proof;
_____ g. **Abstain** from consumption of any alcoholic beverage;
_____ h. **Serve** _____ **days** ***OR*** _____ **hours** in the McLennan County Jail within _____ days of this order, as directed by the Department, but in accordance with the provisions, if any, indicated below:
_____ **Consecutive days and nights;** *details:*_____
_____ **Weekends;** *details:*_____
_____ **SPURS** as directed by the McLennan County Sheriff's Department;
_____ i. Remain in the Defendant's residence every day between the hours of _____ **p.m.** and _____ **a.m.;**
_____ j. Report weekly to the Department as directed by the supervision officer for _____ weeks;
_____ k. Successfully complete the following programs under the direction and supervision of the Department, as indicated, and pay the fee for such program(s), within _____ months:
_____ **Batterers Intervention and Protection Program (BIPP)**
_____ **Non-Intimate Partner Violence Program (NIPVP)**
_____ **MHMR Counseling**
_____ **Cognitive Education**
_____ **Parenting Classes**
_____ **Financial Planning Class**
✓ l. Complete 15 hours of **community service**, in a Department approved community based program, within 15 months, at a minimum rate of 1 hours per month, ___ concurrent *(if checked)* with _____;
Exceptions: _____ *1. Defendant is physically or mentally incapable;* ___ *2. will work a hardship on Defendant;* _____ *3. Defendant is in a substance abuse facility as a condition of community supervision.*
_____ m. Pay the sum of **$**_____ to the Department for compensation paid **to court-appointed counsel**, at the rate of **$**_____ per month until paid in full;
_____ n. Begin and successfully complete the **McLennan County DWI/Drug Court Program** as more fully set out in the Agreement of Participation, (Appendix 5);
_____ o. Avoid any association or contact with the following person(s) and/or remain away from the following premises:
_____;
_____ p. Pay one payment of **$**_____ to Waco Crimestoppers, Inc. within _____ days;
_____ q. Pay **$100.00** to the Waco Family Abuse Center within _____ days [family violence, TxCCrP 42.12, 11(h)];
_____ r. Additional terms: _____
_____

17. The following conditions of community supervision are effective immediately, as indicated:

_____ a. **Defendant's driver's license is suspended** for _____, effective immediately;
_____ b. Defendant shall install a camera ready ignition interlock device on Defendant's primary vehicle, and shall not operate a motor vehicle which is not so equipped for either –
_____ the full probation term or _____ *(specify the period)* _____ beginning _____.

If checked, the Court finds the Defendant committed family or dating violence in this case: _____

Date: MAR 19 2015

Judge Presiding

This order has been read and explained to me, I understand the terms of this order, and I have received a copy of this order.

Defendant — Date: 3-19-15

Supervising Officer

Address [redacted] Harding
City: Moody State: TX Zip: 76557
Employment: Home depot #6830

DOB: [redacted]
Phone: [redacted]
Phone: [redacted]

Defendant's Left Thumb *(Use only if right Thumb not available)* →

← **Defendant's Right Thumb**

[redacted]

JOHNNY HARVELL
MCLENNAN COUNTY CLERK
FILED
2017 MAR 28 AM 9:04
DEPUTY

CAUSE NO. 20144310CR2

THE STATE OF TEXAS

IN THE COUNTY COURT AT LAW 2

VS.

OF

CHRISTOPHER JASON DESKINS

MCLENNAN COUNTY, TEXAS

ORDER OF DISCHARGE FROM
DEFERRED ADJUDICATION COMMUNITY SUPERVISION

On this date, the Court, *sua sponte*, having reviewed the file and all proceedings in the above-styled and numbered cause, makes the following findings:

1. The Court deferred proceedings and the Defendant was placed on community supervision on 03/19/2015 for the offense of Gambling Promotion for a term of 24 Months;
2. The Defendant was extended 0 months on prior amended orders.
3. The Defendant has paid all fees, deferred adjudication payments and costs of court as required by the Court's order;
4. The Defendant has completed all requirements of community supervision and has fully complied with the terms and conditions of community supervision; and
5. The probation period has expired, and the defendant is entitled to discharge from community supervision.

It is, therefore, ORDERED, ADJUDGED and DECREED, that the proceedings in this cause against the Defendant, Christopher Jason Deskins, are hereby DISMISSED, and that the Defendant, Christopher Jason Deskins, be, and is hereby discharged from community supervision as of 03/18/2017.

This Order further gives notice that –

____ – ✓ the Defendant **IS NOT** eligible to petition the Court for an order of nondisclosure; or,

_____✓_____ the Defendant **IS** eligible to petition the Court for an order of nondisclosure **immediately;** or,

____ _____ the Defendant **IS** eligible to petition the Court for an order of nondisclosure **on the second anniversary of the date of this Order.**

Date: 3/22/17.

Presiding Judge
County Court At Law 2
McLennan County, Texas

Ramona Holland
Community Supervision Officer
Date: 3/20/17

RAH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of MDEG NDC Homecare LLC MDEG License # (if applicable) MP03050

Physical Address 1000 Schneider Bldg 1 STE 101

City Waco State TX Zip 76710

Mailing Address (if different from physical address) 402 BNA Dr STE 500

City Nashville State TN Zip 37217

Telephone 615 366 3930 Website www.PreferredMedical.com

Licensing Company Email Compliance@NDC-INC.com

Section 2: Personal Information

First Christopher Middle Jason Last Deskins

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Harding Ln

City Moody State TX Zip 76557

Telephone [redacted] Email cdeskins@preferredmedical.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)		
Bosqueville High	8/89	7/93	
Address: 7636 Rock Creek Rd	City: Waco	State: TX	Zip: 76708
Diploma/Degree obtained, if any: High School			

School Name	From - To (MM/YY – MM/YY)		
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2/11 - Present	[redacted] Harding ln	Moody	Tx	76557
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Preferred Medical			8-9-19	Present
Business Address	**City**		**State**	**Zip**
1000 Schroeder BLDG 1 STE 101			TX	76710
Phone	**Title**		**Number of Employed Hours**	
254-772-0040	Interim DC Manager		7280 +	
Description of Duties				
Interim DC Manager				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
		TX	Waco	Mc Lennan
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Promotion of Gambling				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
		N/A		
Name of Business/Industry/Entity				
Just 1 More				

Provide explanation below:

Worked at a bar that paid cash on 8 liner Machines.

Original Signature (electronic, copies or stamps not accepted)

12-21-22
Date

I, Chris Deskins, certify that as the MDEG Administrator for

_____,

that I (initial that you have read and meet the following requirements):

1. ✓ Have a high school diploma or its equivalent;
2. ✓ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ✓ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ✓ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chris Deskins
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-21-22
Date

Board Use Only	Date Received: _____

Yes answer for Chris Deskins

Worked for at bar that 8 liner gambling machines and bar was investigated and charged along with all employees it was a misdemeanor.

J.A. "ANDY" HARWELL
MCLENNAN COUNTY CLERK
FILED
2014 DEC 15 AM 8:10
DEPUTY

20144310CR2

In the Name and by the Authority of the State of Texas

I, ABELINO "ABEL" REYNA , Criminal District Attorney of McLennan County, in said State of Texas, now here in the County Court at Law of McLennan County, at the July Term of 2014 A. D., thereof do present this information (founded upon the written affidavit of John Aultman herewith filed),which information charges and presents to said County Court at Law that **CHRISTOPHER JASON DESKINS** , hereinafter called Defendant, in the County of McLennan and State of Texas, heretofore on or about the 5th day of May, 2014 , did then and there intentionally and knowingly operate or participate in the earnings of a gambling place, to-wit: Just One More Bar, by managing the bar gambling operations.

Against the peace and dignity of the State

ABELINO "ABEL" REYNA
Criminal District Attorney, McLennan County, Texas

By _____
Assistant Criminal District Attorney

" 20144310cr2

No. _____

MISDEMEANOR INFORMATION

THE STATE OF TEXAS

VS.

CHRISTOPHER JASON DESKINS

GAMBLING PROMOTION

Filed on the _____ day

Of _____ A.D. 20 _____

J. A. "Andy" Harwell

Clerk, County Court, McLennan County, Texas

By _____ Deputy

Name of Defendant: CHRISTOPHER JASON DESKINS

00148111185F

NO. 20144310CR2

OID# 1724502229

THE STATE OF TEXAS §

VS. Jason §

CHRISTOPHER DESKINS §

"A" "ANDY" HARWELL
MCLENNAN COUNTY CLERK
FILED

2018 MAR 24 PM 2:03

DEPUTY

23 COUNTY COURT AT LAW OF
McLENNAN COUNTY, TEXAS

ORDER DEFERRING ADJUDICATION

(Plea of Guilty)

The Defendant, charged with the misdemeanor offense of Gambling Promotion, as alleged in the Information herein, appeared in person with counsel, or voluntarily waived counsel, and the State appeared by her Assistant Criminal District Attorney, and all parties announced ready for trial. The Defendant was arraigned in open court on the charges contained in the information, and pleaded GUILTY. A jury and a record were waived by all parties, and trial proceeded before the Court. The Defendant made application for deferred adjudication community service. Considering Defendant's plea and all evidence and documents submitted, the Court finds that such evidence substantiates the Defendant's guilt, and that the best interest of society and the Defendant will be served by deferring further proceedings without entering an adjudication of guilt, and placing the Defendant on community supervision.

IT IS THEREFORE ADJUDGED and ORDERED by the Court that the proceedings be and are hereby deferred without an adjudication of guilt, and the Defendant is released on his/her own recognizance under supervision of the Court through the McLennan County Community Supervision and Corrections Department ("Department") for a period of 24 months, subject to the following terms and conditions of community supervision, beginning on the date of the signing of this Order and ending upon Defendant's discharge from community supervision or until the date community supervision is revoked by the Court, whichever is later. *The filing of a motion to adjudicate guilt does not terminate the requirements of this order!*

Defendant is ORDERED to comply with sections 1 through 15 as follows, and with sections 16 and 17 as designated herein by the Court. Defendant shall:

1. Commit no offense against the laws of this state or of any other state, or of the United States;
2. Report immediately to the Department and thereafter, as directed by the Court or the supervision officer, at least once each month, and obey all rules and regulations of the Department;
3. Remain within McLennan County, Texas, unless permitted to leave McLennan County, Texas, by the Court or by the Department, unless supervision is transferred. The Court authorizes transfer of supervision to _____ County, Texas, or to the State of _____. If supervision of the Defendant is accepted by said County/State, Defendant shall remain within such County/State unless permitted to leave that County/State by this Court or by the supervision officer;
4. Report any change of residence, job, or job status to the Department within 72 hours;
5. Permit the Department's officers to visit the Defendant at home, at work, or elsewhere, at any time;
6. Work faithfully at employment suitable to the Court and the Department, as far as possible, and attend and complete any probationer employment program as directed by the Department;
7. Avoid persons or places of disreputable or harmful character;
8. Avoid injurious or vicious habits, avoid the excessive use of alcoholic beverages, and avoid the unlawful use of drugs, narcotics or any other controlled substance;
9. Provide the Department with a high school diploma or its equivalent or prove skill level of students who have completed 6th grade in public schools in this state;
10. Attend the first available community supervision orientation seminar and complete the seminar within 30 days after the date assigned seminar begins;
11. Submit to and pay the fee for drug and alcohol testing (non-diluted urine sample, breath sample, hair samples or blood sample) by the Department, a Department technician a Department-approved independent technician, or a Department-approved independent laboratory, as required and directed by the Department. If a test conducted through an independent laboratory confirms the absence of alcohol and any substance prohibited by law or by this Order, the Defendant's account will be credited for any fees paid by the Defendant for independent laboratory testing;
12. Support Defendant's dependents;
13. Pay a deferred adjudication fee of $ 600.00 at the rate of $ 30.00 per month until paid in full;
14. Pay all costs of Court at the rate of $ 40.00 per month until paid in full;
15. Pay a fee of $55.00 per month to the Department during the community supervision period. WAIVED *(only if initialed)* _____

(Unless otherwise stated, any payment ordered herein is due beginning within 30 days from this date as determined by the Department)

16. Defendant shall perform the following conditions of community supervision, as indicated:

_____ a. Begin, pay the fee for, and successfully complete the first available _____ DWI, _____ DWI repeat offender, or _____ Drug education program, as directed by the Department, within 180 days;

_____ b. Attend ___ Alcoholics Anonymous _____ Narcotics Anonymous meetings at least _____ times per _____ week _____ month, and provide verification of attendance to the Department;

_____ c. Enroll in, pay the fee for, and attend a DWI/Drug Victim Impact Panel program approved by the Department, and provide proof of attendance to the Department, within sixty (60) days;

_____ d. Submit to an **alcohol/drug evaluation** administered by the Department within thirty (30) days, and pay for the evaluation within 180 days. This order will be amended to reflect any recommended treatment program(s);

_____ e. Pay **restitution** in the amount of **$**_____ through the Department in favor of _____ **the DA Hot Check Dept.** *(see attached) OR* _____ at the rate of **$**_____ per month until paid in full;

_____ f. Obtain and maintain at least the minimum limits of liability insurance for any motor vehicle operated by the Defendant as required by Texas law, and provide the Department with written proof;

_____ g. **Abstain** from consumption of any alcoholic beverage;

_____ h. **Serve** _____ **days** *OR* _____ **hours** in the McLennan County Jail within _____ days of this order, as directed by the Department, but in accordance with the provisions, if any, indicated below:
_____ **Consecutive days and nights;** *details:*_____
_____ **Weekends;** *details:*_____
_____ **SPURS** as directed by the McLennan County Sheriff's Department;

_____ i. Remain in the Defendant's residence every day between the hours of _____ **p.m.** and _____ **a.m.;**

_____ j. Report weekly to the Department as directed by the supervision officer for _____ weeks;

_____ k. Successfully complete the following programs under the direction and supervision of the Department, as indicated, and pay the fee for such program(s), within _____ months:
_____ **Batterers Intervention and Protection Program (BIPP)**
_____ **Non-Intimate Partner Violence Program (NIPVP)**
_____ **MHMR Counseling**
_____ **Cognitive Education**
_____ **Parenting Classes**
_____ **Financial Planning Class**

✓ l. Complete 15 hours of **community service**, in a Department approved community based program, within 15 months, at a minimum rate of 1 hours per month, ___ concurrent *(if checked)* with _____;
Exceptions: _____ *1. Defendant is physically or mentally incapable;* ___ *2. will work a hardship on Defendant;*
_____ *3. Defendant is in a substance abuse facility as a condition of community supervision.*

_____ m. Pay the sum of **$**_____ to the Department for compensation paid to **court-appointed counsel**, at the rate of **$**_____ per month until paid in full;

_____ n. Begin and successfully complete the **McLennan County DWI/Drug Court Program** as more fully set out in the Agreement of Participation, (Appendix 5);

_____ o. Avoid any association or contact with the following person(s) and/or remain away from the following premises:
_____;

_____ p. Pay one payment of **$**_____ to Waco Crimestoppers, Inc. within _____ days;

_____ q. Pay **$100.00** to the Waco Family Abuse Center within _____ days [family violence, TxCCrP 42.12, 11(h)];

_____ r. Additional terms: _____
_____

17. The following conditions of community supervision are effective immediately, as indicated:

_____ a. **Defendant's driver's license is suspended** for _____, effective immediately;

_____ b. Defendant shall install a camera ready ignition interlock device on Defendant's primary vehicle, and shall not operate a motor vehicle which is not so equipped for either –
_____ the full probation term or _____ *(specify the period)* _____ beginning _____.

If checked, the Court finds the Defendant committed family or dating violence in this case: _____

Date: MAR 19 2015

Judge Presiding

This order has been read and explained to me, I understand the terms of this order, and I have received a copy of this order.

Defendant — Date: 3-19-15

Supervising Officer

Address: [redacted] Harding
City: Moody State: TX Zip: 76557
Employment: Home depot #6830

DOB: [redacted]
Phone: [redacted]
Phone:

Defendant's Left Thumb *(Use only if right Thumb not available)*

Defendant's Right Thumb

JOHNNY HARVELL
MCLENNAN COUNTY CLERK
FILED
2017 MAR 20 AM 9:04
DEPUTY

CAUSE NO. 20144310CR2

THE STATE OF TEXAS

IN THE COUNTY COURT AT LAW 2

VS.

OF

CHRISTOPHER JASON DESKINS

MCLENNAN COUNTY, TEXAS

ORDER OF DISCHARGE FROM
DEFERRED ADJUDICATION COMMUNITY SUPERVISION

On this date, the Court, *sua sponte*, having reviewed the file and all proceedings in the above-styled and numbered cause, makes the following findings:

1. The Court deferred proceedings and the Defendant was placed on community supervision on 03/19/2015 for the offense of Gambling Promotion for a term of 24 Months;
2. The Defendant was extended 0 months on prior amended orders.
3. The Defendant has paid all fees, deferred adjudication payments and costs of court as required by the Court's order;
4. The Defendant has completed all requirements of community supervision and has fully complied with the terms and conditions of community supervision; and
5. The probation period has expired, and the defendant is entitled to discharge from community supervision.

It is, therefore, ORDERED, ADJUDGED and DECREED, that the proceedings in this cause against the Defendant, Christopher Jason Deskins, are hereby DISMISSED, and that the Defendant, Christopher Jason Deskins, be, and is hereby discharged from community supervision as of 03/18/2017.

This Order further gives notice that –

_____ the Defendant **IS NOT** eligible to petition the Court for an order of nondisclosure; or,

_____ the Defendant **IS** eligible to petition the Court for an order of nondisclosure **immediately**; or,

_____ the Defendant **IS** eligible to petition the Court for an order of nondisclosure **on the second anniversary of the date of this Order.**

Date: 3/22/17

Presiding Judge
County Court At Law 2
McLennan County, Texas

Ramona Holland
Community Supervision Officer
Date: 3/20/17

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107712397

Application/License No. _____

NDC Homecare, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1000 Schroeder Blvd 1, Suite 101, Waco, TX 76710 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square Hartford, CT 06183-6014 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 25, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents. at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 25 day of January, 2023.

APPLICANT/PRINCIPAL
NDC Homecare, LLC

Authorized Representative

SURETY COMPANY
Travelers Casualty and Surety Company of America

Surety Company's Representative

Andrea Allman, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Marie Lett

Witness Lori Wright

Countersigned by:

N/A
Nevada Resident Agent

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Andrea Allman of Knoxville, Tennessee, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

HARTFORD, CONN. — TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
HARTFORD, CONN. — TRAVELERS CASUALTY AND SURETY COMPANY
ST. PAUL FIRE AND MARINE INSURANCE COMPANY — CORPORATE SEAL

State of Connecticut

By: _____
Robert L. Raney, Senior Vice President

City of Hartford ss.

On this the **21st** day of **April, 2021,** before me personally appeared **Robert L. Raney,** who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

ANNA P NOWIK NOTARY PUBLIC CONNECTICUT

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes,** the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25th day of January, 2023.

HARTFORD, CONN. — TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
HARTFORD, CONN. — TRAVELERS CASUALTY AND SURETY COMPANY
ST. PAUL FIRE AND MARINE INSURANCE COMPANY — CORPORATE SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

4GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		■ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH MP00605	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Airgas USA, LLC

Physical Address: 623 Fairgrounds Road

City: Winnemucca State: NV. Zip: 89445

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 775-625-2300 Website:

Name of Designated Representative (DR): Fredrick Bryant

Licensing Company Email: DR Email: fredrick.bryant@airgas.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: Medical Drug Gases Only	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Airgas USA, LLC
Address: 1671 Glendale Ave. City: Sparks State: NV. Zip: 89431
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any):
Corporation/Organization Name: Airgas USA, LLC
Mailing Address: 6790 Florin Perkins Road
City: Sacramento State: CA Zip: 95828
Telephone: 916-379-1076 Email: jim.gindt@airgas.com
Contact Person Name: James Gindt

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Airgas USA, LLC

Facility Name

James Gindt

Print Name of Authorized Person Submitting Application

John P. Gindt - Dir. FDA Compliance

Original signature of Authorized Person (copies or stamps not accepted)

10/24/2022

Date

Board Use Only	Date Received: 10-25-22	Amount: 1000.00 CK - 4001119095 11/10/22

Mark I. Sedar

From: GINDT, Jim <jim.gindt@airgas.com>
Sent: Friday, December 16, 2022 11:17 AM
To: Mark I. Sedar
Subject: Re: FW: Follow up to phone conversation

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Mr. Sedar, please use this message for Airgas USA, LLC. located in Carson City, Winnemucca and Elko Nevada, for not needing to have fingerprints. We meed the requirement as follows:

The wholesaler is a manufacturer of prescription drugs; or

(e) The wholesaler is a facility that distributes prescription drugs manufactured by a single manufacturer.

Please let me know if you require any further information for these applications.

Thank you for all your help. Regards, Jim

FP exempt under NAC 639.593 (7)(e)

WS
1/31/23

Jim Gindt |Director of FDA Compliance | West Division | Airgas USA, LLC an Air Liquide Company | 6790 Florin Perkins Road, Suite #300, Sacramento, CA. 95828 | Office: (916) 379-1076 Cell: (916) 870-4459 | Fax: (866) 550-7472 | jim.gindt@airgas.com

This Internet message may contain information that is privileged, confidential, and exempt from disclosure. It is intended for use only by the person to whom it is addressed. If you have received this in error, please (1) do not forward or use this information in any way; (2) contact me immediately.

On Thu, Dec 15, 2022 at 3:35 PM Mark I. Sedar <msedar@pharmacy.nv.gov> wrote:

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIRGAS USA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5032015 8300

SR# 20224017296

Authentication: 204856057

Date: 11-15-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Board of Directors

as of 12.31.2021

The Board of Directors is composed of 13 members: 11 who are appointed at the Annual General Meeting and two who represent Air Liquide employees. The Board of Directors brings together a diverse range of profiles. Five nationalities are represented from Europe, America and Asia and 55% of elected members are women. They bring a wealth of skills (financial, managerial, digital, scientific, international development, etc.) and a diversity of experience in a variety of sectors (chemicals, consumer products, healthcare, research, services, construction, automotive, etc.).

The Board of Directors determines Air Liquide's objectives and ensures their implementation in line with its corporate interest, by taking into account the social and environmental stakes of its business. Accordingly, it examines and approves the Group's major strategic priorities.

In 2021, it focused in particular on **the impacts that the Covid-19 pandemic** had on the Group and notably the measures taken to protect the **health of employees;** performance analysis; the **Group's strategy** taking into account environmental and social issues; the continued application of the **Sustainable Development policy** and the establishment of **new ESG/Climate objectives;** the development of the new 2025 **ADVANCE** strategic plan; **industrial investment** decisions; the **energy transition** and the development of **hydrogen;** and **governance** matters, including the decision to **separate the roles of Chairman of the Board of Directors and of Chief Executive Officer.** In this context, the Board that will meet after the May 2022 Annual General Meeting will be asked to renew the mandate of Benoît Potier as Chairman of the Board of Directors and to appoint François Jackow as Chief Executive Officer, **effective June 1, 2022.**

a. Benoît Potier
Chairman and Chief Executive Officer
Born in 1957 – French

b. Jean-Paul Agon
Independent Director
Lead Director
Chairman of the Appointments and Governance Committee
Member of the Remuneration Committee
Born in 1956 – French

c. Siân Herbert-Jones
Independent Director
Chairman of the Audit and Accounts Committee
Born in 1960 – British

d. Sin Leng Low
Independent Director
Member of the Audit and Accounts Committee
Born in 1952 – Singaporean

e. Annette Winkler
Independent Director
Chairman of the Environment and Society Committee
Member of the Appointments and Governance Committee
Born in 1959 – German

f. Philippe Dubrulle
Director Representing Employees
Member of the Environment and Society Committee
Born in 1972 – French

g. Geneviève Berger
Independent Director
Member of the Environment and Society Committee
Born in 1955 – French

h. Xavier Huillard
Independent Director
Chairman of the Remuneration Committee
Member of the Appointments and Governance Committee
Born in 1954 – French

i. Anette Bronder
Independent Director
Member of the Audit and Accounts Committee
Born in 1967 – German

j. Kim Ann Mink
Independent Director
Member of the Remuneration Committee
Born in 1959 – American

k. Fatima Tighlaline
Director Representing Employees
Born in 1979 – French

l. Aiman Ezzat
Independent Director
Born in 1961 – French

m. Bertrand Dumazy
Independent Director
Born in 1971 – French

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. 2929 Allen Parkway, Suite 2500 Houston, TX 77019 Attn: Houston.Certs@marsh.com CN115323536-STND-GAWU-22-23	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED Airgas USA LLC. 3737 Worsham Avenue Long Beach, CA 90808	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Starr Indemnity & Liability Company — 38318 INSURER B : Starr Specialty Insurance Company — 16109 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** HOU-003798167-04 **REVISION NUMBER: 1**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			1000090660221	07/01/2022	07/01/2023	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 2,000,000
							MED EXP (Any one person)	$ 1,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 6,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 6,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			1000835788221 (AOS)	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 5,000,000
A	X ANY AUTO			1000835789221 (MA)	07/01/2022	07/01/2023	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			100 0004702 FL, MA	07/01/2022	07/01/2023	X PER STATUTE / OTH-ER	
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A		100 0004703 AK,AZ,CT,IA,NJ,NY,NC,VT	07/01/2022	07/01/2023	E.L. EACH ACCIDENT	$ 2,000,000
B	If yes, describe under DESCRIPTION OF OPERATIONS below			100 0004704 WI	07/01/2022	07/01/2023	E.L. DISEASE - EA EMPLOYEE	$ 2,000,000
				Please see Acord 101			E.L. DISEASE - POLICY LIMIT	$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Airgas USA, LLC
3737 Worsham Avenue
Long Beach, CA 90808

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc

Frances M. Wade

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AGENCY CUSTOMER ID: CN115323536
LOC #: Houston

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Marsh USA Inc.	Airgas USA LLC. 3737 Worsham Avenue Long Beach, CA 90808
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation Continued: Effective Dates: 7/1/2022 - 7/1/2023
Carrier: Starr Specialty Insurance Company
Policy No.: 100 0004701 (AL, AR, CA, CO, DE, GA, HI, ID, IL, IN, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NE, NV, NH, NM, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WV)

NAMED INSUREDS ON THE ABOVE REFERENCED POLICIES INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING COMPANIES:

American Air Liquide Inc.
American Air Liquide Holdings, Inc.
Air Liquide Helium America, Inc.
Air Liquide Advanced Technologies U.S. LLC
Air Liquide America L.P.
Air Liquide USA LLC
Air Liquide Large Industries U.S. LP
Air Liquide Electronics U.S. LP
Air Liquide Global E&C Solutions US Inc.
Air Liquide Technical Services LLC
Air Liquide America Specialty Gases LLC
Air Liquide Global E&C Solutions Mexico LLC
Air Liquide Advanced Materials Inc.
Air Liquide Advanced Materials LLC
Airgas, Inc.
Airgas USA LLC
Airgas Priority Nitrogen, LLC

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Airgas

James Gindt
Director -FDA Compliance
Airgas USA, LLC, West Division
6790 Florin Perkins Road, Suite 300
Sacramento, Ca. 95828
((916) 379-1076 Fax: ((866) 550-7472
http://www.airgas.com
jim.gindt@airgas.com

December 1, 2022
Nevada Board of Pharmacy
985 Damonte Ranch Pkwy. Suite 206
Reno, NV. 89521

Attn: Maria Herrera

Please see the attached notification of employees for Airgas USA, LLC, located at 623 Fairgrounds Road, Winnemucca, NV. 89445

Here is the list of employees domiciled at that location:
Fredrick Bryant: Manager
David A. Peterson: Inside Sales
Kurt Porter: Driver

Should you require any further information, I may be reached at (916) 379-1076.

Thank you in advance for your help in this matter.

Regards,

James A. Gindt
Director FDA Compliance- West Division

DEC - 8 2022
BOARD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG AIRGAS USA, LLC MDEG License # (if applicable) PENDING

Physical Address 6790 FLORIN PERKINS RD

City SACRAMENTO State CA Zip 95828

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 916-379-1076 Website WWW.AIRGAS.COM

Licensing Company Email JIM.GINDT@AIRGAS.COM

Section 2: Personal Information

First FREDRICK Middle LASHAWN Last BRYANT

Alias(es, nicknames, name changes, etc.) NONE

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] MAPLE AVE

City WINNEMUCCA State NV Zip 89445

Telephone [redacted] Email FREDRICK.BRYANT@AIRGAS.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✔	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
KINSTON HIGH SCHOOL		8/87-6/91	
Address	**City**	**State**	**Zip**
	KINSTON	NC	28501
Diploma/Degree obtained, if any			
DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
FLORIDA A&M UNIVERSITY		8/03-6/08	
Address	**City**	**State**	**Zip**
	TALLAHASSEE	FL	32301
Diploma/Degree obtained, if any			
BS CONSTRUCTION ENGINEERING TECHNOLOGY			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/2013-PRESENT	[redacted]MAPLE AVE	WINNEMUCCA	NV	89445
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
AIRGAS USA, LLC			1/7/2019-1/9/2023	
Business Address		**City**	**State**	**Zip**
623 FAIRGROUNDS RD		WINNEMUCCA	NV	89445
Phone	**Title**		**Number of Employed Hours**	
775-625-2300	BRANCH MANAGER		6200	
Description of Duties				
OVERSEE SAFETY AND COMPLIANCE FOR THE FACILITY				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
5/2005		FLORIDA	TALLAHASSEE	LEON
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		TALLAHASSE POLICE		
Reason/Charge				
UNLAWFUL ENTRY				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
UNKNOWN			32 DAYS IN COUNTY JAIL	
Name of Business/Industry/Entity				
UNKNOWN				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1-9-23
Date

I, FREDRICK LASHAWN BRYANT, **certify that as the MDEG Administrator for**

AIRGAS USA, LLC, 623 FAIRGROUNDS RD, WINNEMUCCA, NV, 89445,

that I (initial that you have read and meet the following requirements):

1. FLB Have a high school diploma or its equivalent;
2. FLB Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. FLB Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. FLB Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

FREDRICK BRYANT
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-9-23
Date

Board Use Only	Date Received: 1.17.23

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

4

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler AIRGAS USA, LLC

Pharmacy/Wholesaler License # (if applicable) PENDING

Physical Address 6790 FLORIN PERKINS RD

City SACRAMENTO State CA Zip 95828

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 916-379-1076 Website WWW.AIRGAS.COM

Licensing Company Email JIM.GINDT@AIRGAS.COM

Section 2: Personal Information

First FREDRICK Middle LASHAWN Last BRYANT

Alias(es, nicknames, name changes, etc.) NONE

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] MAPLE AVE

City WINNEMUCCA State NV Zip 89445

Telephone [redacted] Email FREDRICK.BRYANT@AIRGAS.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✔	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
KINSTON HIGH SCHOOL		8/87-6/91	
Address	City	State	Zip
	KINSTON	NC	28501
Diploma/Degree obtained, if any			
DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
FLORIDA A&M UNIVERSITY		8/03-6/08	
Address	City	State	Zip
	TALLAHASSEE	FL	32301
Diploma/Degree obtained, if any			
BS CONSTRUCTION ENGINEERING TECHNOLOGY			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/13-01/23	[redacted] MAPLE AVE	WINNEMUCCA	NV	89445
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
AIRGAS USA, LLC			1/7/2019-1/9/2023	
Business Address		**City**	**State**	**Zip**
623 FAIRGROUNDS RD		WINNEMUCCA	NV	89445
Phone	**Title**		**Number of Employed Hours**	
775-625-2300	BRANCH MANAGER		6200	
Description of Duties				
OVERSEE SAFETY AND COMPLIANCE FOR THE FACILITY				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✔	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
5-2005		FLORIDA	TALLAHASSEE	LEON
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		TALLAHASSEE POLICE		
Reason/Charge				
UNLAWFUL ENTRY				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
UNKNOWN		32 DAYS IN LEON COUNTY JAIL		
Name of Business/Industry/Entity				
UNKNOWN				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1-9-2023
Date

I, FREDRICK LASHAWN BRYANT, **certify that as the designated representative for**

AIRGAS USA, LLC, 623 FAIRGROUNDS RD, WINNEMUCCA, NV, 89445,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. FLB I am at least 21 years of age;
3. FLB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. FLB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. FLB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. FLB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. FLB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

FREDRICK BRYANT
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-9-2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

FREDRICK BRYANT
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-9-2023
Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of HUMBOLDT

I, Fredrick LaShawn Bryant, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1-10-23
Date

Subscribed and Sworn to before me this 10 day of JANUARY.

Notary Public Signature

KATHRYN D GONZALEZ
Notary Public-State of Nevada
APPT. NO. 20-8911-09
My Appt. Expires 09-29-2024

(Seal)

Mark I. Sedar

From: BRYANT, Fredrick <fredrick.bryant@airgas.com>
Sent: Thursday, March 9, 2023 3:18 PM
To: Mark I. Sedar
Subject: Re: applications

Follow Up Flag: Follow up
Flag Status: Flagged

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Mark, below you will find a summary of the incident in question. I will do my best to track down the supporting paperwork either tonight or this weekend.

In 2005, I allowed my insurance to lapse on my vehicle. One night I was partying with some frat brothers and sorors at an apartment complex. I did not have a parking sticker for that complex nor was I parked in a "visitors" parking space. When we decided to leave, there was a police officer in the parking lot, so even in our drunkenness, I decided not to drive my vehicle. When we returned for the club scene, my vehicle had been towed. I convinced a frat brother to take me to the impound lot so I could "retrieve" my vehicle. My plan was to just drive my vehicle off the lot without paying,,,alcohol swayed plan. Well, I illegally entered the property and attempted to drive my vehicle off the property...unsuccessfully. I was arrested for unlawful entry and attempted vehicle theft of my own vehicle. Nonetheless, I was bonded out and placed on probation. A couple of the felony charges were dropped and the one remaining was reduced to a misdemeanor. While on probation, I convinced a friend to let me use her license plate sticker. Well, some friends of mine ended up getting pulled over for a routine check stop and the fraudulent sticker caused an issue. I ended up showing up and taking the heat so my friends' record would remain untarnished. The fraudulent sticker charge violated my probation and landed me in Leon County Jail for 32 days.

Fredrick Bryant
Branch Manager w/CDL – W142 | Airgas, an Air Liquide company
623 Fairgrounds Rd. | Winnemucca, NV 89445 | (775) 625-2300
fredrick.bryant@airgas.com | Airgas.com

On Thu, Jan 12, 2023 at 9:01 AM Mark I. Sedar <msedar@pharmacy.nv.gov> wrote:

Hello Fredrick,

Please mail the originals to 685 Damonte Ranch Pkwy., Ste 206, Reno, NV 89521

Thanks,

STERLING

January 3, 2012

Fredrick Bryant
[redacted]N 15th St Apt [redacted]
Phoenix, AZ 85014

Re: Contested Consumer Report

Dear Mr. Bryant:

This letter is in response to your phone call of December 15, 2011, in which you contested the contents of a consumer report prepared by Sterling Infosystems for our client, Integrity Staffing Solutions.

Sterling Infosystems is a Consumer Reporting Agency (CRA), as defined under both federal and state laws and you have the right to contest information in any report you have authorized us to prepare on your background. We must complete our re-investigation within 30 days of the dispute being opened. If your dispute is not substantiated, you have a right to add a statement to your file disputing the accuracy or completeness of the information. If after reinvestigation, information is deleted from your file, you have a right to request that we furnish notifications to those who have within two years prior thereto received a consumer report for employment purposes.

These rights, and others you may have, are set forth in the Fair Credit Reporting Act, (FCRA). We are including a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act (revised 01-05)" for your reference.

Sterling Infosystems has investigated your claim and is making its report to you by this letter.

Summary of Claim:

You claimed criminal record case #2005CF4519A1 found in Leon County, Florida the charges should have been disposed as misdemeanors and not felony charges. We explained that a reinvestigation would be initiated at the county level and any information you could provide would be helpful.

STERLING

Results of our Re-investigation:

Contact was made with the Clerk of Courts for the Circuit Court of Leon County to verify the disposition on file for case #2005CF4519A1. It was confirmed that charge, "Fraud- Swindle Registry of Motor Vehicle Personal Property Lien Labor Service with Intent to Defraud", and "Trespassing" were reduced to misdemeanors and disposed as dismissed. It was also confirmed that chare, "Violation of Probation" and "Trespassing" were reduced to misdemeanors and disposed as Adjudicated Guilty. We have updated our report to reflect this information.

A copy of the updated report reflecting the changes referenced above has been provided to our client and a copy is enclosed for your records.

Dispute opened: December 15, 2011
Dispute closed: December 30, 2011
Time to close: One business day
Letter prepared: January 3, 2012
Letter sent: January 3, 2012

If you have any questions or concerns regarding this report, please contact Dispute Resolution at 800-943-2589 ext. 5157.

Privacy of Information

Sterling Infosystems does not resell and/or redistribute the information compiled in its consumer reports to anyone, at anytime for any purpose, other than the parties named in the Agreement, Authorization, and Consent for Release of Background Information signed by the subject of the report before its preparation.

Sincerely,

Sterling Infosystems

Elizabeth Poe
Dispute Resolution Specialist

Enclosures

Sterling Testing Systems

Results for Order # 17135957 Client: Integrity Staffing Solutions

SUBJECT PROFILE

NAME BRYANT, FREDRICK . SSN [redacted]

CURRENT ADDRESS [redacted] N. 15TH ST, APT [redacted] PHOENIX , AZ 85014 DOB [redacted]

BG ID# Integrity(PHX) - Amazon Warehouse Phoenix, AZ

RESULTS STATUS

Service	Finding
CRIMINAL	Alert
SSTRACE	Alert

California Applicants/Employees Only: The report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.
Los solicitantes de California / Los empleados solamente: El informe no ofrece ninguna garantía, exactitud o veracidad de la información en cuanto al tema de la investigación, sólo que es copia exacta de los registros públicos, y la información generada como resultado de robo de identidad, incluyendo pruebas de actividad delictiva, puede ser erróneamente asociado con el consumidor que es objeto del informe.

CRIMINAL RESULTS

REPORT

THE CRIMINAL INFORMATION REPORTED IN THIS REPORT APPEARS EXACTLY AS IT IS RECEIVED FROM THE LOCAL JURISDICTIONS AND MAY CONTAIN INFORMATION THAT MAY BE PROHIBITED FOR USE IN MAKING HIRING DECISIONS. THEREFORE, IT IS ADVISABLE TO CONSULT YOUR CORPORATE COUNSEL PRIOR TO MAKING ANY ADVERSE HIRING DECISIONS.

STATUS CLOSED **OPEN DATE/TIME** Nov 30 2011 2:26PM **CLOSE DATE/TIME** Nov 30 2011 4:24PM

COUNTY NATIONWIDE ZIP NW000 STATE NW CITY NATIONWIDE

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**************************************************************
* THE INFORMATION IN THIS REPORT IS THE RESULT OF A DATABASE SEARCH AND *
* HAS NOT BEEN OBTAINED THROUGH STERLING TESTING SYSTEM'S STANDARD      *
* CRIMINAL BACKGROUND RESEARCH METHODS.                                 *
**************************************************************
NO CRIMINAL CONVICTION FOUND.
```

STATUS CLOSED **OPEN DATE/TIME** Nov 30 2011 2:29PM **CLOSE DATE/TIME** Nov 30 2011 4:11PM

COUNTY EL PASO ZIP 80907 STATE CO CITY

No criminal convictions found.

STATUS CLOSED **OPEN DATE/TIME** Nov 30 2011 2:29PM **CLOSE DATE/TIME** Dec 1 2011 3:59AM

COUNTY COLORADO DISTRICT ZIP STATE CO CITY

No criminal convictions found.

STATUS CLOSED **OPEN DATE/TIME** Nov 30 2011 2:29PM **CLOSE DATE/TIME** Nov 30 2011 4:09PM

COUNTY MARICOPA ZIP 85014 STATE AZ CITY

No criminal convictions found.

STATUS CLOSED **OPEN DATE/TIME** Nov 30 2011 2:29PM **CLOSE DATE/TIME** Dec 1 2011 3:59AM

COUNTY ARIZONA DISTRICT ZIP STATE AZ CITY

No criminal convictions found.

Sterling Testing Systems

Results for Order # 17135957 Client: Integrity Staffing Solutions

NAME BRYANT, FREDRICK SSN [redacted]

CRIMINAL RESULTS

REPORT

THE CRIMINAL INFORMATION REPORTED IN THIS REPORT APPEARS EXACTLY AS IT IS RECEIVED FROM THE LOCAL JURISDICTIONS AND MAY CONTAIN INFORMATION THAT MAY BE PROHIBITED FOR USE IN MAKING HIRING DECISIONS. THEREFORE, IT IS ADVISABLE TO CONSULT YOUR CORPORATE COUNSEL PRIOR TO MAKING ANY ADVERSE HIRING DECISIONS.

STATUS CLOSED **OPEN DATE/TIME** Nov 30 2011 2:29PM **CLOSE DATE/TIME** Nov 30 2011 4:58PM

COUNTY HILLSBOROUGH ZIP 33604 STATE FL CITY

No criminal convictions found.

STATUS CLOSED **OPEN DATE/TIME** Nov 30 2011 2:29PM **CLOSE DATE/TIME** Dec 1 2011 3:59AM

COUNTY MIDDLE DISTRICT ZIP STATE FL CITY

No criminal convictions found.

STATUS CLOSED **OPEN DATE/TIME** Nov 30 2011 2:29PM **CLOSE DATE/TIME** Dec 1 2011 9:12AM

COUNTY LEON ZIP 32310 STATE FL CITY

****
* NEEDS REVIEW *
****

CRIMINAL HISTORY SEARCH INFORMATION

CONVICTION RECORD
MISDEMEANOR CLASS

Name On Court File: FREDRICK LASHAWN BRYANT Name Given: FREDRICK BRYANT

AKA:
Date Of Birth On Court File: [redacted] Date Of Birth Given: [redacted]

SS # On Court File: N/A SS # Given: [redacted]

County: LEON

State: FL

Docket # / Case #: 2006CT1780A1

Ind #:

Arrest/Incident Date: 2006-04-18

Charges:
1. UNLAWFUL ALTERATION OF TAG (M)

Disposition Date: 2006-06-21

Disposition:
1. ADJUDICATED GUILTY

Sentence Information:
SENTENCE TYPE: JAIL (CONCURRENT SENTENCE); SENTENCE LENGTH: 1 MONTHS, 2 DAYS;SENTENCE TYPE: CREDIT TIME SERVED (CONCURRENT SENTENCE); SENTENCE

Sterling Testing Systems

Results for Order # 17135957 Client: Integrity Staffing Solutions

NAME BRYANT, FREDRICK. SSN [redacted]

CRIMINAL RESULTS

REPORT

THE CRIMINAL INFORMATION REPORTED IN THIS REPORT APPEARS EXACTLY AS IT IS RECEIVED FROM THE LOCAL JURISDICTIONS AND MAY CONTAIN INFORMATION THAT MAY BE PROHIBITED FOR USE IN MAKING HIRING DECISIONS. THEREFORE, IT IS ADVISABLE TO CONSULT YOUR CORPORATE COUNSEL PRIOR TO MAKING ANY ADVERSE HIRING DECISIONS.

LENGTH: 32 DAYS;SENTENCE TYPE: COSTS; AMOUNT: 230; SENTENCE TYPE: FINE; AMOUNT: 62;

Additional Information:
**NOTE:MIDDLE NAME ON FILE
THIS REPORT WAS UPDATED ON 12-14-2011

CRIMINAL HISTORY SEARCH INFORMATION

CONVICTION RECORD
MISDEMEANOR CLASS

Name On Court File: FREDRICK LASHAWN BRYANT Name Given: FREDRICK BRYANT

AKA:
Date Of Birth On Court File: [redacted] Date Of Birth Given: [redacted]

SS # On Court File: N/A SS # Given: [redacted]

County: LEON

State: FL

Docket # / Case #: 2005CF4519A1

Ind #:

Arrest/Incident Date: 2005-12-16

Charges:
1. FRAUD-SWINDLE REGISTRY OF MOTOR VEHICLE PERSONAL PROPERTY LIEN LABOR SERVICE WITH INTENT TO DEFRAUD(M)
2. VIOLATION OF PROBATION(M)
3. TRESPASSING(M)
4. TRESPASSING(M)

Disposition Date: 2006-05-17

Disposition:
1. DISMISSED
2. ADJUDICATED GUILTY
3. ADJUDICATED GUILTY
4. DISMISSED

Sentence Information:
SENTENCE TYPE: PROBATION (CONCURRENT SENTENCE); SENTENCE LENGTH: 6 MONTHS;SENTENCE TYPE: COSTS; AMOUNT: 215; SENTENCE TYPE: CREDIT TIME SERVED (CONCURRENT SENTENCE); SENTENCE LENGTH: 32 DAYS;SENTENCE TYPE: FINE; AMOUNT:

Sterling Testing Systems

Results for Order # 17135957 Client: Integrity Staffing Solutions

NAME BRYANT, FREDRICK . SSN [redacted]

CRIMINAL RESULTS

REPORT

THE CRIMINAL INFORMATION REPORTED IN THIS REPORT APPEARS EXACTLY AS IT IS RECEIVED FROM THE LOCAL JURISDICTIONS AND MAY CONTAIN INFORMATION THAT MAY BE PROHIBITED FOR USE IN MAKING HIRING DECISIONS. THEREFORE, IT IS ADVISABLE TO CONSULT YOUR CORPORATE COUNSEL PRIOR TO MAKING ANY ADVERSE HIRING DECISIONS.

82; SENTENCE TYPE: JAIL (CONCURRENT SENTENCE); SENTENCE LENGTH: 1 MONTHS, 2 DAYS;

Additional Information:
**NOTE:MIDDLE NAME ON FILE
THIS REPORT WAS UPDATED ON 12-30-2011

REPORT GENERATED: Thursday, Dec 1 2011

STATUS CLOSED **OPEN DATE/TIME** Nov 30 2011 2:29PM **CLOSE DATE/TIME** Dec 1 2011 3:58AM

COUNTY NORTHERN DISTRICT ZIP STATE FL CITY

No criminal convictions found.

STATUS CLOSED **OPEN DATE/TIME** Nov 30 2011 2:29PM **CLOSE DATE/TIME** Nov 30 2011 4:58PM

COUNTY LEE ZIP 33936 STATE FL CITY

No criminal convictions found.

STATUS CLOSED **OPEN DATE/TIME** Nov 30 2011 2:29PM **CLOSE DATE/TIME** Nov 30 2011 4:09PM

COUNTY OKALOOSA ZIP 32547 STATE FL CITY

No criminal convictions found.

STATUS CLOSED **OPEN DATE/TIME** Nov 30 2011 11:20PM **CLOSE DATE/TIME** Dec 1 2011 7:40PM

COUNTY MAIDEN ALIAS ZIP STATE 00 CITY

17145344 - FREDRICK BRAIN

****
* HIGH RISK *
****

CRIMINAL HISTORY SEARCH INFORMATION

CONVICTION RECORD
FELONY CLASS

Name On Court File: FREDRICK LASHAWN BRYANT Name Given: FREDRICK BRAIN

AKA:
Date Of Birth On Court File: [redacted] Date Of Birth Given: [redacted]

SS # On Court File: N/A SS # Given: [redacted]

County: LEON

State: FL

Docket # / Case #: 2005CF4519A1

Sterling Testing Systems

Results for Order # 17135957 Client: Integrity Staffing Solutions

NAME BRYANT, FREDRICK. SSN [redacted]

CRIMINAL RESULTS

REPORT

THE CRIMINAL INFORMATION REPORTED IN THIS REPORT APPEARS EXACTLY AS IT IS RECEIVED FROM THE LOCAL JURISDICTIONS AND MAY CONTAIN INFORMATION THAT MAY BE PROHIBITED FOR USE IN MAKING HIRING DECISIONS. THEREFORE, IT IS ADVISABLE TO CONSULT YOUR CORPORATE COUNSEL PRIOR TO MAKING ANY ADVERSE HIRING DECISIONS.

Ind #:

Arrest/Incident Date: 2005-12-16

Charges:
1. TRESPASSING STRUCTURE(F)
2. TRESPASSING PROPERTY NOT STRUCTURE OR CONVEY(F)
3. FRAUD-SWINDLE REMOVED PERSONAL PROPERTY LIENSE LABOR SERVICE WITTEN DEFRAUD(F)
4. VIOLATION OF PROBATION(F)

Disposition Date: 2006-05-17

Disposition:
1. ADJUDICATED GUILTY
2. PLEA NOT GUILTY
3. PLEA NOT GUILTY
4. ADJUDICATED GUILTY

Sentence Information:
SENTENCE TYPE: FINE; AMOUNT: 82; SENTENCE TYPE: PROBATION (CONCURRENT SENTENCE); SENTENCE LENGTH: 6 MONTHS;SENTENCE TYPE: COSTS; AMOUNT: 215; SENTENCE TYPE: CREDIT TIME SERVED (CONCURRENT SENTENCE); SENTENCE LENGTH: 32 DAYS;SENTENCE TYPE: JAIL (CONCURRENT SENTENCE); SENTENCE LENGTH: 1 MONTHS, 2 DAYS;

Additional Information:
**NOTE:LAST NAME DIFFERENT ON FILE **NOTE: MIDDLE NAME ON FILE **NOTE: RECORD VERIFIED THROUGH DATE OF BIRTH AND SSN ON COURT FILE

CRIMINAL HISTORY SEARCH INFORMATION

CONVICTION RECORD
MISDEMEANOR CLASS

Name On Court File: FREDRICK LASHAWN BRYANT Name Given: FREDRICK BRAIN

AKA:
Date Of Birth On Court File: [redacted] Date Of Birth Given: [redacted]

SS # On Court File: N/A SS # Given: [redacted]

County: LEON

State: FL

Sterling Testing Systems

Results for Order # 17135957 Client: Integrity Staffing Solutions

NAME BRYANT, FREDRICK . SSN [redacted]

CRIMINAL RESULTS

REPORT

THE CRIMINAL INFORMATION REPORTED IN THIS REPORT APPEARS EXACTLY AS IT IS RECEIVED FROM THE LOCAL JURISDICTIONS AND MAY CONTAIN INFORMATION THAT MAY BE PROHIBITED FOR USE IN MAKING HIRING DECISIONS. THEREFORE, IT IS ADVISABLE TO CONSULT YOUR CORPORATE COUNSEL PRIOR TO MAKING ANY ADVERSE HIRING DECISIONS.

Docket # / Case #: 2006CT1780A1

Ind #:

Arrest/Incident Date: 2006-04-18

Charges:
1. FORGERY OF ALTER LICENSE PLATE VALIDATION STICKER(M)

Disposition Date: 2006-06-21

Disposition:
1. ADJUDICATED GUILTY

Sentence Information:
SENTENCE TYPE: CREDIT TIME SERVED (CONCURRENT SENTENCE); SENTENCE LENGTH: 32 DAYS;SENTENCE TYPE: JAIL (CONCURRENT SENTENCE); SENTENCE LENGTH: 1 MONTHS, 2 DAYS;SENTENCE TYPE: FINE; AMOUNT: 62; SENTENCE TYPE: COSTS; AMOUNT: 230;

Additional Information:
**NOTE:LAST NAME DIFFERENT ON FILE **NOTE: MIDDLE NAME ON FILE **NOTE: RECORD VERIFIED THROUGH DATE OF BIRTH AND SSN ON COURT FILE

REPORT GENERATED: Thursday, Dec 1 2011

Sterling Testing Systems

Results for Order # 17135957 Client: Integrity Staffing Solutions

NAME BRYANT, FREDRICK . SSN [redacted]

SSTRACE RESULTS

REPORT

STATUS CLOSED OPEN DATE/TIME Nov 30 2011 2:26PM CLOSE DATE/TIME Nov 30 2011 11:20PM

********** Social Security Trace **********

GENERATED: 11/30/2011 02:29:23 PM
TRANSACTION ID:48541202R1516526

NAME
1. FREDERICK LASHAWN BRYANT

SSN	VALID	STATE ISSUED	DATE ISSUED
[redacted]	YES	NORTH CAROLINA	01/01/1982

ADDRESS
[redacted] SAGE ST APT [redacted]
COLORADO SPRINGS, CO 80907-5853
COUNTY: EL PASO

[redacted] N HANCOCK AVE COLORADO SPRINGS, CO 80907-4816
COUNTY: EL PASO

[redacted] STEWARD LN COLORADO SPRINGS, CO 80922-6330
COUNTY: EL PASO

[redacted] W SITKA ST # [redacted] TAMPA, FL 33604
COUNTY: HILLSBOROUGH

[redacted] BENJAMIN RD TAMPA, FL 33634-4416
COUNTY: HILLSBOROUGH

[redacted] S PARSONS AVE APT [redacted] BRANDON, FL 33511-6006
COUNTY: HILLSBOROUGH

[redacted] CLEVELAND ST TALLAHASSEE, FL 32310-5403
COUNTY: LEON

[redacted] JOEL BLVD LEHIGH ACRES, FL 33936-3277
COUNTY: LEE

PO BOX [redacted] TALLAHASSEE, FL 32307-2066
COUNTY: LEON

PO BOX [redacted] TALLAHASSEE, FL 32307-2353
COUNTY: LEON

[redacted] COLONIAL DR APT [redacted]
FORT WALTON BEACH, FL 32547-2354
COUNTY: OKALOOSA

[redacted] VETERANS MEMORIAL DR
TALLAHASSEE, FL 32309-9562
COUNTY: LEON

[redacted] HULL RD KINSTON, NC 28504-2524
COUNTY: LENOIR

Sterling Testing Systems

Results for Order # 17135957 Client: Integrity Staffing Solutions

NAME BRYANT, FREDRICK . SSN [redacted]

SSTRACE RESULTS

REPORT

NAME
2. FREDRICK BRYANT

SSN	VALID	STATE ISSUED	DATE ISSUED
[redacted]	YES	NORTH CAROLINA	01/01/1982

ADDRESS — FROM — TO

[redacted]AGE ST APT [redacted]
COLORADO SPRINGS, CO 80907-5853
COUNTY: EL PASO

NAME — DOB [redacted]
3. FREDRICK L BRYANT

SSN	VALID	STATE ISSUED	DATE ISSUED
[redacted]	YES	NORTH CAROLINA	01/01/1982

ADDRESS — FROM — TO

[redacted]RIM VIEW DR APT [redacted]
COLORADO SPRINGS, CO 80919-2328
COUNTY: EL PASO

[redacted]T SITKA ST APT [redacted]TAMPA, FL 33604-3495
COUNTY: HILLSBOROUGH

[redacted]STEWARD LN COLORADO SPRINGS, CO 80922-6330
COUNTY: EL PASO

[redacted] N HANCOCK AVE COLORADO SPRINGS, CO 80907-4816
COUNTY: EL PASO

[redacted]E CIKA ST APT [redacted]TAMPA, FL 33604
COUNTY: HILLSBOROUGH

1520 CLEVELAND ST TALLAHASSEE, FL 32310-5403
COUNTY: LEON

[redacted]BENJAMIN RD TAMPA, FL 33634-4416
COUNTY: HILLSBOROUGH

[redacted] S PARSONS AVE APT [redacted]BRANDON, FL 33511-6006
COUNTY: HILLSBOROUGH

[redacted]JOEL BLVD LEHIGH ACRES, FL 33936-3277
COUNTY: LEE

[redacted] CHANTILLY TER TALLAHASSEE, FL 32312
COUNTY: LEON

[redacted]COLONIAL DR APT [redacted]
FORT WALTON BEACH, FL 32547-2354
COUNTY: OKALOOSA

NAME — DOB [redacted]
4. FREDRICK BRAIN

SSN	VALID	STATE ISSUED	DATE ISSUED
[redacted]	YES	NORTH CAROLINA	01/01/1982

Sterling Testing Systems

Results for Order # 17135957 Client: Integrity Staffing Solutions

NAME BRYANT, FREDRICK. SSN [redacted]

SSTRACE RESULTS

REPORT

ADDRESS FROM TO

[redacted]RIM VIEW DR APT [redacted]
COLORADO SPRINGS, CO 80919-2328
COUNTY: EL PASO

[redacted]N HANCOCK AVE COLORADO SPRINGS, CO 80907-4816
COUNTY: EL PASO

[redacted] E CIKA ST APT [redacted] TAMPA, FL 33604
COUNTY: HILLSBOROUGH

[redacted]E SITKA ST APT [redacted] TAMPA, FL 33604-3495
COUNTY: HILLSBOROUGH

[redacted] CLEVELAND ST TALLAHASSEE, FL 32310-5403
COUNTY: LEON

[redacted] BENJAMIN RD TAMPA, FL 33634-4416
COUNTY: HILLSBOROUGH

[redacted]S PARSONS AVE APT [redacted] BRANDON, FL 33511-6006
COUNTY: HILLSBOROUGH

[redacted] COLONIAL DR APT [redacted]
FORT WALTON BEACH, FL 32547-2354
COUNTY: OKALOOSA

[redacted] JOEL BLVD LEHIGH ACRES, FL 33936-3277
COUNTY: LEE

[redacted] CHANTILLY TER TALLAHASSEE, FL 32312
COUNTY: LEON

NAME DOB

5. BRYANT FREDRICK [redacted]

SSN	VALID	STATE ISSUED	DATE ISSUED
[redacted]	YES	NORTH CAROLINA	01/01/1982

ADDRESS FROM TO

[redacted]RIM VIEW DR APT [redacted]
COLORADO SPRINGS, CO 80919-2328
COUNTY: EL PASO

[redacted] N HANCOCK AVE COLORADO SPRINGS, CO 80907-4816
COUNTY: EL PASO

[redacted] E CIKA ST APT [redacted] TAMPA, FL 33604
COUNTY: HILLSBOROUGH

[redacted] E SITKA ST APT [redacted] TAMPA, FL 33604-3495
COUNTY: HILLSBOROUGH

[redacted] CLEVELAND ST TALLAHASSEE, FL 32310-5403
COUNTY: LEON

Sterling Testing Systems

Results for Order # 17135957 Client: Integrity Staffing Solutions

NAME BRYANT, FREDRICK. SSN [redacted]

SSTRACE RESULTS

REPORT

[redacted] BENJAMIN RD TAMPA, FL 33634-4416
COUNTY: HILLSBOROUGH

[redacted] S PARSONS AVE APT [redacted] BRANDON, FL 33511-6006
COUNTY: HILLSBOROUGH

[redacted] JOEL BLVD LEHIGH ACRES, FL 33936-3277
COUNTY: LEE

[redacted] CHANTILLY TER TALLAHASSEE, FL 32312
COUNTY: LEON

[redacted] COLONIAL DR APT [redacted]
FORT WALTON BEACH, FL 32547-2354
COUNTY: OKALOOSA

6. NAME FREDRICK LASHAWN BRYANT
SSN [redacted] VALID YES STATE ISSUED NORTH CAROLINA
DOB [redacted]
DATE ISSUED 01/01/1982

ADDRESS [redacted] N MERIDIAN RD APT [redacted]
TALLAHASSEE, FL 32303-4922
COUNTY: LEON
FROM [redacted] TO

7. NAME FREDERICK LASHAWN BRYANT
SSN [redacted] VALID YES STATE ISSUED NORTH CAROLINA
DOB [redacted]
DATE ISSUED 01/01/1982

ADDRESS [redacted] HULL RD KINSTON, NC 28504-2524
COUNTY: LENOIR
FROM [redacted] TO

[redacted] N MERIDIAN RD APT [redacted]
TALLAHASSEE, FL 32303-4902
COUNTY: LEON

[redacted] CAREY RD APT KINSTON, NC 28504-1203
COUNTY: LENOIR

8. NAME FREDRICK L BRYANT
SSN [redacted] VALID YES STATE ISSUED NORTH CAROLINA
DATE ISSUED 01/01/1982

ADDRESS [redacted] N MERIDIAN APT [redacted] TALLAHASSEE, FL 32301
COUNTY: LEON
FROM [redacted] TO

END-USER IS NOTIFIED THAT FOR LEGAL AND PRACTICAL REASONS INFORMATION OBTAINED THROUGH A SOCIAL SECURITY NUMBER TRACE SHOULD BE USED ONLY TO VERIFY THE INFORMATION PROVIDED BY THE CONSUMER ON HIS/HER EMPLOYMENT

Sterling Testing Systems

Results for Order # 17135957 Client: Integrity Staffing Solutions

NAME BRYANT, FREDRICK. SSN [redacted]

SSTRACE RESULTS

REPORT

APPLICATION. INFORMATION OBTAINED THROUGH A SOCIAL SECURITY NUMBER TRACE SHOULD NOT BE USED ALONE OR IN CONJUNCTION WITH ANY OTHER INFORMATION TO MAKE AN EMPLOYMENT DECISION.

END OF NETWORK TRACE

****

PLEASE NOTE THAT THE RESULT OF THE SOCIAL SECURITY TRACE SEARCH YIELDED THE FOLLOWING NAMES IN ADDITION TO THE NAME ORIGINALLY ENTERED FOR THE APPLICANT:

FREDERICK LASHAWN BRYANT - FIRST NAME DOES NOT MATCH. (SEE #1 ABOVE)
FREDRICK BRAIN - LAST NAME DOES NOT MATCH. (SEE #4 ABOVE)
BRYANT FREDRICK - NAME DOES NOT MATCH. (SEE #5 ABOVE)
FREDERICK LASHAWN BRYANT - FIRST NAME DOES NOT MATCH. (SEE #7 ABOVE)

IF OTHER SEARCHES ARE REQUIRED, PLEASE CONTACT OUR CLIENT SERVICES DEPARTMENT AT CLIENTSERVICES@STERLINGINFOSYSTEMS.COM.

NOTE: AN ADDITIONAL CHARGE MAY APPLY FOR EACH ADDITIONAL NAME.
****

IN THE CIRCUIT COURT OF THE
SECOND JUDICIAL CIRCUIT, IN
AND FOR LEON COUNTY, FLORIDA

STATE OF FLORIDA

CASE NO: 05 CF 4519

FREDRICK L. BRYANT
Defendant

SPIN: 179741

PLEA AND ACKNOWLEDGEMENT OF RIGHTS

I hereby enter a plea of no contest to the following criminal offense(s),

1) Trespass of Structure - F.S. 810.08(2)(a) - [M2]

2) _____

3) _____

4) _____

5) _____

My plea is entered with the understanding that the state has agreed to the following disposition of my case:

Adj of Guilt, Six months county probation, early termination after 90 days if all conditions are met. Five days county work program. DNA sample submit. All court costs, PD Fee, and applicable fines.

FILED IN
OPEN COURT
2-28-06

1. I understand the judge will place me under oath to question me about this plea. I must answer the Judge's questions truthfully, and if I make a false statement while under oath I could be prosecuted for perjury.
2. I understand a plea of no contest means I will not challenge the evidence against me. I also understand if the Judge accepts this plea of no contest, there will be no trial and I will be sentenced based on my plea.
3. I understand the nature of the charges to which I am pleading and I am aware of the maximum and minimum penalties. My lawyer has informed me of the facts the State would have to prove before I could be found guilty, and discussed with me any possible defenses that could be raised in my case. I am satisfied with my lawyer's advice.
4. I understand if the Judge accepts this plea, I give up the right to formal discovery and depositions under Rule 3.220 of the Florida Rules of Criminal Prodecure and my attorney will conduct no

IN COMPUTER LW

further investigation of the facts of my case. I give up the right to require the State to prove the charge against me beyond a reasonable doubt, the right to have a jury decide whether I am guilty or not guilty, the right to see and hear the witnesses against me and to have my lawyer question those witnesses, and hear to subpoena and present witnesses or other evidence of any defenses I may have, and to testify or remain silent as I choose.

5. I understand by pleading no contest I am giving up the right to appeal all matters relating to my guilt or innocence The only matters I would be able to appeal are those relating to my sentence and the Judge's authority to hear my case. I understand I will have 30 days to pursue any appeal, and if I can not afford a lawyer, one can be appointed for me.
6. I understand if I am not a United States citizen, a plea of no contest could result in my deportation.
7. I understand if I enter a plea of no contest to a charge involving a controlled substance, my driver's license, or my ability to obtain one may be suspended or revoked for up to two years.
8 I understand the entry of my plea in this case may result in increased punishment for future criminal act on my part.
9. If the offense to which I am entering this plea is a sexually violent offense or any offense that was sexually motivated, or if I have been previously convicted of such an offense in any State or Federal court, I may be subject to involuntary civil commitment as a sexually violent offender under the "Jimmy Ryce Act" when my sentence is completed. Further, I have been advised of the registration and other requirements of sections 775.21, 943.0435 and 944.607 of the Florida Statutes.
10. I understand if I am placed on probation I will be required to pay a monthly costs of supervision fee.
11. I understand, as required by Florida law, the Judge will assess a fee against me for the services of the Public Defender (If applicable).
12 I have read this entire form carefully, and I understand all of the rights and duties explained in it. I state to the Court that I am not under the influence of drugs or alcohol, no one has forced or threatened me to enter this plea, and I am entering this plea freely and voluntarily. I acknowledge I am entering this plea because I believe it is in my best interest.

SWORN TO AND FILED in open court in the presence of my lawyer and the Judge this 28th day of February, 2006.

Frederick Ryan
DEFENDANT

I herby certify that I am counsel for the defendant and I have informed the defendant of the nature of each charge against him/her, the maximum penalty, any applicable minimum penalty, the required elements of proof, and any possible defenses. I believe the defendant understands the rights and duties explained in this plea form and the defendant is entering this plea freely and voluntarily with a full and complete understanding of the consequences.

COUNSEL OF DEFENDANT

Plea accepted and Plea Form Filed by:

CIRCUIT COURT JUDGE

2-28-06

A Certified Copy
Attest:
Bob Inzer
Clerk Circuit Court
Leon County, Florida
By Sarah R. Williams D.C.
02/13/2009

IN THE COUNTY COURT IN AND FOR LEON COUNTY, FLORIDA

STATE OF FLORIDA

vs.

Fredrick Bryant
Defendant

06-CT-1780A1
Case No. *(one per form)*

Uniform Traffic Citation No.

SPN No.

A Certified Copy
Attest:
Bob Inzer
Clerk Circuit Court
Leon County, Florida
By Sarah R. Williams D.C. 02/13/09

PLEA AND ACKNOWLEDGMENT OF RIGHTS

I hereby [enter a plea of (X) NO CONTEST ( ) GUILTY] or [( ) ADMIT A VIOLATION OF MY PROBATION (VOP)].
I understand that: (1) I am charged with

Unlawful Alteration of Tag FS Sec. 320.061 ( ) M1 (X) M2 ( ) VOP ( ) Amended to _____ F.S.

(2) The maximum sentence for a Misdemeanor-1st degree (M1) is 1 year in jail and a $1,000.00 fine and for a Misdemeanor-2nd degree (M2) is 60 days in jail and a $500.00 fine plus court costs. I understand the nature of each charge.

(3) If I choose to enter my plea in open court the judge may place me under oath and ask me questions about my plea and sentence.

(4) I affirmatively agree to give up my right to: see the judge; a trial by a judge or jury; have my own or court appointed lawyer help me; make the State prove my guilt beyond a reasonable doubt; see and question witnesses against me; present defenses or witnesses on my own behalf; remain silent about my case; and, appeal my guilt or innocence. I have 30 days to appeal the legality of the sentence and if I cannot afford a lawyer one will be appointed for me, if I qualify. I may be deported or sent back to my country of origin if I am not a U. S. citizen.

(5) No alcohol or drugs are affecting me, no one has promised me or threatened me to enter this plea, and I affirmatively state that I am making this plea freely and voluntarily because I feel it is in my best interest to do so.

ORDER OF JUDGMENT AND SENTENCE (Page 1 of 2)

(X) PLEA ( ) TRIAL [JUDGE/JURY] ( ) AMENDED ( ) NO INFORMATION ( ) NOLLE PROSEQUI ( ) DISMISSED

Adjudication: X Adjudged Guilty ( ) .20 or above _____ Adjudication Withheld

Probation: Ø Mos. ( ) Consecutive (X) Concurrent with Case No (VOP) 05-CF-4519
( ) Non-Reporting ( ) Terminate Early ( ) Reinstate ( ) Extend _____ Months ( ) Revoke ( ) Terminate

General Conditions: **Note: See reverse side for general conditions of probation.**

Special Conditions:
_____ Hours Community Service _____ Days Work Program (All fees payable in advance)
_____ DUI School Level ( ) I ( ) II (includes completion of any recommended counseling)
_____ Driving School: ( ) DDS ( ) ADDS ( ) DWLSR F.A.C.T. Program
_____ Driver's License: ( ) Suspension / Revocation _____ months _____ years
_____ Alcohol/Drug Conditions **(See reverse side)** Monitoring: ( ) Random ( ) _____ /wk)
$_____ Restitution. Payable to: _____ Hearing Date: _____
_____ Victim Awareness Program (VAP)
_____ Vehicle Impoundment/Immobilization: ( ) 10 days ( ) 30 days ( ) 90 days ( ) _____ days

( ) DUI (1st offense):

Adjudged Guilty. 6 mos. probation [( )early termination], DUI-School Level I (including counseling, if recommended), _____ hours community service, 6 months driver's license revocation, Victim Awareness Program (VAP), Vehicle Impoundment/Immobilization: ( ) 10 days ( ) 30 days ( ) 90 days ( ) _____ days

Jail: 32 (X) days [in (X) County Jail] [on ( ) House Arrest] with credit for 32 (X) days already served
( ) Concurrent ( ) Consecutive to [Case No(s). _____]
_____ Suspended after serving _____ ( ) days ( ) mos. ( ) Day for day credit in-patient treatment
( ) Jail Work Camp ( ) Work Release / Nights **[Authorized only. Subject to rules and regs of the LCJ]**
Report to ( ) County Jail ( ) Courtroom _____ on _____ at _____ a.m./p.m. **(See reverse side)**

Other:

I swear or affirm that I have read this form carefully. I affirmatively waive my constitutional rights as set forth in paragraph (4) above and any defenses I may have. I have discussed the case thoroughly with my lawyer including the elements of proof and all possible defenses. I understand and accept the sentence imposed by the court and stipulate to a factual basis for the charge. I understand the rights and duties explained in this form and agree to them. I am entering my plea freely and voluntarily. I agree to pay all fines, fees and costs assessed by the court by separate judgment that is attached and incorporated into this judgment and sentence. I have received a copy of each judgment and the general conditions of probation with which I understand I must strictly comply.

Defendant 6/21/2006 Date

Defense Counsel 6/21/06 Date

Assistant State Attorney (ASA) Danielle Kelley 6/21/06 Date

Probation Officer _____ Date

[Signatures of ASA (and probation officer in VOP cases) required only if plea is entered *in absentia* pursuant to Rule 3.180]

Original – Clerk *Blue – State* *Yellow – Probation* *Pink – Defense* *Green - Defendant*

STATE OF FLORIDA vs. Fredrick Bryant

06-CT-[illegible] A1
Case No. *(one per form)*

A Certified Copy
Attest
Bob Inzer
Clerk Circuit Court
Leon County, Florida
By: David R. Williams D.C.
02/13/09

ORDER OF JUDGMENT FOR FINES, FEES AND COSTS (Page 1 of 2)

IT IS ORDERED that defendant shall pay the following statutorily mandated fines and costs:

1. $_____ (M1) $_____ (M2) fine pursuant to Section 775.083, Florida Statutes.
2. $_____ (M1) $_____ (M2) as the 5% surcharge required by Section 938.04, Florida Statutes.
3. $_____ as other court costs pursuant to Section _____, Florida Statutes.
4. ( ) **If checked, mandatory items are reduced to judgment pursuant to applicable law. DHSMV Form D6 to issue and driving privilege is suspended until mandatory items are paid in full and a D-6 clearance is issued by the clerk.**

The defendant is hereby given notice that all statutorily mandated costs are imposed as if orally pronounced in open court and shall be distributed pursuant to Administrative Order 97-08 and all subsequent amendments.

$ 292.00 **TOTAL STATUTORILY MANDATED FINES & COSTS [which shall be first satisfied from all sums paid and for which let execution issue].**

FURTHER, it is ordered that defendant shall pay the following discretionary fines and costs, if checked:

_____ $_____ fine pursuant to Section 775.0835, Florida Statutes.
_____ $20.00 pursuant to Section 938.09, Florida Statutes.
_____ 10% surcharge in the sum of $_____ pursuant to Section 938.11, Florida Statutes.
_____ $_____ Section 938.27, Florida Statutes.
_____ $_____ Section 938.29, Florida Statutes. ( )**If checked, payment is condition of probation.**
_____ $40.00 application fee pursuant to Section 27.52, Florida Statutes.
_____ $_____ Chapter 960, Civil Restitution Lien [$50/day of incarceration as liquidated damages pursuant to s. 960.293(2)(b)]
_____ Other costs:_____
_____ ( ) **If checked, discretionary items are reduced to judgment pursuant to applicable law. DHSMV Form D6 will issue and driving privilege is suspended until discretionary items are paid in full and a D-6 clearance is issued by the clerk.**

$_____ **TOTAL DISCRETIONARY FINES, FEES & COSTS**

FURTHER, it is ordered:

( ) **If checked,** defendant shall pay directly to the clerk of this court the fines and statutorily mandated costs listed above within thirty (30) days from this date, **failing which, defendant must appear** before a judge of the second judicial circuit in **COURTROOM ___, LEON COUNTY COURTHOUSE** at _____ **a.m. / p.m. on** _____ **(date).**

IT IS FURTHER ORDERED and **NOTICE IS HEREBY GIVEN** that further court appearances and hearings may be required for payment of your fines and statutorily mandated court costs. A separate notice will be provided to you.

NOTE: Failure to timely perform or appear in court as ordered may result in your being held in contempt of court and your driving privileges suspended.

(See also the information of the reverse side)

I SWEAR OR AFFIRM THAT I HAVE READ THE FRONT AND BACK OF THIS FORM CAREFULLY, OR I HAVE DISCUSSED IT THOROUGHLY WITH MY LAWYER. I AGREE TO BE BOUND BY ALL OF THE TERMS AND CONDITIONS CONTAINED ON THE FRONT AND BACK OF THIS DOCUMENT.

Defendant _____ 6/21/2006 Date

Defense Counsel _____ 6/21/06 Date

I accept the defendant's plea as voluntarily entered. I find a factual basis to support the charge and enter and file this Order of Judgment and Sentence and Order of Judgment for Fines, Fees and Costs.

DONE and ORDERED on 6/21/06

Judge _____

Original – Clerk *Blue – State* *Yellow – Probation* *Pink – Attorney* *Green - Defendant*

4HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☒ Nevada ☐ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03105	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: NDC Homecare LLC

Physical Address: 6150 East Tropical Parkway Ste 100, 105, 110

City: North Las Vegas State: NV Zip: 89115

Mailing Address (if different from physical address): 402 BNA Drive Ste 500

City: Nashville State: TN Zip: 37217

Telephone: 615 316 3305 Website: www.preferredmedical.com

Name of Designated Representative (DR): Ivan Velasquez

Licensing Company Email: compliance@ndc-inc.com DR Email: Ivelasquez@preferredmedical.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☒ Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☒ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: distributors		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/9/2022
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Baxter
Address: One Baxter Pkwy City: Deerfield State: IL Zip: 60015
Name: Cardinal Health
Address: 200 Mckesson St City: Jacksonville State: TX Zip: 75766
Name: Nestle
Address: 1007 US Hwy 202/206 City: Bridgewater State: NJ Zip: 08807
Name: National Distribution & Contracting Inc
Address: 457 New Sanford Rd City: LaVergne State: TN Zip: 37086

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): National Distribution & Contracting Inc
Corporation/Organization Name: NDC Homecare LLC
Mailing Address: 400 BNA Drive Ste 500
City: Nashville State: TN Zip: 37217
Telephone: (615) 316-3225 Email: tbeasley@ndc-inc.com
Contact Person Name: Tammy Beasley

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded (X)	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓ ✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓ ✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓ ✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓ ✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓ ✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓ ✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓ ✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓ ✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

NDC Homecare LLC

Facility Name

Tammy Beasley

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/21/2022

Date

Board Use Only	Date Received: 12-14-22	Amount: 1000.00 - CC ✓ 12/14/22

NDC Homecare, LLC

Sole Member
National Distribution & Contracting, Inc. 100%
402 BNA Drive
Suite 500
Nashville, TN 37217

Officers
Jack Thomas Stephens III - CEO
[redacted] West Pope Ct
Homosassa, FL 34448

Tammy Beasley, Sr. Compliance Manager
[redacted] Rosecran Circle
LaVergne, TN 37086

NDC Homecare, LLC including the officers, directors, etc have not had any past criminal convictions and violations of the state and federal laws regarding drugs or devices or has not been involved in, or convicted of any criminal or prohibited acts.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NDC HOMECARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NDC HOMECARE, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6333287 8300

SR# 20223966698

Authentication: 204807190

Date: 11-08-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/23/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh Risk & Insurance Services CA License #0437153 633 W. Fifth Street, Suite 1200 Los Angeles, CA 90071 CN132167684-NDC-CAS2-22-23	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**	
	INSURER(S) AFFORDING COVERAGE	**NAIC #**
INSURED NDC Homecare, LLC 402 BNA Drive, Suite 500 Nashville, TN 37217	**INSURER A :** N/A	N/A
	INSURER B : N/A	N/A
	INSURER C : Medmarc Casualty Insurance Co.	22241
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** LOS-002568292-03 **REVISION NUMBER:** 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Products / Completed Operations Liability			22TN380011	09/30/2022	09/30/2023	Each Occ. / Aggregate:	$5,000,000
							Each Person Med. Expense:	$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
EVIDENCE OF INSURANCE

CERTIFICATE HOLDER	**CANCELLATION**
NDC Homecare, LLC 402 BNA Dr. Ste 500 Nashville, TN 37217	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **AUTHORIZED REPRESENTATIVE** *Marsh Risk & Insurance Services*

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Employee_Name
COBB, TERRY
DESKINS, CHRISTOPHER
ERFURT, JACCOBB
HANFORD, DANIEL
LOYOLA, CHRISTIAN
MATA, ALAISHA
MATA, KARMEN
POLK-WATSON, DENZEL D
REID, AARON
RILEY, JEFFREY G
RIVERA, MIGUEL
RODRIGUEZ, JUAN
ROUSWELL, DAMON M
SEGURA, SAN
SEWELL, WESHAUN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler NDC Homecare, LLC.

Pharmacy/Wholesaler License # (if applicable) WH03105

Physical Address 6150 East Tropical Pkwy, Ste 100 105 110

City North Las Vegas State NV Zip 89115

Mailing Address (if different from physical address) 402 BNA Dr. Ste 500

City Nashville State TN Zip 37217

Telephone 615-366-3225 Website www.preferredmedical.com

Licensing Company Email Compliance@Ndc-inc.com

Section 2: Personal Information

First Ivan Middle Z Last Velasquez

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Callemotery st.

City Las Vegas State NV Zip 89117

Telephone [redacted] Email

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Unival			From - To (MM/YY – MM/YY): 03/1985 – 11/87
Address: Managua, Nicaragua	City	State	Zip
Diploma/Degree obtained, if any: No			
School Name: Colegio Gabriel Mistral			From - To (MM/YY – MM/YY): 1980 - 1984
Address: Managua, Nicargua	City	State	Zip
Diploma/Degree obtained, if any: High School			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
NDC Homecare, LLC			08/21 - Present	
Business Address		**City**	**State**	**Zip**
6150 East Tropical Parkway, Suite 100 105 110		North Las Vegas	NV	89115
Phone	**Title**		**Number of Employed Hours**	
702.848.4681	Manager		1 1/2 years	
Description of Duties				
Responsible for daily operations of distribution center.				

Business Name			From - To (MM/YY – MM/YY)	
CN Labor Management Inc.			09/20 - 01/21	
Business Address		**City**	**State**	**Zip**
3950 N Bruce Street		North Las Vegas	NV	89030
Phone	**Title**		**Number of Employed Hours**	
	Post-Harvest Supervisor			
Description of Duties				
Coordinating and controlling medium to large groups of employees to achieve organizational goals.				

Business Name			From - To (MM/YY – MM/YY)	
Baxalta			05/01 - 01/2020	
Business Address		**City**	**State**	**Zip**
15903 Strathem Street		Van Nuys	CA	91405
Phone	**Title**		**Number of Employed Hours**	
818.947.5600	Sr. Quality Analyst		19 years	
Description of Duties				
Inspection and Release of raw material and componets and finish products, mantain inventory, cycle count of products released. 19 plus years if experience on manufacturing facility of RX products to the medical and pharmacy industry.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Baxalta, Inc			From - To (MM/YY – MM/YY): 5/2001 - 01/2020
Business Address: 15903 Strathern St	City: Van Nuys	State: CA	Zip: 91405
Phone: 818-947-5600	Title: Sr QA		Number of Employed Hours: Over 39,000 hrs.
Description of Duties: Inspection and Release of Raw Material and Components and Finish Products, Mantain Inventory, Cycle count of Products Relea			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/29/2022
Date

I, Ivan Velasquez, **certify that as the designated representative for** NDC Homecare, LLC.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. IV I am at least 21 years of age;
3. IV I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. IV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. IV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. IV I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. IV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ivan Velasquez

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/29/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ivan Velasquez

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/29/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Ivan Velasquez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11-29-2022

Date

State of Nevada
County of Clark

Subscribed and Sworn to before me this 29 day of November, 2022,
by Ivan Velasquez NM

Whitney Mr.

Notary Public Signature

WHITNEY MORSE
Notary Public - State of Nevada
Appointment Recorded in Clark County
No: 22-5237-01 - Expires November 21, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG NDC Homecare, LLC. MDEG License # (if applicable) WH03105

Physical Address 6150 East Tropical Parkway, Ste 100, 105, 110

City North Las Vegas State NV Zip 89115

Mailing Address (if different from physical address) 402 BNA Drive, Ste 500

City Nashville State TN Zip 37217

Telephone 615-366-3230 Website WWW.preferredmedical.com

Licensing Company Email Compliance@ndc-inc.com

Section 2: Personal Information

First Ivan Middle Z Last Velasquez

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Callemotery St.

City Las Vegas State NV Zip 89117

Telephone [redacted] Email ivelasquez@preferredmedical.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Unival			03/85 - 11/87
Address	**City**	**State**	**Zip**
Managua, Nicaragua			
Diploma/Degree obtained, if any			
NO			

School Name			From - To (MM/YY – MM/YY)
Colegio Gabriel Mistral			1980 - 1984
Address	**City**	**State**	**Zip**
Managua, Nicaragua			
Diploma/Degree obtained, if any			
High School			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name	From - To (MM/YY – MM/YY)
NDC Homecare, LLC.	8/21 – Present

Business Address	City	State	Zip
6150 East Tropical PKWY Ste 100, 105, 110		NV	89115

Phone	Title	Number of Employed Hours
708-848-4681		1 ½ Years

Description of Duties: Responsible for daily operations of distribution center.

Business Name	From - To (MM/YY – MM/YY)
CN Labor Management	9/20 - 01/21

Business Address	City	State	Zip
3950 N. Bruce Street	North Las Vegas	NV	89030

Phone	Title	Number of Employed Hours
	Post-Havest Supervisor	

Description of Duties: Coordinating and controlling medium to large groups of Employees to achieve organizational goals.

Business Name	From - To (MM/YY – MM/YY)
Baxalta	05/01 - 01/20

Business Address	City	State	Zip
15903 Strathem Street	Van Nuys	CA	91405

Phone	Title	Number of Employed Hours
819-947-5600	Sr. Quality Analyst	19 Years

Description of Duties: Inspection and release of raw material and components and finish products, maintain inventory, cycle count of products released. 19 plus years experience manufacturing of RX products.

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title	Number of Employed Hours

Description of Duties:

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title	Number of Employed Hours

Description of Duties:

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

01-25-2023
Date

I, Ivan Velasquez, **certify that as the MDEG Administrator for** NDC Homecare, LLC.,

that I (initial that you have read and meet the following requirements):

1. IV Have a high school diploma or its equivalent;
2. IV Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. IV Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. IV Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ivan Velasquez
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01-25-2023
Date

Board Use Only	Date Received: 1.31.23

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107452312

Application/License No. _____

NDC Homecare LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 6150 East Tropical Parkway, Stes 100,105,110, North Las Vegas, NV 89115 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square Hartford, CT 06183-6014 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on July 28, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 28 day of July, 2021.

APPLICANT/PRINCIPAL

NDC Homecare LLC

Authorized Representative

SURETY COMPANY

Travelers Casualty and Surety Company of America

Surety Company's Representative

Mary Y. Volmar, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Julie Karnes

Witness Lori A. Wright

Countersigned by:

N/A

Nevada Resident Agent

N/A

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Mary Y. Volmar of Knoxville, Tennessee, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

HARTFORD, CONN — TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA — HARTFORD, CONN. — TRAVELERS CASUALTY AND SURETY COMPANY — CORPORATE SEAL — ST. PAUL FIRE AND MARINE INSURANCE COMPANY

State of Connecticut

By: _____
Robert L. Raney, Senior Vice President

City of Hartford ss.

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

ANNA P. NOWIK — NOTARY PUBLIC — CONNECTICUT

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 28th day of July, 2021.

HARTFORD, CONN. — TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA — HARTFORD, CONN. — TRAVELERS CASUALTY AND SURETY COMPANY — CORPORATE SEAL — ST. PAUL FIRE AND MARINE INSURANCE COMPANY

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF DECEMBER 31, 2020

CAPITAL STOCK $ 6,480,000

ASSETS		LIABILITIES & SURPLUS	
CASH AND INVESTED CASH	$ 239,403,348	UNEARNED PREMIUMS	$ 1,121,070,380
BONDS	3,831,156,861	LOSSES	1,003,200,666
STOCKS	109,074,035	LOSS ADJUSTMENT EXPENSES	163,346,678
INVESTMENT INCOME DUE AND ACCRUED	36,856,709	COMMISSIONS	48,805,693
OTHER INVESTED ASSETS	4,970,512	TAXES, LICENSES AND FEES	13,561,421
PREMIUM BALANCES	277,653,788	OTHER EXPENSES	42,506,558
NET DEFERRED TAX ASSET	55,188,715	CURRENT FEDERAL AND FOREIGN INCOME TAXES	4,865,484
REINSURANCE RECOVERABLE	32,553,518	REMITTANCES AND ITEMS NOT ALLOCATED	8,646,391
RECEIVABLES FROM PARENT, SUBSIDIARIES AND AFFILIATES	34,876,347	AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS	42,228,250
OTHER ASSETS	4,155,794	POLICYHOLDER DIVIDENDS	12,353,304
		PROVISION FOR REINSURANCE	7,930,280
		ADVANCE PREMIUM	1,867,512
		CEDED REINSURANCE NET PREMIUMS PAYABLE	63,102,972
		RETROACTIVE REINSURANCE RESERVE ASSUMED	800,763
		OTHER ACCRUED EXPENSES AND LIABILITIES	568,668
		TOTAL LIABILITIES	$2,534,855,020
		CAPITAL STOCK	$6,480,000
		PAID IN SURPLUS	433,803,760
		OTHER SURPLUS	1,650,750,847
		TOTAL SURPLUS TO POLICYHOLDERS	$2,091,034,607
TOTAL ASSETS	$ 4,625,889,627	TOTAL LIABILITIES & SURPLUS	$4,625,889,627

STATE OF CONNECTICUT)

COUNTY OF HARTFORD) SS.

CITY OF HARTFORD)

MICHAEL J. DOODY, BEING DULY SWORN, SAYS THAT HE IS VICE PRESIDENT - FINANCE, OF TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, AND THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THE FINANCIAL CONDITION OF SAID COMPANY AS OF THE 31ST DAY OF DECEMBER, 2020.

Michael J Doody

VICE PRESIDENT - FINANCE

SUBSCRIBED AND SWORN TO BEFORE ME THIS
26TH DAY OF MARCH, 2021

NOTARY PUBLIC

SUSAN M. WEISSLEDER
Notary Public
My Commission Expires November 30, 2022

Secretary of State — LLC-5

Application to Register a Foreign Limited Liability Company (LLC)

201825410263

FILED
Secretary of State
State of California
SEP 04 2018

IMPORTANT — Read Instructions before completing this form.

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed. See instructions.

Filing Fee – $70.00

Copy Fees – First page $1.00; each attachment page $0.50; Certification Fee - $5.00

Note: Registered LLCs in California may have to pay minimum $800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov.

This Space For Office Use Only

1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)

NDC Homecare, LLC

1b. California Alternate Name, If Required (See Instructions – Only enter an alternate name if the LLC name in 1a not available in California.)

2. LLC History (See Instructions – Ensure that the formation date and jurisdiction match the attached Certificate of Good Standing.)

a. Date LLC was formed in home jurisdiction (MM/DD/YYYY)	b. Jurisdiction (State, foreign country or place where this LLC is formed.)
3 / 2 / 2017	Delaware

c. Authority Statement (Do not alter Authority Statement)

This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2b.

3. Business Addresses (Enter the complete business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

	City (no abbreviations)	State	Zip Code
a. Street Address of Principal Executive Office - Do not enter a P.O. Box: 402 BNA Drive, Ste 500	Nashville	TN	37217
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box: 618 Glasgow Ave	Inglewood	CA	90301
c. Mailing Address of Principal Executive Office, if different than Item 3a: 407 New Sanford Rd	LaVergne	TN	37086

4. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix

b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	

CORPORATION – Complete Item 4c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 4a or 4b

InCorp Services, Inc.

5. Read and Sign Below (See Instructions. Title not required.)

I am authorized to sign on behalf of the foreign LLC.

Signature

Tammy Beasley
Type or Print Name

411

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-State	☐ Ownership Change*	☐ Hospital (# beds _____)	■ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	☐ Mail-Order Service
		☐ Other:	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Renown South Meadows Medical Center dba Renown Pharmacy

Physical Address: 10101 Double R Blvd

City: Reno State: NV Zip: 89521

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 775-982-5364 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 775-982-5110 Contact Email: adam.porath@renown.org

Website: www.renown.org/pharmacy

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Adam Porath

Supervising/Managing Pharmacist NV Pharmacist Registration #: 16909

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Adam Porath	NV Pharmacist Registration #: 16909
Name: Israa Mahmood	NV Pharmacist Registration #: 19322
Name: Christian Sy	NV Pharmacist Registration #: 19717
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): Renown Health

Corporation/Organization Name: Renown South Meadows Medical Center

Mailing Address: 10101 Double R Blvd

City: Reno State: NV Zip: 89521

Telephone: 775-982-7000 Email: susan.lee@renown.org

Contact Person Name: Susan Lee

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Financial Officer (title) for Renown Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Ann Beck

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

03.08.23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Adam Porath hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President of Pharmacy (title) for Renown Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Adam Porath

Signature

State of Nevada
County of Washoe

SUBSCRIBED AND SWORN TO
Before me, a notary public this 8th day of March, 2023

Suzanne Peters

Notary Public

SUZANNE PETERS
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 18-3422-2
MY APPT. EXPIRES JULY 06, 2026

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Adam Porath Pharmacist Registration #: 16909

Pharmacy Name: Renown Pharmacy

Initial each statement below to indicate you have read and agree with the following:

AP I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

AP I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

AP I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

AP I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

AP I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam Porath

Original signature of Managing Pharmacist (copies or stamps not accepted)

3/3/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ann Beck

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

03.08.23

Date

Board Use Only	Date Received: _____	Amount: 500.00 CC

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Adam D. Porath

Date: 09/23/2021
Amount: $ 210.00
License #: 16909

(ID Card)

Pharmacist

NEVADA STATE BOARD OF PHARMACY

Expires:10/31/2023

Adam D. Porath

Trim ID Card to fit your wallet

License #
16909
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

NEVADA

STATE BOARD OF PHARMACY

Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 16909

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Adam D. Porath

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational documents on file in this office for

RENOWN BUSINESSES

Organizational Documents on File	Filing Date

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, RENOWN BUSINESSES, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/11/1986, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/19/2022

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202207192836308
You may verify this certificate online at

List of Officers and Directors

Name	Title or Office Held	SSN or ITIN
Adam Kramer	Board Chair	[redacted]
Brian Erling, MD	President and CEO	
Tommy Dermody	Board Member	
Cliff Deveny, MD	Board Member	
Bijel Doshi	Board Member	
Mark Knobel	Board Member	
Stephanie Lepori	Board Member	
Marc Mora, MD	Board Member	
Jeffrey Resnik	Board Member	
Brian Sandoval	Board Member	

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

RENOWN SOUTH MEADOWS MEDICAL CENTER

Entity Number:

C21915-2002

Entity Type:

Domestic Nonprofit Corporation (82)

Entity Status:

Active

Formation Date:

09/03/2002

NV Business ID:

NV20021412342

Termination Date:

Perpetual

Annual Report Due Date:

9/30/2023

Solicits Charitable Contribution:

No

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

RENOWN SOUTH MEADOWS MEDICAL CENTER C/O GENERAL COUNSEL

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Non-Commercial Registered Agent

NV Business ID:

Office or Position:

Jurisdiction:

Street Address:

50 W. LIBERTY STREET, 11TH FLOOR, RENO, NV, 89502, USA

Mailing Address:

1155 MILL STREET, N-14, RENO, NV, 89502, USA

Individual with Authority to Act:

Fictitious Website or Domain Name:

OFFICER INFORMATION

☐ VIEW HISTORICAL DATA

Title	Name	Address	Last Updated	Status
President	Tom Graf	1155 Mill Street, #N14, Reno, NV, 89502, USA	08/30/2022	Active
Secretary	Tammy Dermody	1155 MILL STREET, N-14, Reno, NV, 89502, USA	08/30/2022	Active
Treasurer	Bijel Doshi	1155 Mill Street, #N14, Reno, NV, 89502, USA	08/30/2022	Active
Director	Adam Kramer	1155 MILL STREET, N-14, Reno, NV, 89502, USA	08/30/2022	Active
Director	Cliff Deveny	1155 MILL STREET, N-14, Reno, NV, 89502, USA	08/30/2022	Active

< Previous ... 1 2 3 ... Next > Page 1 of 3, records 1 to 5 of 12 Go to Page

CURRENT SHARES

Class/Series	Type	Share Number	Value

No records to view.

Number of No Par Value Shares:

0

Total Authorized Capital:

Filing History Name History Mergers/Conversions

Return to Search Return to Results

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Renown Pharmacy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 10101 Double R Blvd

City Reno State NV Zip 89521

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 775-982-6838 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Adam Middle David Last Porath

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Erin Drive

City Sparks State NV Zip 89436

Telephone [redacted] Email adam.porath@renown.org

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Idaho State University		08/02-05/06	
Address	City	State	Zip
921 South 8th Avenue	Pocatello	ID	83209
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Univesity of Nevada-Reno		01/98-05/00	
Address	City	State	Zip
1664 N. Virginia Street	Reno	NV	89557
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Willamette University		08/96-12/97	
Address	City	State	Zip
900 State Street	Salem	OR	97301
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/13-Present	[redacted] Erin Drive	Sparks	NV	89436
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.S935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Renown Health			10/20-Present
Business Address	**City**	**State**	**Zip**
1155 Mill Street	Reno	NV	89502
Phone	**Title**		**Number of Employed Hours**
775-982-6838	VP of Pharmacy		5,120

Description of Duties

Activities include supervision and strategic planning for all pharmacy operations of the health system

Business Name			From - To (MM/YY – MM/YY)
Renown Regional Medical Center			08/12-10/20
Business Address	**City**	**State**	**Zip**
1155 Mill Street	Reno	NV	89502
Phone	**Title**		**Number of Employed Hours**
775-982-6838	Ambulatory Pharmacy Manager		16,960

Description of Duties

Activities include supervision of clinical operations and financial management of the Healthcare Center Pharmacy and the Outpatient Anticoagulation and Pharmacotherapy Programs.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Adam Porath, **certify that as the designated representative for**

Renown Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AP I am at least 21 years of age;
3. AP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Adam Porath

Print Name (First, Last)

Adam Porath

Original Signature (electronic, copies or stamps not accepted)

3/8/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam Porath

Print Name (First, Last)

Adam Porath

Original Signature (electronic, copies or stamps not accepted)

3/8/23

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, Adam Porath, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Adam Porath

Original Signature

3/8/23

Date

Subscribed and Sworn to before me this 8th day of March 2023

Suzanne Peters

Notary Public Signature

SUZANNE PETERS
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 18-3422-2
MY APPT. EXPIRES JULY 06, 2026

(Seal)

4JJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-State	☐ New Pharmacy ■ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH IA01760	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ■ Other: Free-Standing Emergency Department	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ■ Other: Pyxis Automated Dispensing Cabinet

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	■ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: ER at Desert Springs an Extension of Valley Hospital

Physical Address: 2075 E Flamingo Rd

City: Las Vegas State: NV Zip: 89119

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702) 369-7890 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: (702) 369-7636 Contact Email: _____

Website: valleyhospital.net

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Jimmy Q Tran

Supervising/Managing Pharmacist NV Pharmacist Registration #: 17141

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Jimmy Q Tran	NV Pharmacist Registration #: 17141
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: DELAWARE

Parent Company (if any): UNIVERSAL HEALTH SERVICES

Corporation Name: VALLEY HEALTH SYSTEM LLC

Mailing Address: 367 SOUTH GULPH ROAD

City: KING OF PRUSSIA State: PA Zip: 19406-0958

Telephone: 610-768-3300 Email: uhscorpfilings@uhsinc.com

Contact Person Name: STEVE FILTON

Date of SEC Registration: 1981	SEC Registration Number: 1-10765	Stock Exchange Symbol: UHS

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☒ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the MANAGING PHARMACIST (title) for ER at Desert Springs (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Jimmy Q Tran

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

1-18-23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Jimmy Q Tran hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the MANAGING PHARMACIST (title) for ER at Desert Springs (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 18 day of January, 2023

Notary Public

Notary Public - State Of Nevada
COUNTY OF CLARK
N. CORTEZ LOPEZ
My Appointment Expires
August 15, 2026
No. 22-4717-01

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Jimmy Q Tran Pharmacist Registration #: 17141

Pharmacy Name: ER at Desert Springs an Extension of Valley Hospital

Initial each statement below to indicate you have read and agree with the following:

JT — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

JT — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

JT — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

JT — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

JT — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

1-18-23
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded -** The top 4 shareholder/stockholders. b. **For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jimmy Q Tran

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

1-18-23

Date

Board Use Only	Date Received: 1.24.23	Amount: 500.00 CC

4KK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☐ Out-of-State	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	☐ Mail-Order Service
		☐ Other:	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: RANCHO PHARMACY

Physical Address: 840 S Rancho Dr Ste 12

City: Las Vegas State: NV Zip: 89106

Mailing Address (if different from physical address): 2585 S Nellis Blvd Ste 3

City: Las Vegas State: NV Zip: 89121

Telephone: (702) 745-3500 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: (702) 745-4093 Contact Email: info.ranchopharmacy@gmail.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NR5 639.220): WASEEM SARWAR

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20752

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: WASEEM SARWAR	NV Pharmacist Registration #: 20752
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NEVADA

Parent Company (if any): UNION HEALTH INC

Corporation/Organization Name: UNION HEALTH INC dba RANCHO PHARMACY

Mailing Address: 2585 S Nellis Blvd Ste 3

City: Las Vegas State: NV Zip: 89121

Telephone: (702) 745-3500 Email: info.ranchopharmacy@gmail.com

Contact Person Name: WASEEM SARWAR

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the PRESIDENT (title) for RANCHO PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

WASEEM SARWAR

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

02/18/23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, WASEEM SARWAR hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PRESIDENT (title) for RANCHO PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 18 day of FEBRUARY, 2023

Notary Public

SHAUN J FEDERICO
Notary Public-State of Nevada
APPT. NO. 19-9303-01
My Appt. Expires 08-04-2023

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: WASEEM SARWAR Pharmacist Registration #: 20752

Pharmacy Name: RANCHO PHARMACY

Initial each statement below to indicate you have read and agree with the following:

WS I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

WS I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

WS I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

WS I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

WS I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✔

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

02/18/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

WASEEM SARWAR

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

02-18-23

Date

Board Use Only	Date Received: 2-28-23	Amount: 500.00 CC

LIST OF OFFICERS AND DIRECTORS

WASEEM SARWAR is the sole member of UNION HEALTH INC *dba* RANCHO PHARMACY, and he is the President / Authorized official of UNION HEALTH INC. He own 100% shares of the corporation.

Contact Info:

WASEEM SARWAR

Address: [redacted]E Harmon Ave Apt [redacted]

Las Vegas, NV 89119

Phone : [redacted]

Email: [redacted]@gmail.com

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

UNION HEALTH INC

Nevada Business Identification # NV20232703156

Expiration Date: 02/28/2024

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/18/2023.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

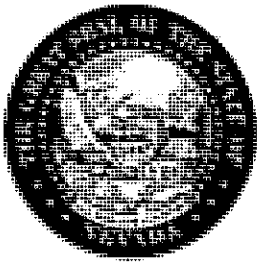
Certificate Number: B202302183405656
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC CORPORATION (78) CHARTER

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that **UNION HEALTH INC** did, on 02/18/2023, file in this office the original Articles of Incorporation-For-Profit that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



Certificate
Number: B202302183405655
You may verify this certificate
online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/18/2023.

FRANCISCO V. AGUILAR
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler UNION HEALTH INC dba RANCHO PHARMACY

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 840 S Rancho Dr Ste 12

City Las Vegas State NV Zip 89106

Mailing Address (if different from physical address) 2585 S Nellis Blvd Ste 3

City Las Vegas State NV Zip 89121

Telephone (702) 745-3500 Website _____

Licensing Company Email info.ranchopharmacy@gmail.com

Section 2: Personal Information

First WASEEM Middle _____ Last SARWAR

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 2585 S Nellis Blvd Ste 3

City Las Vegas State NV Zip 89121

Telephone [redacted] Email info.ranchopharmacy@gmail.com

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF THE PUNJAB		01/2008-05/2013	
Address	**City**	**State**	**Zip**
ALLAMA IQBAL CAMPUS, MALL ROAD	LAHORE	PUNJAB	54000
Diploma/Degree obtained, if any			
PHARM D			

School Name		From - To (MM/YY – MM/YY)	
GOVT ISLAMIA COLLEGE		01/2005-12/2007	
Address	**City**	**State**	**Zip**
NEAR KACHEHRI,LOWER MALL ROAD	LAHORE	PUNJAB	54000
Diploma/Degree obtained, if any			
HIGHER SECONDARY SCHOOL CERTIFICATE			

School Name		From - To (MM/YY – MM/YY)	
DON BOSCO HIGH SCHOOL		01/1994 - 12/2005	
Address	**City**	**State**	**Zip**
NEAR POLICE LINES, EMPRESS ROAD	LAHORE	PUNJAB	54000
Diploma/Degree obtained, if any			
SECONDARY SCHOOL CERTIFICATE			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/22-PRESENT	[redacted]E HARMON AVE APT [redacted]	LAS VEGAS	NV	89119
10/21-10/22	[redacted]OGALLALA STREET UNIT [redacted]	PAHRUMP	NV	89048
06/18-09/21	[redacted] STREET	SOUTH RICHMOND HILL	NY	11419
03/18-05/18	[redacted] LIBERTY AVENUE	SOUTH RICHMOND HILL	NY	11419
06/15-02/18	[redacted] LEFFERTS BLVD	SOUTH OZONE PARK	NY	11420
04/14-04/15	[redacted] STREET	WOOHHAVEN	NY	11421
03/89-04/14	[redacted]QAZAL BASH ROAD	LAHORE, PAKISTAN	PUNJAB	54000
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
SAHARA PHARMACY			12/12 - PRESENT
Business Address	**City**	**State**	**Zip**
2585 S NELLIS BLVD STE 3	LAS VEGAS	NV	89121
Phone	**Title**		
(702) 912-0800	PHARMACIST - OWNER / OPERATOR		

Description of Duties

SUPERVISE DAILY OPERATIONS OF THE PHARMACY

Business Name			From - To (MM/YY – MM/YY)
PAHRUMP CARE PHARMACY			08/21 - PRESENT
Business Address	**City**	**State**	**Zip**
1500 E HIGHWAY 372, STE E	PAHRUMP	NV	89048
Phone	**Title**		
(775) 727-3905	PHARMACIST - OWNER / OPERATOR		

Description of Duties

SUPERVISE DAILY OPERATIONS OF THE PHARMACY

Business Name			From - To (MM/YY – MM/YY)
RITE AID PHARMACY			02/20 - 12/20
Business Address	**City**	**State**	**Zip**
840 WESTCHESTER AVE	BRONX	NY	10459
Phone	**Title**		
(718) 378-4600	PHARMACIST MANAGER		

Description of Duties

SUPERVISE DAILY OPERATIONS OF THE PHARMACY

Business Name			From - To (MM/YY – MM/YY)
MEERAJ PHARMACY			01/18 - 02/20
Business Address	**City**	**State**	**Zip**
115-17 LIBERTY AVENUE	SOUTH RICHMOND HILL	NY	11419
Phone	**Title**		
(718) 641-4400	PHARMACIST		

Description of Duties

SUPERVISE DAILY OPERATIONS OF THE PHARMACY

Business Name			From - To (MM/YY – MM/YY)
MEERAJ PHARMACY			06/15 - 01/18
Business Address	**City**	**State**	**Zip**
115-17 LIBERTY AVENUE	SOUTH RICHMOND HILL	NY	11419
Phone	**Title**		
(718) 641-4400	PHARMACY INTERN		

Description of Duties

WORK UNDER THE SUPERVISION OF PHARMACIST AND ASSIST THE PHARMACIST IN CARRYING OUT THE DAILY ACTIVITIES OF THE PHARMACY.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
MS BASHIR PHARMACY			07/13-06/15	
Business Address		**City**	**State**	**Zip**
SHOP NO 1& 2, STREET 13, WALTON ROAD		LAHORE	PUNJAB	54000
Phone	**Title**			
03214061992	PHARMACIST			
Description of Duties				
SUPERVISE DAILY OPERATIONS OF THE PHARMACY				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

02/18/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

WASEEM SARWAR

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/18/23

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, WASEEM SARWAR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02/18/23

Date

Subscribed and Sworn to before me this 18 day of FEBRUARY 2023

Notary Public Signature

SHAUN J FEDERICO
Notary Public-State of Nevada
APPT. NO. 19-9303-01
My Appt. Expires 08-04-2023

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler UNION HEALTH INC dba RANCHO PHARMACY

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 840 S Rancho Dr Ste 12

City Las Vegas State NV Zip 89106

Mailing Address (if different from physical address) 2585 S Nellis Blvd Ste 3

City Las Vegas State NV Zip 89121

Telephone (702) 745-3500 Website _____

Licensing Company Email info.ranchopharmacy@gmail.com

Section 2: Personal Information

First WASEEM Middle _____ Last SARWAR

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 2585 S Nellis Blvd Ste 3

City Las Vegas State NV Zip 89121

Telephone [redacted] Email info.ranchopharmacy@gmail.com

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF THE PUNJAB		01/2008-05/2013	
Address	**City**	**State**	**Zip**
ALLAMA IQBAL CAMPUS, MALL ROAD	LAHORE	PUNJAB	54000
Diploma/Degree obtained, if any			
PHARM D			

School Name		From - To (MM/YY – MM/YY)	
GOVT ISLAMIA COLLEGE		01/2005-12/2007	
Address	**City**	**State**	**Zip**
NEAR KACHEHRI,LOWER MALL ROAD	LAHORE	PUNJAB	54000
Diploma/Degree obtained, if any			
HIGHER SECONDARY SCHOOL CERTIFICATE			

School Name		From - To (MM/YY – MM/YY)	
DON BOSCO HIGH SCHOOL		01/1994 - 12/2005	
Address	**City**	**State**	**Zip**
NEAR POLICE LINES, EMPRESS ROAD	LAHORE	PUNJAB	54000
Diploma/Degree obtained, if any			
SECONDARY SCHOOL CERTIFICATE			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/22-PRESENT	[redacted]E HARMON AVE APT [redacted]	LAS VEGAS	NV	89119
10/21-10/22	[redacted] OGALLALA STREET UNIT [redacted]	PAHRUMP	NV	89048
06/18-09/21	[redacted] 16 STREET	SOUTH RICHMOND HILL	NY	11419
03/18-05/18	[redacted] LIBERTY AVENUE	SOUTH RICHMOND HILL	NY	11419
06/15-02/18	[redacted] LEFFERTS BLVD	SOUTH OZONE PARK	NY	11420
04/14-04/15	[redacted] STREET	WOOHHAVEN	NY	11421
03/89-04/14	[redacted] QAZAL BASH ROAD	LAHORE, PAKISTAN	PUNJAB	54000
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
SAHARA PHARMACY			12/12 - PRESENT
Business Address	**City**	**State**	**Zip**
2585 S NELLIS BLVD STE 3	LAS VEGAS	NV	89121
Phone	**Title**		**Number of Employed Hours**
(702) 912-0800	PHARMACIST - OWNER / OPERATOR		40HOURS / WEEK
Description of Duties			
SUPERVISE DAILY OPERATIONS OF THE PHARMACY			

Business Name			From - To (MM/YY – MM/YY)
PAHRUMP CARE PHARMACY			08/21 - PRESENT
Business Address	**City**	**State**	**Zip**
1500 E HIGHWAY 372, STE E	PAHRUMP	NV	89048
Phone	**Title**		**Number of Employed Hours**
(775) 727-3905	PHARMACIST - OWNER / OPERATOR		5 HOURS / WEEK
Description of Duties			
SUPERVISE DAILY OPERATIONS OF THE PHARMACY			

Business Name			From - To (MM/YY – MM/YY)
RITE AID PHARMACY			02/20 - 12/20
Business Address	**City**	**State**	**Zip**
840 WESTCHESTER AVE	BRONX	NY	10459
Phone	**Title**		**Number of Employed Hours**
(718) 378-4600	PHARMACIST MANAGER		38 HOURS / WEEK
Description of Duties			
SUPERVISE DAILY OPERATIONS OF THE PHARMACY			

Business Name			From - To (MM/YY – MM/YY)
MEERAJ PHARMACY			01/18 - 02/20
Business Address	**City**	**State**	**Zip**
115-17 LIBERTY AVENUE	SOUTH RICHMOND HILL	NY	11419
Phone	**Title**		**Number of Employed Hours**
(718) 641-4400	PHARMACIST		40 HOURS / WEEK
Description of Duties			
SUPERVISE DAILY OPERATIONS OF THE PHARMACY			

Business Name			From - To (MM/YY – MM/YY)
MEERAJ PHARMACY			
Business Address	**City**	**State**	**Zip**
115-17 LIBERTY AVENUE	SOUTH RICHMOND HILL	NY	11419
Phone	**Title**		**Number of Employed Hours**
(718) 641-4400	PHARMACY INTERN		40 HOURS / WEEK
Description of Duties			
WORK UNDER THE SUPERVISION OF PHARMACIST AND ASSIST THE PHARMACIST IN CARRYING OUT THE DAILY ACTIVITIES OF THE PHARMACY.			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
MS BASHIR PHARMACY		07/13-06/15	
Business Address	**City**	**State**	**Zip**
SHOP NO 1& 2, STREET 13, WALTON ROAD	LAHORE	PUNJAB	54000
Phone	**Title**	**Number of Employed Hours**	
03214061992	PHARMACIST	40 HOURS / WEEK	
Description of Duties			
SUPERVISE DAILY OPERATIONS OF THE PHARMACY			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

NA

Original Signature (electronic, copies or stamps not accepted)

02/18/23
Date

I, WASEEM SARWAR, **certify that as the designated representative for**

UNION HEALTH INC dba RANCHO PHARMACY,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. WS I am at least 21 years of age;
3. WS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. WS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. WS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. WS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. WS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

WASEEM SARWAR
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/18/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

WASEEM SARWAR

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/18/23

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, WASEEM SARWAR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02/18/23

Date

Subscribed and Sworn to before me this 18 day of February 2023

Notary Public Signature

SHAUN J FEDERICO
Notary Public-State of Nevada
APPT. NO. 19-9303-01
My Appt. Expires 08-04-2023

(Seal)

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Waseem Sarwar

Date: 10/15/2021
Amount: $ 210.00
License #: 20752

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Waseem Sarwar

License #
20752
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA

STATE BOARD OF PHARMACY

Pharmacist

License Type: Pharmacist
License #: 20752

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Waseem Sarwar

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

4LL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☐ Out-of-State	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	☐ Mail-Order Service
		☐ Other:	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
			☐ Other:
	PH_____		

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Willow Springs Center Pharmacy

Physical Address: 690 Edison Way

City: Reno State: NV Zip: 89502

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 775-858-4552 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 775-858-4560 Contact Email: tracy.zelenka@uhsinc.com

Website: www.willowsprings.com

Nevada Business License # (if applicable) NV20031045964

Supervising/Managing Pharmacist Name (NRS 639.220): Donel Sullivan

Supervising/Managing Pharmacist NV Pharmacist Registration #: 18272

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services In/Into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Tracy Zelenka	NV Pharmacist Registration #: 17643
Name: Donel Sullivan	NV Pharmacist Registration #: 18272
Name: Bryan Hoang	NV Pharmacist Registration #: 18049
Name: Tanya Shim	NV Pharmacist Registration #: 16139
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: n/a	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Universal Health Services, Inc.

Corporation Name: Willow Springs, LLC

Mailing Address: 367 S Gulph Road

City: King of Prussia State: PA Zip: 19406-3121

Telephone: 610-768-3300 Email: uhscorpfilings@uhsinc.com

Contact Person Name: Steve Filton

Date of SEC Registration: 09/08/81 | SEC Registration Number: 1-1-765 | Stock Exchange Symbol: UHS

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☒ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

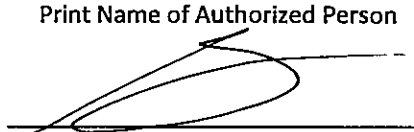
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO (title) for Willow Springs Center Retail Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Samuel "Ben" Kellogg

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

02/28/23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Tracy Zelenka hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Director of Pharmacy (title) for Willow Springs Center Retail Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

State of Nevada, County of Washoe

SUBSCRIBED AND SWORN TO
Before me, a notary public this tenth day of March, 2023

Notary Public

MICHELLE LYNN MORENO
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 22-4253-02 - Expires October 17, 2026

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Donel Sullivan Pharmacist Registration #: 18272

Pharmacy Name: Willow Springs Center Retail Pharmacy

Initial each statement below to indicate you have read and agree with the following:

DS — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

DS — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

DS — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

DS — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

DS — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✔

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

03/09/23
Date

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
DONEL F. SULLIVAN

Date: 09/20/2021
Amount:
License #: 18272

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

DONEL F. SULLIVAN

License #
18272
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

License Type: Pharmacist
License #: 18272

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

DONEL F. SULLIVAN

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded -** The top **4** shareholder/stockholders. **b. For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Samuel "Ben" Kellogg, CEO

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3/10/23

Date

Board Use Only	Date Received: 3.14.23	Amount: 500.00 CK - 407022587

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WILLOW SPRINGS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WILLOW SPRINGS, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3146939 8300

SR# 20230430002

Authentication: 202671074

Date: 02-08-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

- **List all Officers and Directors: NRS 639.231(2)(b), NAC 639.214(5)(a)**
  - Matthew Peterson – President (Director)
  - Steve Filton – Vice President (Director)
  - Tom Day – Vice President (Director)
  - Matthew Klein – Secretary
  - George H. Brunner, Jr. – Assistant Secretary
  - Cheryl K. Ramagano – Treasurer
  - Robert Zurad – Assistant Treasurer

- **List the top four stockholders and their percent ownership. NRS 639.231(3)**

  For UHS, Inc.: Alan B. Miller – 11.9%; The Vanguard Group – 11.5%; FMR LLC – 8.1%; BlackRock, Inc. – 7.3%

4MM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☑ Nevada	☐ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	☑ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☑ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Alliance for Childhood Diseases dba Cure 4 The Kids Foundation

MDEG Physical Address: 1 Breakthrough Way

City: Las Vegas State: NV Zip: 89135

Mailing Address (if different from physical address): 10170 W. Tropicana Ave., #156-252

City: Las Vegas State: NV Zip: 89147

Telephone: 702-732-1493 Website: www.cure4thekids.org

Email: credentialing@cure4thekids.org

Name of MDEG Administrator (NAC 639.694): David G. Stewart, Jr. MD

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
☑ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☑ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☑ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
☑ Mon: 8am- 5pm	☑ Tue: 8am- 5pm	☑ Wed: 8am- 5pm	☑ Thurs: 8am- 5pm	☑ Fri: 8am- 5pm
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))

Medicare: V107829

NV Medicaid: 100526304

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NV/Domestic Nonprofit Corporation (82)

Parent Company (if any): _____

Corporation/Organization Name: Alliance for Childhood Diseases dba Cure 4 The Kids Foundation

Mailing Address: 10170 W. Tropicana Ave., Ste. 156-252

City: Las Vegas State: NV Zip: 89135

Telephone: 702-701-2490 Email: tishira@thomascredentialing.com

Contact Person Name: TiShira Thomas

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christine Tonn, President
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

1/25/23
Date

Board Use Only	Date Received: 2-2-23	Amount: 500.00 CC

Cure 4 The Kids Foundation Board Members 2023

Name	Email	Home Address
Renee Coffman	[redacted]@roseman.edu	[redacted]Anthem Creek Circle, Henderson, NV 89052
Cory Frey	[redacted]@fiandb.com	[redacted]S Pioneer Way, Las Vegas, NV 89113
David Leake	[redacted]@gmail.com	[redacted]French Daisy Street, Las Vegas, NV 89135
Annette Logan-Parker	[redacted]@cure4thekids.org	[redacted]Haywood Drive, Las Vegas, NV 89135
Farhan Naqvi	[redacted]@naqvilaw.com	[redacted]Midnight Ridge Drive, Las Vegas, NV 89135

Jessette Phaynarikone

From: Tishira Thomas <tishira@thomascredentialing.com>
Sent: Monday, February 6, 2023 9:11 AM
To: Jessette Phaynarikone
Cc: credentialing@cure4kids.org; dstewart@cure4thekids.org
Subject: Re: MDEG Application - Cure 4 The Kids Foundation - Las Vegas, NV
Attachments: MDEG App- C4K 3.pdf; Untitled attachment 00025.htm; Alliance for Childhood Diseases - NV State Secretary Certificate Good Standing 2-28-2022.pdf; Untitled attachment 00028.htm

Good morning Jessette,

Per my conversation with Mark, no personal history applications are required because the entity is a nonprofit therefore there are owners, stockholders, shareholders, etc.

The certificate was in the package sent but I have included another copy along with the correction on page 3, section 4.

If you are in need of any additional information, please don't hesitate.

Warm Regards,

TiShira Thomas
Credentialing Specialist

Thomas Credentialing & Consulting
Phone: (702) 701-2490
Fax: (702) 537-8787

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ALLIANCE FOR CHILDHOOD DISEASES**, as a DOMESTIC NONPROFIT CORPORATION (82) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/12/2007, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/28/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202202282442630
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE SECRETARY:

RENEE COFFMAN			USA
Name			Country
1 BREAKTHROUGH WAY	LAS VEGAS	NV	89135
Address	City	State	Zip/Postal Code

CORPORATION, INDICATE THE TREASURER:

DAVID LEAKE			USA
Name			Country
1 BREAKTHROUGH WAY	LAS VEGAS	NV	89135
Address	City	State	Zip/Postal Code

CORPORATION, INDICATE THE DIRECTOR:

FARHAN NAQVI			USA
Name			Country
1 BREAKTHROUGH WAY	LAS VEGAS	NV	89135
Address	City	State	Zip/Postal Code

CORPORATION, INDICATE THE FOUNDER & CHIEF EXECUTIVE OFFICER:

ANNETTE L LOGAN-PARKER			USA
Name			Country
1 BREAKTHROUGH WAY	Las Vegas	NV	89135
Address	City	State	Zip/Postal Code

CORPORATION, INDICATE THE DIRECTOR:

CORY FREY			USA
Name			Country
1 BREAKTHROUGH WAY	LAS VEGAS	NV	89135
Address	City	State	Zip/Postal Code

CORPORATION, INDICATE THE PRESIDENT:

Christine Tonn			USA
Name			Country
1 Breakthrough Way	Las Vegas	NV	89135
Address	City	State	Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Christine Tonn

Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

President	02/24/2022
Title	Date

ALLIFOR-03 TYLERT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/8/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0E67768
Insurance Office of America
8337 W. Sunset Road
Suite 290
Las Vegas, NV 89113

CONTACT NAME: Toni Tyler
PHONE (A/C, No, Ext): (805) 364-6178 FAX (A/C, No):
E-MAIL ADDRESS: Toni.Tyler@ioausa.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Insurance Company	18058
INSURER B : Sequoia Insurance Company	22985
INSURER C : National Fire & Marine Insurance Company	20079
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Alliance for Childhood Diseases
dba Cure 4 The Kids Foundation
1 Breakthrough Way
Las Vegas, NV 89135

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$	1,000,000
	CLAIMS-MADE X OCCUR			PHPK2481634	11/19/2022	11/19/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	$	100,000
							MED EXP (Any one person)	$	
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	2,000,000
	OTHER:							$	
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
	ANY AUTO			PHPK2481634	11/19/2022	11/19/2023	BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
A	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$	5,000,000
	EXCESS LIAB CLAIMS-MADE			PHUB838219	11/19/2022	11/19/2023	AGGREGATE	$	5,000,000
	DED X RETENTION $ 10,000							$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						X PER STATUTE OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A		QWC1246913	11/19/2022	11/19/2023	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Malpractice			HN031497	11/19/2022	11/19/2023	Each Occurrence		1,000,000
C	Malpractice			HN031497	11/19/2022	11/19/2023	Aggregate		3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Evidence of Insurance
*Subject to policy terms, conditions & exclusions.

Malpractice deductible: $0

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

Whom it May Concern

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: ALLIFOR-03 TYLERT

LOC #: 1

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	License # 0E67768	NAMED INSURED
Insurance Office of America		Alliance for Childhood Diseases dba Cure 4 The Kids Foundation 1 Breakthrough Way Las Vegas, NV 89135 Clark
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
Nicola Longo, MD - Retro Date: 06/14/2012
Joseph Lasky, MD - Retro Date: 06/18/2017
Waseem Alhushki, MD - Retro Date: 08/26/2013
Danielle Bello, PhD
Jennifer Buitrago, APRN
Sally Basta, DPT
Sumit Gupta, MD - Retro Date: 07/01/2021
Amy Cruickshank, DO - Retro Date: 05/17/2021
Aimee Foord, DO - Retro Date: 01/03/2022
Zachary Shaver, DPT - Retro Date: 02/21/2022
Jessica Casey, DNP - Retro Date: 08/08/2022
Alan Ikeda, MD - Retro Date: 08/06/2010

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Alliance for Childhood Diseases dba Cure 4 The Kids Foundation MDEG License # (if applicable) _____

Physical Address 1 Breakthrough Way

City Las Vegas State NV Zip 89135

Mailing Address (if different from physical address) 10170 W. Tropicana Ave., #156-252

City Las Vegas State NV Zip 89147

Telephone 702-732-1493 Website www.cure4thekids.org

Licensing Company Email tishira@thomascredentialing.com

Section 2: Personal Information

First David Middle Grant Last Stewart, Jr.

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] W. Tropicana Ave., # [redacted]

City Las Vegas State NV Zip 89147

Telephone [redacted] Email dstewart@cure4thekids.org

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Univerity of Texas Medical Branch Hospital		07/00- 06/04	
Address	**City**	**State**	**Zip**
301 University Blvd.	Galveston	TX	77555
Diploma/Degree obtained, if any			
Orthopedic Surgery Residency			
School Name		**From - To (MM/YY – MM/YY)**	
University of Colorado School of Medicine		08/95- 05/99	
Address	**City**	**State**	**Zip**
13121 E. 17th Place	Aurora	CO	80045
Diploma/Degree obtained, if any			
Medical Doctor			
School Name		**From - To (MM/YY – MM/YY)**	
Brigham Young University		08/91- 04/95	
Address	**City**	**State**	**Zip**
BYU Records Office B-150ASB	Provo	UT	84602
Diploma/Degree obtained, if any			
Bachelor's of Science			
School Name		**From - To (MM/YY – MM/YY)**	
Old Mill High School		09/86- 06/90	
Address	**City**	**State**	**Zip**
600 Patriot Lane	Meillersville	MD	21108
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/12- present	[redacted]Belfast St	Henderson	NV	89015
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Alliance for Childhood Diseases dba Cure 4 The Kids Foundation			05/22- present	
Business Address		**City**	**State**	**Zip**
1 Breakthrough Way		Las Vegas	NV	89135
Phone	**Title**		**Number of Employed Hours**	
702-732-1493	Medical Doctor		1700	
Description of Duties				
To diagnose and treat othopedic diseases and disorders in children by splinting, casting and/or surgical interventions and to provide follow up care that may include but is not limited to orthotic device placement.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

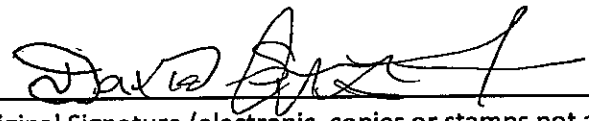
Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. **Provide all the following *<u>where applicable</u>*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

1/25/2023

Date

I, David G. Stewart, Jr. MD, **certify that as the MDEG Administrator for**

Alliance for Childhood Diseases dba Cure 4 The Kids Foundation,

that I (initial that you have read and meet the following requirements):

1. ____ Have a high school diploma or its equivalent;
2. ____ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ____ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ____ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David G. Stewart, Jr.
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/25/2023
Date

Board Use Only	Date Received: 2-7-23

4NN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☒ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: EPIQ SCRIPTS

Physical Address: 465 W PRESIDENT GEORGE BUSH HWY, SUITE 240

City: RICHARDSON State: TX Zip: 75080

Mailing Address (if different from physical address): 465 W PRESIDENT GEORGE BUSH HWY, SUITE 240

City: RICHARDSON State: TX Zip: 75080

Telephone: 469-372-5398 Toll Free # (NAC 639.708, NRS 639.23286): 833-654-3553

Fax: 888-522-6059 Contact Email: admin@epiqscripts.com

Website: www.epiqscripts.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): JOHN HELFRICH TX - 32260

Supervising/Managing Pharmacist NV Pharmacist Registration #: JOHN HELFRICH NV - 22964 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: JOHN HELFRICH	NV Pharmacist Registration #: 22964
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.		

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: EPIQ SCRIPTS LLC

Mailing Address: 465 W PRESIDENT GEORGE BUSH HWY, SUITE 240

City: RICHARDSON State: TX Zip: 75080

Telephone: 888-522-6059 Email: admin@epiqscripts.com

Contact Person Name: MAJA MATTHEWS

Please check type of partnership (NAC 639.214) ☐ General ☑ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☑ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the OWNER / DIRECTOR (title) for EPIQ SCRIPTS (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

MAJA MATTHEWS

Print Name of Authorized Person

Maja Matthews

Original signature of Authorized Person (copies or stamps not accepted)

12/4/2022

Date

Subscribed and sworn TO
Before me, a notary public this 4th day
of December, 2022

Madison McClure

NOTARY PUBLIC STATE OF TEXAS
Madison McClure
My Commission Expires
07/14/2024
ID No. 12826406[illegible]

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, MAJA MATTHEWS hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the OWNER / DIRECTOR (title) for EPIQ SCRIPTS (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Maja Matthews
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 4TH day of DECEMBER, 20 22

Madison McClure
Notary Public

NOTARY PUBLIC STATE OF TEXAS
Madison McClure
My Commission Expires
07/14/2024
ID No. 128264064

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MAJA MATTHEWS

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

12/4/2022

Date

Board Use Only	Date Received: _____	Amount: 500 ck 1177

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *EPIQ SCRIPTS* License Number:

Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Pre-Inspection*

Date: *05/26/2022* Arrival Time: *10:00 AM* Departure Time: *10:45 AM*

Action Taken: *Pre-Inspection*

General Comments:

The following items were discussed during the pre-inspection:
-Requirements of TSBP Rule 291.11 and Section 565.0591 of the Pharmacy Act regarding the operation of a pharmacy within 6 months of becoming licensed
-Corresponding responsibility and the red flags checklist from the Texas Controlled Substances Act and TSBP Rules 291.29 and 29.4(b)
-Completion of an initial/opening inventory of controlled substances on the first day of business
-Requirement to report all controlled substances dispensed to PMP

Pre-Inspection Checklist

1. The prescription department has adequate space for the size and scope of the pharmaceutical services provided by the pharmacy.	*Yes*
2. Fixtures (i.e. shelving, countertops, etc.) for the storage of drugs, equipment, and supplies necessary to operate a pharmacy are installed.	*Yes*
3. Electrical supply exists.	*Yes*
4. A sink with hot and cold running water available exclusive of the restroom facilities.	*Yes*
5. Pharmacy arranged in an orderly fashion and kept clean.	*Yes*
6. The prescription department is complete and contains the following required equipment and supplies including, but not limited to:	*Yes*
6a. data processing system including a printer or comparable equipment;	*Yes*
6b. refrigerator to be maintained within a range compatible with the proper storage of drugs requiring refrigeration;	*Yes*
6c. adequate supply of child-resistant, light-resistant, tight, and, if applicable, glass containers;	*Yes*
6d. adequate supply of prescription labels with name, address, and telephone number of the pharmacy;	*Yes*
6e. appropriate equipment necessary for the proper preparation of prescription drug orders;	*Yes*

6f. metric-apothecary weight and measure conversion charts;	*Yes*
6g. if the pharmacy serves the public, the word "pharmacy" or similar word or symbol, as determined by the board, is displayed in a prominent place on the front of the pharmacy.	*Not Applicable*
7. A reference library is on site and current:	*Yes*
7a. Texas Pharmacy Laws and Regulations (publication year: _____)	*Yes*
Publication Year : *2022*	
7b. Drug Interactions Reference (publication year: _____)	*Yes*
Publication Year : *Online*	
7c. General Information Reference (publication year: _____)	*Yes*
Publication Year : *Online*	
7d. Chapter 795 of the USP/NF concerning Pharmacy Compounding Non-Sterile Preparations (if the pharmacy is compounding non-sterile preparations)	*Yes*
7e. General reference text on veterinary drugs (if the pharmacy dispenses veterinary prescriptions)	*Not Applicable*
7f. Basic Antidote Information and telephone number of the nearest Regional Poison Control Center.	*Yes*
8.If the pharmacy is compounding sterile preparations, the following references are also required:	*Not Applicable*
8a. United States Pharmacopeia/National Formulary or USP Pharmacist's Pharmacopeia containing USP Chapter 797, Pharmaceutical Compounding Sterile Preparations	*Not Applicable*
8b. Chapter 71 of the USP/NF concerning Sterility Tests	*Not Applicable*
8c. Chapter 85 of the USP/NF concerning Bacterial Endotoxins Test	*Not Applicable*
8d. Chapter 1163 of the USP/NF concerning Quality Assurance in Pharmaceutical Compounding	*Not Applicable*
8e. Handbook on Injectable Drugs (publication year: _____)	*Not Applicable*
Publication Year :	
8f. Specialty reference text appropriate for the scope of pharmacy services provided by the pharmacy (e.g., if the pharmacy prepares hazardous drugs, a reference text on the preparation of hazardous drugs)	*Not Applicable*
9. Security Requirements can be met to assure the pharmacy will be locked by key, combination, or other mechanical or electronic means to prohibit unauthorized access when a pharmacist is not on-site.	*Yes*

10. Pharmacy has basic alarm system with the off-site monitoring and perimeter and motion sensors. (Alarm must be activated). *If your city requires an alarm permit, provide a copy of the permit.	*Yes*
11. Written policies and procedures for the pharmacy's security system that meet the requirements of Rule 291.33(b)(2)(E)	*Yes*
12. An area suitable for confidential patient counseling, if the pharmacy serves the general public	*Not Applicable*
13. If compounding sterile preparations, the pharmacy has controlled area that meets the requirements in Rule 291.133 (d)(6)(A) if the pharmacy is compounding low-risk and medium-risk preparations or Rule291.133(d)(6)(B) if high-risk preparations are being compounded.	*Not Applicable*
14. Certified primary engineering control device (e.g., laminar airflow work benches, biological safety cabinets, compounding aseptic isolators, and compounding aseptic containment isolators).	*Not Applicable*
15. Certified clean room(s) (e.g. ante area, buffer area).	*Not Applicable*
Verify Owner/Owner's Representative ID	*Yes*

Name	Title
: *Maya Matthews*	: *Owner*

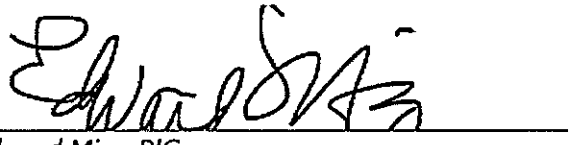
Verify PIC ID	*Yes*

Name	Title
: *Edward Ming*	: *PIC*

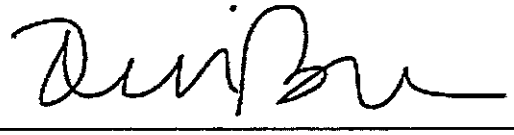
Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



Edward Ming PIC



Terri Burrows

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for EPIQ SCRIPTS LLC (file number 804400997), a Domestic Limited Liability Company (LLC), was filed in this office on January 24, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 12, 2022.

Jose A. Esparza
Deputy Secretary of State

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **34319** Expiration Date: **5/31/2024**

Balances: **2**

EPIQ SCRIPTS
465 W PRESIDENT GEORGE BUSH HWY
STE 240
RICHARDSON TX 75080

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Re:	Epiq Scripts
Address:	465 West President George Bush Highway Suite 240 Richardson, Texas 75080
License No.:	34319
Date Issued:	May 27, 2022
Licensure Status:	Active
Expiration Date:	May 31, 2024
Type of Pharmacy:	Community – Class A
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Epiq Scripts (Texas Pharmacy License #34319) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs

Eamon D. Briggs
Assistant General Counsel
Texas State Board of Pharmacy

August 9, 2022
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

TEXAS STATE BOARD OF PHARMACY

Re:	John S. Helfrich, R.Ph.
License No.:	32260
Date Issued:	December 5, 1990
Licensure Status:	Active
Expiration Date:	May 24, 2024
Granted by:	Reciprocity
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. John S. Helfrich, R.Ph. (Texas Pharmacist License #32260) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs
Assistant General Counsel
Texas State Board of Pharmacy

August 15, 2022
Date

Franchise Tax Account Status

As of : 12/28/2022 16:46:25

This page is valid for most business transactions but is not sufficient for filings with the Secretary of State

EPIQ SCRIPTS LLC

Texas Taxpayer Number	32082832570
Mailing Address	7950 LEGACY DR STE 400 PLANO, TX 75024-4131
Right to Transact Business in Texas	ACTIVE
State of Formation	TX
Effective SOS Registration Date	01/24/2022
Texas SOS File Number	0804400997
Registered Agent Name	AMERICAN INTERNATIONAL HOLDINGS CORP
Registered Office Street Address	7950 LEGACY DRIVE SUITE 400 PLANO, TX 75024

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709

Filing Fee: $300

Certificate of Formation
Limited Liability Company

Filed in the Office of the Secretary of State of Texas
Filing #: 804400997 01/24/2022
Document #: 1113857460003
Image Generated Electronically for Web Filing

Article 1 - Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

EPIQ SCRIPTS LLC

Article 2 – Registered Agent and Registered Office

☑ A. The initial registered agent is an organization (cannot be company named above) by the name of:

American International Holdings Corp

OR

☐ B. The initial registered agent is an individual resident of the state whose name is set forth below:

C. The business address of the registered agent and the registered office address is:

Street Address:
7950 Legacy Drive
Suite 400 Plano TX 75024

Consent of Registered Agent

☐ A. A copy of the consent of registered agent is attached.

OR

☑ B. The consent of the registered agent is maintained by the entity.

Article 3 - Governing Authority

☑ A. The limited liability company is to be managed by managers.

OR

☐ B. The limited liability company will not have managers. Management of the company is reserved to the members.

The names and addresses of the governing persons are set forth below:

Manager 1: **Maja Matthews** Title: **Manager**

Address: **7950 Legacy Drive Suite 400 Plano TX, USA 75024**

Manager 2: **Jacob Cohen** Title: **Manager**

Address: **7950 Legacy Drive Suite 400 Plano TX, USA 75024**

Article 4 - Purpose

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

Supplemental Provisions / Information

[The attached addendum, if any, is incorporated herein by reference.]

Initial Mailing Address

Address to be used by the Comptroller of Public Accounts for purposes of sending tax information.

The initial mailing address of the filing entity is:

7950 Legacy Drive
Suite 400
Plano, TX 75024
USA

Organizer

The name and address of the organizer are set forth below.

Jacob Cohen **7950 Legacy Drive, Suite 400, Plano, TX 75024**

Effectiveness of Filing

☑ A. This document becomes effective when the document is filed by the secretary of state.

OR

☐ B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Jacob D. Cohen

Signature of Organizer

FILING OFFICE COPY

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 07/13/2022
Amount:
License #: 22964

John S. Helfrich

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:07/13/2022
Expires:10/31/2023

John S. Helfrich

License #
22964
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA

STATE BOARD OF PHARMACY

Pharmacist

License Type: Pharmacist
License #: 22964
Effective Date:07/13/2022

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

John S. Helfrich

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

TEXAS STATE BOARD OF PHARMACY
333 Guadalupe St., Suite 3-500
Austin, TX 78701
(512) 305-8000

License Number: 32260
05/31/2024

(Date PDF Version Generated: 06/01/2022)

An up-to-date License Verification is always available on the Board's website:
http://www.pharmacy.texas.gov/

TEXAS STATE BOARD OF PHARMACY

License No.
32260

Expiration Date
05/31/2024

JOHN S. HELFRICH
REGISTERED PHARMACIST

Timothy L. Tucker, Pharm.D.
Executive Director/Secretary

- Pharmacists are required to obtain CE as outlined in Rule 295.8, and are subject to random audits by TSBP.
- Update your address and/or employment through your online account at www.pharmacy.texas.gov.

TEXAS STATE BOARD OF PHARMACY

License No.
32260

Expiration Date
05/31/2024

JOHN S. HELFRICH
REGISTERED PHARMACIST

Timothy L. Tucker, Pharm.D.
Executive Director/Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Epiq Scripts, LLC

Physical Address 465 W. President George Bush Hwy, Suite 240

City Richardson State TX Zip 75080

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 469-372-5398 Website www.EpiqScripts.com

Licensing Company Email maja@epiqscripts.com

Section 2: Personal Information

First Jacob Middle David Last Cohen

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 4131 N. Central Expressway, Suite 900

City Dallas State TX Zip 75204

Telephone [redacted] Email jacob@amihcorp.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✔	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✔	

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Oscar Z Fasman Yeshiva High School		8/93 to 05/97	
Address	**City**	**State**	**Zip**
7135 Carpenter Rd	Skokie	IL	60077
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Brandeis University		08/98 to 05/01	
Address	**City**	**State**	**Zip**
415 South Street	Waltham	MA	02453
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/22 - Present	[redacted] Ryddington Place	Dallas	Tx	75230
10/21 - 10/22	[redacted] Blackburn Street	Dallas	Tx	75204
10/20 - 10/21	[redacted] E Spring Valley Road	Richardson	Tx	75081
10/18 - 10/20	[redacted] E Renner Rd	Richardson	Tx	75082
10/03 - 10/18	[redacted] Glendale Drive	Plano	Tx	75023
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
American International Holdings Corp			04/19 - Present
Business Address	**City**	**State**	**Zip**
4131 N. Central Expressway, Suite 900	Dallas	TX	75204
Phone	**Title**		
214-938-1217	President and CEO		
Description of Duties			
CEO of the parent company			

Business Name			From - To (MM/YY – MM/YY)
Anubis Capital Partners, LLC			08/13 - 02/19
Business Address	**City**	**State**	**Zip**
2550 Midway Rd	Carrollton	TX	75006
Phone	**Title**		
214-938-1217	Manager		
Description of Duties			
Strategic consulting company, acted as principal advisor and manager.			

Business Name			From - To (MM/YY – MM/YY)
Cohen Enterprises, Inc.			11/03 - Present
Business Address	**City**	**State**	**Zip**
19 Ryddington Place	Dallas	TX	75230
Phone	**Title**		
214-938-1217	President and CEO		
Description of Duties			
Strategic consulting and investment company.			

Business Name			From - To (MM/YY – MM/YY)
Ronin Equity Partners, Inc.			06/15 - Present
Business Address	**City**	**State**	**Zip**
19 Ryddington Place	Dallas	TX	75230
Phone	**Title**		
214-938-1217	President and CEO		
Description of Duties			
Strategic consulting and investment company.			

Business Name			From - To (MM/YY – MM/YY)
Mangoceuticals, Inc.			10/21 - Present
Business Address	**City**	**State**	**Zip**
15110 Dallas Parkway, Suite 600	Dallas	TX	75248
Phone	**Title**		
214-938-1217	Chairman and CEO		
Description of Duties			
CEO of the company, oversee all departments and company functions.			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date 12/8/22

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JACOB COHEN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/8/2023

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of DALLAS

I, Jacob Cohen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/8/23

Date

Subscribed and Sworn to before me this 8TH day of FEBRUARY

Notary Public Signature

Madison McClure
My Commission Expires
07/14/2024
ID No. 128264064

(Seal)

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jacob Cohen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/08/2022

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of DALLAS

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/8/22

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Epiq Scripts

Pharmacy/MDEG/Wholesaler License # (if applicable) TX-34319

Physical Address 465 W President George Bush Hwy, Suite 240

City Richardson State Tx Zip 75080

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 469-372-5398 Website www.epiqscripts.com

Licensing Company Email admin@epiqscripts.com

Section 2: Personal Information

First Maja Middle Calvanise Last Matthews

Alias(es, nicknames, name changes, etc.) Maja Lewis

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] President George Bush Hwy # [redacted]

City [redacted] State Tx Zip 75088

Telephone [redacted] Email maja@epiqscripts.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Sulphur Springs High School		1992 to 1996	
Address	**City**	**State**	**Zip**
1200 Connley Street	Sulphur Springs	Tx	75482
Diploma/Degree obtained, if any			
Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2/2022 to Present	[redacted] President George Bush Hwy, #[redacted]	Rowlett	Tx	75088
11/2018 to 2/2022	[redacted] Brooks Trail	Health	Tx	75126
6/2016 to 11/2018	[redacted] Granite Rock Trail	Forney	Tx	75126
2/2015 to 6/2016	[redacted] Granite Rock Trail	Forney	Tx	75126
3/2013 to 2/2015	[redacted] Clear Springs Dr	Forney	Tx	75126
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Epiq Scripts			2022 to Present	
Business Address		**City**	**State**	**Zip**
465 W President George Bush Hwy, suite 240		Rowlett	Tx	75080
Phone	**Title**			
469-372-5398	Director of Business Development			
Description of Duties				
All new business account setup along with all of our licensing and permits				

Business Name			From - To (MM/YY – MM/YY)	
Titan Rx			2018 to 2019	
Business Address		**City**	**State**	**Zip**
8630 LBJ Freeway, suite 215		Dallas	Tx	75243
Phone	**Title**			
Closed 2020	Director of Marketing			
Description of Duties				
Set up all new business accounts and brought new business				

Business Name			From - To (MM/YY – MM/YY)	
The Woodlands Apothecary			2016 to 2019	
Business Address		**City**	**State**	**Zip**
8630 LBJ Freeway, suite 215		Dallas	Tx	75243
Phone	**Title**			
Sold 2019	Director of Marketing			
Description of Duties				
Set up all new accounts and brought new business				

Business Name			From - To (MM/YY – MM/YY)	
American Specialty Pharmacy			2010 to 2016	
Business Address		**City**	**State**	**Zip**
4309 Lemmon Ave		Dallas	Tx	75219
Phone	**Title**			
214-331-4500	Director of Sales and Marketing			
Description of Duties				
Set up all new business acoounts and brought new business				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Maya Mathews
Original Signature (electronic, copies or stamps not accepted)

12/28/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Maja Matthews

Print Name (First, Last)

Maja Matthews — 12/28/22

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of DALLAS

I, MAJA MATTHEWS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Maja Matthews — 12/28/22

Original Signature — **Date**

Subscribed and Sworn to before me this 28TH day of December.

Madison McClure

Notary Public Signature

NOTARY PUBLIC STATE OF TEXAS
Madison McClure
My Commission Expires
07/14/2024
ID No. 128264064

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler EPIQ SCRIPTS

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 465 WEST GEORGE BUSH HWY STE 240

City RICHARDSON State TX Zip 75080

Mailing Address (if different from physical address) SAME AS ABOVE

City _____ State _____ Zip _____

Telephone 833-654-3553 Website www.epiqscripts.com

Licensing Company Email admin@epiqscripts.com

Section 2: Personal Information

First MAJA Middle C Last MATTHEWS

Alias(es, nicknames, name changes, etc.) MAJA LEWIS

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] PRESIDENT GEORGE BUSH HWY #[redacted]

City ROWLETT State TX Zip 75088

Telephone [redacted] Email maja@epiqscripts.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
SULPHUR SPRINGS HIGH SCHOOL		08/92 TO 05/96	
Address	**City**	**State**	**Zip**
1200 CONNALLY STREET	SULPHUR SPRINGS	TX	75482
Diploma/Degree obtained, if any			
DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/20 TO PRESENT	[redacted] PRESIDENT GEORGE BUSH # [redacted]	ROWLETT	TX	75088
10/18 TO 02/20	[redacted] BROOKS TRAIL	HEATH	TX	75126
03/16 TO 10/18	[redacted]GRANITE ROCK TRAIL	FORNEY	TX	75126
12/14 TO 03/16	[redacted]GRANITE ROCK TRAIL	FORNEY	TX	75126
08/12 TO 12/14	[redacted]CLEAR SPRINGS DR	FORNEY	TX	75126
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
EPIQ SCRIPTS			02/22 TO PRESENT
Business Address	**City**	**State**	**Zip**
465 W PRESIDENT GEORGE BUSH HWY #240	RICHARDSON	TX	75080
Phone	**Title**	**Number of Employed Hours**	
469-372-5398	DIRECTOR OF BUSINESS DEVELOPMENT	1900	
Description of Duties			
OUT OF STATE LICENSES, CREDENTIALING SPECIALIST, HIRING, OVERSEEING TECHS, INVENTORY SPECIALIST, COMPLIANCE			

Business Name			From - To (MM/YY – MM/YY)
TITAN RX			04/18 TO 12/19
Business Address	**City**	**State**	**Zip**
8360 LBJ FREEWAY #230	DALLAS	TX	75243
Phone	**Title**	**Number of Employed Hours**	
469-518-8511	CO-FOUNDER / DIRECTOR OF MARKETING	5500	
Description of Duties			
CREDENTIALING SPECIALIST, HIRING, OVERSEEING TECHS, COMPLIANCE, INVENTORY SPECIALIST			

Business Name			From - To (MM/YY – MM/YY)
THE WOODLAND APOTHACARY			10/16 TO 12/19
Business Address	**City**	**State**	**Zip**
8360 LBJ FREEWAY #215	DALLAS	TX	75243
Phone	**Title**	**Number of Employed Hours**	
844-732-3280	CO-FOUNDER / TECH / DIRECTOR OF OPERATIONS	5500	
Description of Duties			
HIRING, OVERSEEING TECHS, INVENTORY SPECIALIST, COMPLIANCE, TECHNICIAN DUTIES FILLING RX/ CALLING PATIENTS/ CREATING SHIPPING LABELS ECT			

Business Name			From - To (MM/YY – MM/YY)
AMERICAN SPECIALTY PHARMACY			01/10 TO 12/16
Business Address	**City**	**State**	**Zip**
2743 W 15TH STREET	PLANO	TX	75075
Phone	**Title**	**Number of Employed Hours**	
214-919-2090	DIRECTOR OF OPERATIONS / TECH	11520	
Description of Duties			
I HAD 106 TECHS THAT WORKED UNDER ME. I WAS THE MAIN CONTACT FOR ALL OUR BIG PHARMA ACCOUNTS, ADJUDIATION, CALLING PATIENTS, INVENTORY, COMPLIANCE, YOU NAME IT I DID IT.			

Business Name			From - To (MM/YY – MM/YY)
CVS			08/99 TO 11/10
Business Address	**City**	**State**	**Zip**
1870 W MOORE AVE	TERRELL	TX	75160
Phone	**Title**	**Number of Employed Hours**	
972-563-7636	TRAINING TECH	21120	
Description of Duties			
I WAS RESPONSIBLE FOR GOING STORE TO STORE TO TRAIN TECHS ON INVENTORY, SOFTWARE, COMPLIANCE, ALSO LOSS PREVENTION WOULD SEND ME TO STORES THEY KNEW HAD ISSUES.			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Maya Matthews
Original Signature (electronic, copies or stamps not accepted)

2/8/2023
Date

I, MAJA MATTHEWS, **certify that as the designated representative for**

EPIQ SCRIPTS,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. YES I am at least 21 years of age;
3. YES I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. YES I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. YES I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. YES I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. YES I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

MAJA MATTHEWS

Print Name (First, Last)

Maja Matthews

Original Signature (electronic, copies or stamps not accepted)

2/8/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MAJA MATTHEWS

Print Name (First, Last)

Maja Matthews

Original Signature (electronic, copies or stamps not accepted)

2/8/2023

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of DALLAS

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Maja Matthews

Original Signature

2/8/23

Date

Subscribed and Sworn to before me this 8TH day of FEBRUARY 2023

Melissa Mclure

Notary Public Signature

NOTARY PUBLIC STATE OF TEXAS
Madison McClure
My Commission Expires
07/14/2024
ID No. 128264064

(Seal)

400

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ New Pharmacy	☒ Retail/Community	☐ Retail/Community
☒ Out-of-State	☐ Ownership Change*	☐ Hospital (# beds _____)	☒ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	☐ Mail-Order Service
		☐ Other:	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: EXPERT COMPOUNDING PHARMACY, INC

Physical Address: 6744 Balboa Blvd

City: Lake Balboa State: CA Zip: 91406

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 818-988-7979 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 818-787-7256 Contact Email: info@expertpharmacy.org

Website: EXPERTPHARMACY.ORG

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Alexander Semis- Supervising Pharmacist (Nevada)/ Dana Madievsky- PIC (CA)

Supervising/Managing Pharmacist NV Pharmacist Registration #: Alexander Semis-NV Lic # 21115

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Alexander Semis	NV Pharmacist Registration #: 21115
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	x	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.		

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: DANA MADIEVSKY

Business Name: EXPERT COMPOUNDING PHARMACY, INC

Business Address: 6744 Balboa Blvd

City: Lake Balboa State: CA Zip: 91406

Telephone: 818-988-7979 Email: info@expertpharmacy.org

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the OWNER/PIC (title) for EXPERT COMPOUNDING PHARMACY, INC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

DANA MADIEVSKY

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

08/23/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, DANA MADIEVSKY hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the OWNER/PIC (title) for EXPERT COMPOUNDING PHARMACY, INC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

Notary Public

State of California
County of Los Angeles

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

NAZARET JAREKIAN
COMM# 2311707
Notary Public - California
Los Angeles County
My comm. Expires NOV 7, 2023

Subscribed and sworn to (or affirmed) before me
on this 30th day of August, 2022,
by Dana Madievsky,
proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me

Signature

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: N/A Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	N/A
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	N/A
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	N/A

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

DANA MADIEVSKY

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

D Madievsky

Original signature of Authorized Person (copies or stamps not accepted)

08/23/2023

Date

Board Use Only	Date Received: 8-31-22	Amount: 500.00 CK-2357 ✓

NEVADA- Appendix #1

Officers: Dana Madievsky-Owner/Pharmacist in charge

Stockholders: Dana Madievsky- 100%

Dana Madievsky, RPh

Signature

Date: 08/23/2022

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

May 11, 2021

Dana Madievsky
6744 Balboa Blvd
Lake Balboa CA 91406

RE: AC 5059

Dear Dana Madievsky:

This letter is in regard to the above referenced administrative case and the status of the pharmacist license for Dana Madievsky, RPH 48684. Effective May 12; 2016 your pharmacists license was placed on probation for a period of five years with certain terms and conditions.

The Board is pleased to inform you that, upon review of the terms and conditions of your probation, probation has been successfully completed, effective May 11, 2021. Therefore, the probationary period has been terminated and your pharmacist license has been fully restored.

Please be advised that this disciplinary action will remain as part of your license history, which is public information.

If you have any questions, please do not hesitate to contact your probation analyst at (916) 518-3030 or BOPProbation@dca.ca.gov.

Sincerely,

Anne Sodergren
Executive Officer

By Brenda Griffith

Brenda Griffith
Probation Analyst

Board of Pharmacy
2720 Gateway Oaks Drive,
Suite 100
Sacramento, CA 95833
(916) 518-3100

REGISTERED PHARMACIST

LICENSE NO. RPH 48684 EXPIRATION 07/31/23

DANA MADIEVSKY
6744 BALBOA BLVD
LAKE BALBOA CA 91406

Signature DMadievsky

RECEIPT NO.
11752057

BOARD OF PHARMACY

LICENSING DETAILS FOR: RPH 48684

NAME: MADIEVSKY, DANA

LICENSE TYPE: REGISTERED PHARMACIST

LICENSE STATUS: CLEAR ◆ PRIOR DISCIPLINARY ACTION

ISSUANCE DATE

APRIL 23, 1996

EXPIRATION DATE

JULY 31, 2023

CURRENT DATE / TIME

AUGUST 25, 2022
6:1:3 PM

CLEAR - A "CLEAR" LICENSE ENTITLES THE INDIVIDUAL OR FIRM TO PERFORM ALL DUTIES AUTHORIZED TO THE SPECIFIC TYPE OF LICENSE, UNLESS (1) A PHARMACIST HAS RENEWED HIS OR HER LICENSE ON INACTIVE STATUS, OR (2) UNLESS THE LICENSE HAS BEEN RESTRICTED BY A DISCIPLINARY ORDER OF THE BOARD. WHEN THE WORD "PROBATION" APPEARS UNDER "CLEAR" BOARD DISCIPLINARY RESTRICTIONS ARE LISTED AT THE BOTTOM OF THE SCREEN.
PRIOR DISCIPLINARY ACTION - THE LICENSEE HAS PRIOR DISCIPLINARY ACTION. FOR FURTHER INFORMATION PLEASE CONTACT THE BOARD.

SECONDARY STATUS: PROBATION TERMINATED/COMPLETED

PROBATION TERMINATED/COMPLETED - PROBATION HAS BEEN COMPLETED OR TERMINATED BY BOARD APPROVAL.

ADDRESS NOT DISCLOSED

PUBLIC RECORDS

› DISCIPLINARY ACTIONS (1)

DISCLAIMER: DISCIPLINARY ACTIONS

DESCRIPTION: CURRENT WEB SITE INFORMATION ON BOARD OF PHARMACY DISCIPLINARY ACTIONS ONLY GOES AS FAR BACK AS *JANUARY 1998* FOLLOWING THE EFFECTIVE DATE OF THE DISCIPLINARY PENALTY.
DISCIPLINARY ACTIONS RENDERED BY THE BOARD AND PENALTIES IMPOSED BECOME OPERATIVE ON THE EFFECTIVE DATE OF THE ACTION EXCEPT IN SITUATIONS WHERE THE LICENSEE OBTAINS A COURT-ORDERED STAY THROUGH THE APPEAL PROCESS. THIS MAY OCCUR AFTER THE PUBLICATION OF THE INFORMATION ON THIS WEBSITE.

TO OBTAIN INFORMATION PRIOR TO JANUARY 1998 OR FOR INFORMATION ON SPECIFIC DISCIPLINE LISTED SUBMIT A WRITTEN REQUEST TO THE *STATE BOARD OF PHARMACY, 2720 GATEWAY OAKS DRIVE, SUITE 100, SACRAMENTO, CA 95833, ATTENTION PUBLIC RECORDS DESK.*

PUBLIC DISCLOSURES:

- **CASE NUMBER:** AC201300505900
- **EFFECTIVE DATE OF ACTION:** MAY 12, 2016
- **DESCRIPTION OF ACTION:** BY BOARD DECISION: THE LICENSE IS REVOKED, REVOCATION STAYED, AND PLACED ON PROBATION FOR 5 YEARS SUBJECT TO THE TERMS AND CONDITIONS IN THE DECISION.

PUBLIC DOCUMENTS

› DOCUMENTS (1)

CASE NUMBER: AC201300505900 **DOCUMENT:** LINK

LICENSE RELATIONSHIPS

NAME: EXPERT COMPOUNDING PHARMACY INC
LICENSE/REGISTRATION TYPE: PHARMACY (COMMUNITY)
LICENSE NUMBER: 50124 **PRIMARY STATUS:** CLEAR

ADDRESS :
6744 BALBOA BLVD
LAKE BALBOA CA 91406-5532
LOS ANGELES COUNTY

Business Search

The California Business Search provides access to available information for corporations, limited liability companies and limited partnerships of record with the California Secretary of State, with free PDF copies of over 17 million imaged business entity documents, including the most recent imaged Statements of Information filed for Corporations and Limited Liability Companies.

Currently, information for Limited Liability Partnerships (e.g. law firms, architecture firms, engineering firms, public accountancy firms, and land survey firms), General Partnerships, and other entity types are not contained in the California Business Search. If you wish to obtain information about LLPs and GPs, submit a Business Entities Order paper form to request copies of filings for these entity types. Note: This search is not intended to serve as a name reservation search. To reserve an entity name, select Forms on the left panel and select Entity Name Reservation ? Corporation, LLC, LP.

Basic Search

A Basic search can be performed using an entity name or entity number. When conducting a search by an entity number, where applicable, remove "C" from the entity number. Note, a basic search will search only ACTIVE entities (Corporations, Limited Liability Companies, Limited Partnerships, Cooperatives, Name Reservations, Foreign Name Reservations, Unincorporated Common Interest Developments, and Out of State Associations). The basic search performs a contains ?keyword? search. The Advanced search

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EXPERT COMPOUNDING PHARMACY, INC. (3067148)

Request Certificate

Initial Filing Date	10/29/2007
Status	Active
Standing - SOS	Good
Standing - FTB	Good
Standing - Agent	Good
Standing - VCFCF	Good
Formed In	CALIFORNIA
Entity Type	Stock Corporation - CA - General
Principal Address	6744 BALBOA BLVD. LAKE BALBOA, CA 91406
Mailing Address	6744 BALBOA BLVD. LAKE BALBOA, CA 91406
Statement of Info Due Date	10/31/2022
Agent	Individual 2046648 DANA MADIEVSKY 6744 BALBOA BLVD LAKE BALBOA, CA 91406

View History

Request Access

California
Secretary of State

Business UCC

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Advanced Search

An Advanced search is required when searching for publicly traded disclosure information or a status other than active.

An Advanced search allows far searching by specific entity types (e.g., Nonprofit Mutual Benefit Carparation) ar by entity groups (e.g., All Corporations) as well as searching by ?begins with? specific search criteria.

Disclaimer: Search results are limited to the 500 entities closest matching the entered search criteria. If your desired search result is not found within the 500 entities provided, please refine the search criteria using the Advonced seorch function for additional results/entities. The California Business Search is updated as documents are approved. The data provided is not a complete or certified record.

Although every attempt hos been made to ensure that the information contained in the database is accurate, the Secretary of State's office is not responsible for any loss, consequence, or damage resulting directly or indirectly from relionce on the accuracy, reliability, or timeliness of the information that is provided. All such information is provided "as is." To order certified copies or certificates of status, (1) locote an entity using the search; (2)select Request Certificate in the right-hand detail drawer; and (3) complete your request online.

expert compou

Advanced

Results: 1

Entity Information	Initial Filing Date	Status	Entity Type	Formed In	Agent

EXPERT COMPOUNDING PHARMACY, INC. (3067148)

Request Certificate

Initial Filing Date	10/29/2007
Status	Active
Standing - SOS	Good
Standing - FTB	Good
Standing - Agent	Good
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View History

Request Access

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Secretary of State

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EXPERT COMPOUNDING PHARMACY, INC. (3067148) > 10/29/2007 Ac

EXPERT COMPOUNDING PHARMACY, INC. (3067148)

Request Certificate

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Standing - SOS	Good
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Mailing Address	6744 BALBOA BLVD. LAKE BALBOA, CA 91406
Statement of Info Due Date	10/31/2022
Agent	Individual 2046648 DANA MADIEVSKY 6744 BALBOA BLVD LAKE BALBOA, CA 91406

View History

Request Access

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BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 50124

NAME: EXPERT COMPOUNDING PHARMACY INC

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

6744 BALBOA BLVD
LAKE BALBOA CA 91406-5532
LOS ANGELES COUNTY

ISSUANCE DATE

NOVEMBER 2, 2009

EXPIRATION DATE

NOVEMBER 1, 2023

CURRENT DATE / TIME

NOVEMBER 8, 2022
11:1:27 AM

LICENSE RELATIONSHIPS

NAME: MADIEVSKY, DANA

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 48684 **PRIMARY STATUS:** CLEAR
◆ PRIOR DISCIPLINARY ACTION ◆ PROBATION TERMINATED/COMPLETED

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FE1742382	08-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	07-06-2021

EXPERT COMPOUNDING PHARMACY, INC.
6744 BALBOA BLVD
LAKE BALBOA, CA 91406-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FE1742382	08-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	07-06-2021

EXPERT COMPOUNDING PHARMACY, INC.
6744 BALBOA BLVD
LAKE BALBOA, CA 91406-0000

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 11/12/2019 Inspector: Katherine Sill

Firm: EXPERT COMPOUNDING PHARMACY INC Phone: (818) 988-7979

Address: 6744 BALBOA BLVD City: LAKE BALBOA Zip: 914065532

Ownership: CORPORATION

Permit #: PHY50124 Permit Exp: 11/1/2020 DEA#: FE1742382 DEA Exp: 8/31/2021

Date of Self Assessment Form: 6/28/2019 Other Permit #: N/A Date of DEA Inventory: 1/24/2019

Hours M-F: 830am-430pm Hours Saturday closed Hours Sunday: closed

PIC DANA MADIEVSKY RPH48684 Administrator

RPH Consultant OSCAR TELLO RPH78779

Staff RPH Name:	License #:	Staff Name:	License #:
ELAINE BLIEDEN	RPH40537	CESAR RANGEL	TCH34582
ROGER G SALAH	RPH23363	DESTINEE CONTRERAS	CLERK
PIERRE P NARVADES	RPH46866	GUILLERMO SEGURA	TCH118275
CARLA BLIEDEN	RPH62827	HECTOR J GONZALEZ	TCH42775
RUTH M MADIEVSKY	RPH77415	TRACY A SHUTTLEWORTH	TCH29475

Inspector Remarks:

Routine Inspection (2 RPH/3TCH) (30%N/70%R)

Independent Retail Pharmacy Filling ~ 200 Rx/week, >99% compounded non sterile products of which ~ 50% are hormones (Not identified by PIC as hazardous)

- Only dispensing in CA /Provides delivery/Notice for right of consultation provided
- No CII ; minimal CS powders for compounding only
- Offsite storage waiver #227294- Records kept in upstairs loft
- Consultant O. Tello approved 8/30/19 here 9/9/2019

Compounding

- Remodel of non sterile compounding area complete:
  Negative room pressure -0.012" (hormones) but not HD
  Compounding by PIC Madievsky or RPH Blieden only
  Masterformulas/Logs per PCCA & Letco.
  Garbing items present
  Compounding P&P in place and reviewed annually (6/27/19)
  Training
  Quantitative Analysis: Eagle Sample# 2019-09271-01 liothyroxine WNL (92%) dated 4/9/19

CRS 9/132019:

- Room : Pass/ Fume Hood #300 Pass/Air Change Pass

Balances/Scales certified by Watson Bros. 8/5/19

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

• Minimal Office Use : P&P reflecting CCR 1735.2(c) in place and reviewed

The following were reviewed: , Expiration date of drug inventory, Self Assessments (Community and 2016 compounding), Refill Log with RPH identifiers & Daily Report, Shredding Security, Refrigerator temperature, Interpretive language signage, Prescriptions, Patient Consultations, CURES, PDMP log in, Notice to Consumer Poster, Doctor Office Order form, Wholesalers: PCCA, Medisca, Letco, H.D. Smith, Spectrum & Fargon. Reverse: Waste Management. Inventory check for expired meds conducted Q2M per PIC.

Phone(310) 710-8396/ Fax (949)-858-8008 katherine.sill@dca.ca.gov: email

Licensee Remarks:

. have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____
Pharmacist (print) Dana MADIEVSky

Inspector (sign) Katherine Sill
Inspector (print) Katherine Sill

Owner(sign) _____
Owner(print) Dana MADIEVSky

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Renewal Certificate

Retail Pharmacy Permit

LICENSE NO. PHY 50124
RECEIPT NO. 12520481

VALID UNTIL NOVEMBER 01, 2022

EXPERT COMPOUNDING PHARMACY INC
6744 BALBOA BLVD
LAKE BALBOA CA 91406-5532

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

09/13/21
09/13/21 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHPHY (09/30/19) PHY

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 50124

NAME: EXPERT COMPOUNDING PHARMACY INC

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

6744 BALBOA BLVD
LAKE BALBOA CA 91406-5532
LOS ANGELES COUNTY

ISSUANCE DATE

NOVEMBER 2, 2009

EXPIRATION DATE

NOVEMBER 1, 2022

CURRENT DATE / TIME

AUGUST 25, 2022
6:14:1 PM

LICENSE RELATIONSHIPS

NAME: MADIEVSKY, DANA

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 48684 **PRIMARY STATUS:** CLEAR

❖ PRIOR DISCIPLINARY ACTION ❖ PROBATION TERMINATED/COMPLETED

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Expert Compounding Pharmacy, Inc

Pharmacy/MDEG/Wholesaler License # (if applicable): PHY # 50124

Physical Address: 6744 Balboa Blvd

City: Lake Balboa State: CA Zip: 91406

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 818-988-7979 Website: expertpharmacy.org

Licensing Company Email: info@expertpharmacy.org

Section 2: Personal Information

First: Dana Middle: Last: Madievsky

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: 6744 Balboa Blvd

City: Lake Balboa State: CA Zip: 91406

Telephone: [redacted] Email: dana@expertpharmacy.org

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
High School # 50		09/84 06/86	
Address	City	State	Zip
Dacia Blvd, 45A	Chisinau	Moldova	
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Nicolae Testemițanu State University of Medicine and Pharmacy		09/87 - 06/92	
Address	City	State	Zip
Stefan cel Mare si Sfant Boulevard 165	Chisinau	Moldova	2004
Diploma/Degree obtained, if any			
Master Degree in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Expert Compounding Pharmacy, Inc			11/09 to present
Business Address	**City**	**State**	**Zip**
6744 Balboa Blvd	Lake Balboa	CA	91406
Phone	**Title**		
818-988-7979	Pharmacist in Charge/ Owner		

Description of Duties

Performing all duties of the compounding pharmacist: compounding, filling, filing prescriptions, supervising technicians and clerks, consulting patients, Rx verifications, taking orders from doctors, ordering of pharmaceutical ingredients& more

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
April 15th, 2016	April 15th, 2016	CA	Cerritos	LA
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
5059		Ca Board of Pharmacy		
Reason/Charge				
Probation decision terms and conditions discussion				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Dana Madievsky		Probation terms discussion		
Name of Business/Industry/Entity				
CA Board of Pharmacy				

Provide explanation below:

I, Dana Madievsky, appeared in front of the CA Board of Pharmacy probation committee to discuss and accept the terms and conditions of my probation.
I also met with Board of Pharmacy inspector Katherine Sill, who was my probation supervising inspector.

Original Signature (electronic, copies or stamps not accepted)

08/23/2022
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

08/23/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dana Madievsky

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/23/2022 / 8/30/2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, DANA MADIEVSKY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/30/2022

Date

State of California
County of Los Angeles

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Subscribed and sworn to (or affirmed) before me on this 30th day of August, 2022, by Dana Madievsky proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me

Signature

NAZARET JAREKIAN
COMM# 2311707
Notary Public - California
Los Angeles County
My comm. Expires NOV 7, 2023

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

4

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Expert Compounding Pharmacy, Inc

Pharmacy/Wholesaler License # (if applicable): PHY 50124

Physical Address: 6744 Balboa Blvd

City: Lake Balboa State: CA Zip: 91406

Mailing Address (if different from physical address): same as above

City: State: Zip:

Telephone: 818-988-7979 Website: expertpharmacy.org

Licensing Company Email: info@expertpharmacy.org

Section 2: Personal Information

First: Dana Middle: Last: Madievsky

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: 6744 Balboa Blvd

City: Lake Balboa State: CA Zip: 91406

Telephone: [redacted] Email: Dana@expertpharmacy.org

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
High School # 50		09/84 to 06/86	
Address	City	State	Zip
Dacia Blvd, 45A	Chisinau	Moldova	
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Nicolae Testemițanu State University of Medicine and Pharmacy		09/87 to 06/92	
Address	City	State	Zip
Stefan cel Mare si Sfant Boulevard 165	Chisinau	Moldova	2004
Diploma/Degree obtained, if any			
Master Degree in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Expert Compounding Pharmacy, Inc			11/09 to present	
Business Address		**City**	**State**	**Zip**
6744 Balboa Blvd		Lake Balboa	CA	91406
Phone	**Title**		**Number of Employed Hours**	
818-988-7979	Pharmacist in Charge/ Owner		32 hours per week	
Description of Duties				
Performing all duties of the compounding pharmacist: compounding, filling, filing prescriptions, supervising technicians and clerks, consulting patients, Rx verifications, taking orders from doctors, ordering of pharmaceutical ingredients& more				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
April 15th, 2016	April 15th, 2016	CA	Cerritos	LA

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
5059	CA Board of Pharmacy

Reason/Charge
To discuss probation terms and conditions

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Dana Madievsky	Probation terms discussion

Name of Business/Industry/Entity
CA Board of Pharmacy

Provide explanation below:

I, Dana Madievsky, appeared in front of the CA Board of Pharmacy probation committee to discuss and accept the terms and conditions of my probation.
I also met with Board of Pharmacy inspector Katherine Sill, who was my probation supervising inspector.

Original Signature (electronic, copies or stamps not accepted)

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

08/23/2022
Date

I, Dana Madievsky, **certify that as the designated representative for**

Expert Compounding Pharmacy, Inc,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DM I am at least 21 years of age;
3. DM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Dana Madievsky

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/23/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dana Madievsky
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/23/2022 / 08/30/2022
Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Dana Madievsky, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

08/30/2022
Date

State of California
County of Los Angeles

Subscribed and Sworn to before me this _____ day of _____.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfullness, accuracy, or validity of that document.

Notary Public Signature

Subscribed and sworn to (or affirmed) before me on this 30th day of August, 2022, by Dana Madievsky proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me

NAZARET JAREKIAN
COMM# 2311707
Notary Public - California
Los Angeles County
My comm. Expires NOV 7, 2023

(Seal)

Signature

NEVADA- Appendix # 2

STATEMENT OF EXPLANATIONS:

I, Dana Madievsky, registered pharmacist in California, License # 48684 was on probation from:

May 12, 2016 thru May 11, 2021.

Probation completed with clear license.

Please see attached paperwork from Board of Pharmacy in CA.

I am a PIC- Pharmacist in Charge in 100% compounding pharmacy.

No CII are dispensed from Expert Compounding Pharmacy.

No Controlled Substances will be shipped to Nevada at all.

Dana Madievsky, RPh

Signature

Date: 08/23/2023

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **D & R PHARMACY, INC.** **dba PICO UNION PHARMACY,** Pharmacy Permit No. PHY 45340 and **DANA MADIEVSKY,** Pharmacist License No. RPH 48684 Respondents.	Case No. 5059 OAH No. 2015050797 **DECISION AFTER RECONSIDERATION AS TO RESPONDENT MADIEVSKY, ONLY**

The California State Board of Pharmacy (Board) issued its Decision after Rejection in the above matter on March 18, 2016, to be effective April 18, 2016. Respondent Dana Madievsky, only, requested reconsideration of the decision prior to the effective date. Respondent Madievsky's request for reconsideration asked only that one, specific condition be modified. Specifically, respondent Madievsky requested that condition 13 of probation ("Tolling of Probation") be modified to reduce the number of hours that respondent must practice as a pharmacist per month to avoid tolling of her probation. A stay of the Decision after Rejection as against Respondent Madievsky only, was issued[1] for 10 days, until 5 p.m. on April 28, 2016, to allow time for the Board to consider the Petition for Reconsideration.

Good cause appearing, the Board granted reconsideration on April 28, 2016, and further stayed the decision against respondent Madievsky, only, until the board issued its decision after reconsideration.

On reconsideration, the Board upholds its Decision after Rejection, except that it modifies probationary condition 13 to read,

13. Tolling of Probation

> Except during periods of suspension, respondent Madievsky shall, at all times while on probation, be employed as a pharmacist in California for a minimum of 40 hours per calendar month. Any month during which this minimum is not met shall toll the period of probation, i.e., the period of probation shall be extended by one month for each month during which this minimum is not met. During any such period of tolling of probation, respondent must nonetheless comply with all terms and conditions of probation.

[1] The portion of the decision against D& R Pharmacy, Inc., doing business as Pico Union Pharmacy, was not stayed and became effective at 5 p.m. on April 18, 2016.

Should respondent, regardless of residency, for any reason (including vacation) cease practicing as a pharmacist for a minimum of 40 hours per calendar month in California, respondent must notify the board in writing within ten (10) days of the cessation of practice, and must further notify the board in writing within ten (10) days of the resumption of practice. Any failure to provide such notification(s) shall be considered a violation of probation.

It is a violation of probation for respondent's probation to remain tolled pursuant to the provisions of this condition for a total period, counting consecutive and non-consecutive months, exceeding thirty-six (36) months.

"Cessation of practice" means any calendar month during which respondent is not practicing as a pharmacist for at least 40 hours, as defined by Business and Professions Code section 4000 et seq. "Resumption of practice" means any calendar month during which respondent is practicing as a pharmacist for at least 40 hours as a pharmacist as defined by Business and Professions Code section 4000 et seq.

The remainder of the Decision After Rejection dated March 18, 2016, is adopted unchanged as to Respondent Madievsky, and is incorporated herein by reference.

IT IS SO ORDERED this 5th day of May, 2016.

This Decision and Order will be effective at 5 p.m. on May 12, 2016.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By _____
Amy Gutierrez, Pharm.D.
Board President

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **D & R PHARMACY, INC.** **dba PICO UNION PHARMACY,** Pharmacy Permit No. PHY 45340 and **DANA MADIEVSKY,** Pharmacist License No. RPH 48684 Respondents.	Case No. 5059 OAH No. 2015050797 **ORDER GRANTING PETITION FOR RECONSIDERATION AS TO RESPONDENT DANA MADIEVSKY ONLY**

Respondent Dana Madievsky having requested reconsideration of the decision in the above-entitled matter, and good cause appearing, the reconsideration is hereby granted and the Decision and Order is further stayed until the Board renders its final decision.

IT IS SO ORDERED this 28th day of April 2016.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By _____
Deborah Veale, RPh.
Board Vice President

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **D & R PHARMACY, INC.** **dba PICO UNION PHARMACY,** Pharmacy Permit No. PHY 45340 and **DANA MADIEVSKY,** Pharmacist License No. RPH 48684 Respondents.	Case No. 5059 OAH No. 2015050797 10-DAY STAY ORDER OF EFFECTIVE DATE OF DECISION AND ORDER AS TO RESPONDENT DANA MADIEVSKY ONLY

ORDER STAYING EFFECTIVE DATE, IN PART

Respondent Dana Madievsky timely petitioned for reconsideration of the decision in the above-entitled matter pursuant to section 11521 of the Government Code. In order to allow the board additional time to consider the petition, in accordance with the provisions of section 11521 of the Government Code,

IT IS HEREBY ORDERED that the effective date of the Decision and Order, as to Dana Madievsky in the above-entitled matter is stayed until 5 p.m. on April 28, 2016.

There having been no request for reconsideration as to the part of the decision pertaining to respondent Pico Union Pharmacy (PHY 45340), that portion of the decision will become effective at 5 p.m. on April 18, 2016, as previously ordered.

IT IS SO ORDERED this 18th day of April 18, 2016.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Virginia Herold

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **D & R PHARMACY INC.,** **d.b.a. PICO UNION PHARMACY,** Pharmacy Permit No. PHY 45340 And **DANA MADIEVSKY** Pharmacist License No. RPH 48684, Respondents.	Case No. 5059 OAH No. 2015050797

DECISION
AFTER REJECTION OF PROPOSED DECISION

John E. DeCure, Administrative Law Judge (ALJ), Office of Administrative Hearings, State of California, heard this matter on September 9 and 10, 2015, in Los Angeles. Christina Felix, Deputy Attorney General, represented Virginia K. Herold (complainant), Executive Officer of the Board of Pharmacy, Department of Consumer Affairs. Respondent D & R Pharmacy, doing business as Pico Union Pharmacy (respondent Pharmacy), and Respondent's president and pharmacist-in-charge (PIC) Dana Madievsky (respondent Madievsky), were represented by Herbert Weinberg, Attorney at Law. Respondent Madievsky was present during the hearing. Evidence was taken and argument was heard. The parties addressed an evidentiary issue relating to redacting certain records and submitted closing arguments. The record was closed on October 2, 2015. The ALJ issued a Proposed Decision on October 14, 2015.

Pursuant to section 11517 of the Government Code, on November 4, 2015, the members of the California State Board of Pharmacy ("Board") issued an Order rejecting the October 14, 2015, Proposed Decision of the Administrative Law Judge in the above-entitled matter. On December 18, 2015, the parties were notified that the transcript had been received and the deadline for the parties to submit written argument was set for January 18, 2016. Written argument was timely received from both parties.

The Board, having reviewed and considered the entire record, including the transcript, exhibits and written arguments, now issues this decision.

FACTUAL FINDINGS

Jurisdiction

1. Complainant filed the Accusation in her official capacity. Respondent Madievsky timely filed a notice of defense.

2. The board issued Original Pharmacy Permit Number PHY 45340 to respondent Pharmacy on August 28, 2001. The license will expire on August 1, 2016, unless renewed.

3. The board issued Original Pharmacist License Number RPH 48684 to respondent Madievsky on April 23, 1996. The license will expire on July 31, 2017, unless renewed.

General Overview

4. Respondent Madievsky has been the sole owner of respondent Pharmacy for 14 years. She employs two pharmacy technicians, Berta Echeverry and Connie Dea, both of whom have worked at respondent Pharmacy the entire time since respondent Madievsky became its owner.

5. About three miles away from respondent Pharmacy, Derrick Butler, M.D., a board-certified family practitioner, practices medicine at the T.H.E. (i.e., "To Help Everyone") Clinic, treating mostly underserved, poor inner-city patients. The vast majority of these patients rely upon Medi-Cal benefits or free county-funded medical programs for the poor, and they very seldom pay cash for medical services or prescriptions. During 2010, Dr. Butler wrote prescriptions on paper pads, but in December 2010, the T.H.E. Clinic switched to using electronic prescriptions, which could be sent to pharmacies either by facsimile or e-mail.

6. In August 2010, Dr. Butler reported to police the theft of prescription pads from T.H.E. Clinic by an unknown person. Dr. Butler had received a telephone call from Vernon Main Pharmacy (Vernon) asking him to verify a prescription for a large dosage of narcotics. Dr. Burgess inquired further with Vernon and discovered that multiple prescriptions for narcotics had been filled in Dr. Butler's name, but without his knowledge or authorization. In December, 2010, Dr. Butler mailed a "To Whom It May Concern" letter to area pharmacies alerting them of the theft of prescription forms and that the forms were being used to create "fake" prescriptions in his name. In November, 2011, Dr. Butler made a second report to police that an unknown person stole his prescription pads, forged his name on prescriptions, and exchanged the prescriptions for narcotics.

7. In April, 2011, Dr. Butler complained to the board that respondent Pharmacy had dispensed numerous fraudulent prescriptions in his name from August 2010 to February 2011.

Dr. Butler believed this was true because the California Department of Justice (DOJ) had sent him a CURES[1] report.

8. At all relevant items in 2010 and 2011, no one named "Keisha" (or Akeisha) or "Michelle" was an employee at the T.H.E. Clinic. When Dr. Butler talked with respondent Madievsky, he told her this, and asked her to immediately stop filling prescriptions in his name because they were false. Respondent Madievsky agreed, and respondent Pharmacy filled no further prescriptions in Dr. Butler's name.

The Prescriptions

9. a. Sarah Bayley, a board Inspector of 15 years and licensed pharmacist since 1994, was assigned to investigate Dr. Butler's complaint. At the hearing she testified regarding the results of her inspection and also provided expert testimony regarding the standard of practice for California pharmacists and pharmacies.

b. Ms. Bayley found that from August 1, 2010, to June 10, 2011, respondent Pharmacy dispensed 596 prescriptions allegedly written by Dr. Butler but which were false for various reasons. Some of the false prescriptions bore forged signatures of Dr. Butler, and some were approved by "Keisha" (or Akeisha) or "Michelle," whereas those persons were unknown to the T.H.E. Clinic and therefore, Dr. Butler was unaware the prescriptions even existed. Other false prescriptions were in the name of supposed patients that Dr. Butler had never heard of or treated. Many of the prescriptions, when taken together, revealed prescribing patterns that should have alerted any knowledgeable, responsible pharmacist that the prescriptions may not have been legitimate as follows.

c. Ms. Bayley noted that 290 of the prescriptions were for Phenergan with Codeine, a Schedule V controlled substance. All of these prescriptions came with the exact same physician directions to take one teaspoon every six to eight hours, all were for a quantity of one pint, and all were accompanied by prescriptions for antibiotics in a quantity of 10 capsules. This is a prescription for a serious cough, with a 20-day supply of Phenergan with Codeine coupled with an only five-day supply of antibiotics. There is no variance as to any of the patients' age, needs, or conditions. On August 5, 2010, respondent Pharmacy filled 10 such identical prescriptions in a single day, which is an unusually high level of repetition. Insurance plans were billed, but many patients paid $110 to $120 in cash for these prescriptions, which is also suspicious.

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[1] CURES refers to California's Controlled Substance Utilization Review and Evaluation System, a database of prescription-drug history information that includes information about the drug dispensed, drug quantity and strength, patient name, address, prescriber name, and authorization number including DEA number or prescription number. California doctors and pharmacies are required to report to DOJ, within seven days, every schedule II, III and IV drug prescription that is written.

d. Ms. Bayley found several other abnormal prescriptions. Sixteen of the prescriptions were for hydrocodone, a highly addictive Schedule II[2] controlled substance, in the form of either Lortab 10/500 mg or Norco 10/325 mg. All came with the exact same directions to take one tablet every six to eight hours, and all were prescribed in the same quantity of 100 tablets. The identical dosages and directions should have raised a question for any pharmacist as to whether the prescriptions are legitimate, because most legitimate prescriptions are varied due to multiple factors and conditions relevant to each individual patient. Similarly, five identical Lortab prescriptions were filled on September 30, 2010, which is highly unusual in terms of both the prescriptions' sameness and their issuance in such close succession. Five identical Norco prescriptions were filled on August 12, 2010, and five more identical prescriptions were filled on September 25, 2010. Such a high degree of repetition is suspicious for the same reasons.

e. Ms. Bayley stated that a competent pharmacist must exercise his or her professional judgment when faced with odd, suspicious, or apparently illegitimate prescriptions such as these. The exercise of such professional judgment cannot be delegated to pharmacy technicians. It was respondent Madievsky's duty to contact Dr. Butler directly to ask questions about the prescriptions and verify their legitimacy. If respondent Madievsky was not satisfied that a prescription was legitimate, she was not obligated to fill it.

f. Ms. Bayley's testimony established that pharmacy technicians may verify any kind of prescriptions on the pharmacy's behalf, but their duties do not include the exercise of a pharmacist's professional judgment. Therefore, if a prescription is of questionable legitimacy, the pharmacist cannot delegate the responsibility to contact the prescribing physician to the pharmacy technician but must contact the physician herself.

The Prescription Verifications

10. Complainant alleges in the Accusation that respondent Pharmacy and respondent Madievsky "never contacted Dr. [Butler] or the [T.H.E. Clinic] to verify the fraudulent prescriptions prior to dispensing the drugs to patients." The evidence presented on this issue was contradictory as follows.

11. Respondent Pharmacy made attempts to verify many of the prescriptions with the T.H.E. Clinic. Respondent Pharmacy's two pharmacy technicians, Berta Echeverry and Connie

[2] At the time the prescriptions were filled, hydrocodone containing products were classified as Schedule III substances. The federal Drug Enforcement Administration (DEA) reclassified hydrocodone combined products (HCPs) from Schedule III to Schedule II of the Controlled Substances Act effective October 6, 2014. (Title 21, C.F.R. Part 1308.) With that reclassification, additional requirements apply to prescriptions for such products. In its rulemaking, DEA found that HCPs were "widely diverted and abused" and that "[t]here have been large numbers of deaths and emergency department visits associated with abuse of HCPs." (Schedules of Controlled Substances: Rescheduling of Hydrocodone Combination Products From Schedule III to Schedule II, 79 FR 49661-01.)

Dea, both testified credibly, and adamantly, regarding their calls to either "Keisha" (or Akeisha) or "Michelle" for verification of some of the prescriptions, and a number of the prescriptions bear electronic or handwritten notes attesting to such verifications being made. According to the pharmacy technicians, their calls were always routed to either of these people, both of whom were calm and knowledgeable when providing verification information. However, the evidence also established, by a stipulation of the parties (see Exhibit 19), that no one named "Keisha" (or Akeisha) or "Michelle" worked at the T.H.E. Clinic.

12. When Dr. Butler twice reported to police that prescription pads were stolen, he did not, on either occasion, allege that the theft was part of a burglary or break-in. When prescription pads were stolen, Dr. Butler and the T.H.E. Clinic staff physicians considered whether a staff employee may have taken them. As a result, the clinic had to develop new internal protocols for securing and storing prescriptions pads. The sum of the evidence indicates that dishonest acts regarding prescribing were likely committed by a person or persons working at the T.H.E. Clinic.

13. Fraudulent prescriptions would be of no value to their purveyors unless they were filled. A staff person willing to steal prescription pads likely would also be willing to arrange for the false prescriptions to be verified as they were called in. This would account for respondent Pharmacy's two pharmacy technicians' claims that they received phone verifications from two clinic employees who were using names otherwise unknown to the clinic's staff. Because the technicians' testimony was credible while at the same time, the evidence established that the verifications issuing from the T.H.E. Clinic were false, it may be inferred from the totality of circumstances that two persons within the T.H.E. Clinic were providing verifications using assumed names.

14. Respondent Pharmacy's prescription records contained no notations that verifications were obtained for approximately 42 of the questionable prescriptions. Respondent Madievsky's testimony that all of the questionable prescription would have been verified was unpersuasive. Respondent Madievsky had no direct recollection of verifying any particular prescriptions, but had to rely on pharmacy records. If the records of these prescriptions contained no information about verifications, respondent was speculating that verifications had been secured.

Failure to Produce Six Original Prescriptions

15. During her investigation, Ms. Bayley requested that respondent Pharmacy produce numerous original prescriptions. Respondent Pharmacy and respondent Madievsky cooperated with the board's investigation. They produced 303 prescriptions as requested, but failed to produce six requested prescriptions as follows: prescription (Rx) no. 1559731; Rx no. 1559732; Rx no. 1566999; Rx no. 1567000; Rx no. 1555690; and Rx no. 1555691. Ms. Bayley

noted the missing prescriptions and sent a letter to respondent Madievsky requesting that they be forwarded to her. (Exhibit 14.) Respondent Madievsky does not recall ever seeing the letter and assumes that it was not delivered through the mail. When she read the allegations in the Accusation, she searched for and readily located the missing prescriptions, which were stored in the correct places but had "stuck" (i.e., clung) to the backs of other prescriptions. Respondent Madievsky credibly attributed the pharmacy's failure to produce these six prescriptions to an honest mistake.

Mitigation, Rehabilitation, and Findings Pertinent to Discipline

16. a. Respondent Madievsky was a candid witness. She conceded the many irregularities that the board's investigator noted in the prescriptions and agreed with Ms. Bayley's expert opinion that a pharmacist must, in the exercise of her professional judgment, verify any such questionable or suspect prescriptions. She admitted that she, not her pharmacy technicians, should have been the one to contact Dr. Butler, but she had failed to do so. She cooperated with the board's investigation. As a result of this case, she has changed the way she scrutinized prescriptions. For example, she did not know before that Phenergan with Codeine was an abused "street drug," so she is more skeptical of such prescriptions, particularly if they appear irregular. The CURES system was not available until June 2011, which is after the fraudulent prescriptions in Dr. Butler's name were filled, but since June 2011 she has used the CURES system daily. She inputs patient names to determine whether a patient is drug-seeking or "doctor-shopping," or when a patient without a serious condition has a prescription for addictive drugs. If a prescribing physician is new to the pharmacy, she calls the physician herself to verify the prescription. If a patient is new and the prescription contains any irregularities, she calls the prescribing physician herself to verify the prescription. If a regular patient has a new prescription with irregularities, she calls the physician herself to verify the prescription.

b. In closing argument, Complainant claimed respondent Madievsky as a "not a credible witness" and "not truthful in her testimony." As an example of this alleged lack of veracity, complainant noted that when respondent Madievsky was asked if she or respondent Pharmacy had been disciplined before, respondent Madievsky said they had not. According to Complainant, this testimony was false because, in 2008, the board issued citations to both respondents.

c. Complainant's claim that respondent Madievsky was not credible or truthful regarding a prior disciplinary history is misinformed. Official notice is taken that Business and Professions Code[3] section 125.9, which authorizes the board to establish a system for issuing citations and fines to licensees, and California Code of Regulations, title 16, section 1775, which provides a basic framework for such citations, do not treat citations and fines as disciplinable offenses. In fact, Code section 125.9, subdivision (b)(4), provides that upon a citation or fine's

[3] Hereafter, all references to Code refer to the Business and Professions Code.

assessment and issuance, "payment of any fine shall not constitute an admission of the violation charged." Furthermore, page 1 of Complainant's own Investigation Report sets forth a substantial list of vital information regarding both respondents. In that list, the Citations issued to respondent Pharmacy and respondent Madievsky on March 27, 2008, are described. Also listed for both respondents is the notation: "Prior history of discipline: None." (Exhibit 4.) The evidence showed that when respondent Madievsky stated she had no prior history of discipline, she was testifying truthfully.

d. Each respondent was previously issued a citation. On March 27, 2008, respondent Pharmacy was issued citation number CI 2006 32919, with a fine of $2,500, for a violation of Business and Professions Code sections 4301, subdivisions (o)[4] and (q)[5], 4081[6], 4332[7] and 4061[8]. Respondent Madievsky was issued citation number CI 2007 35451, with a fine of $3,500, for the same violations. No further detail was placed in the record.

17. Respondent Madievsky has had problems before contacting physicians by telephone to verify prescriptions and admitted that sometimes, when she was deterred from speaking with the physician, she would settle for talking with a medical staff person. Respondent now insists on speaking with the prescribing physician if the situation requires the physician's input and verifications.

18. Respondent Madievsky had repeated opportunities to place the onus on her two pharmacy technicians for not correctly verifying the fraudulent prescriptions, yet she refused to deflect the blame onto others. Instead, she took responsibility for failing to properly verify the prescriptions herself, estimating that she saw 90 percent of the prescriptions as they came in to be filled.

19. a. Irina Gelman, a friend and customer of respondent Madievsky's for 20 years, submitted a character reference letter in which she described respondent Madievsky as an honest, caring and dedicated pharmacist. Roger Salah, R.Ph., a registered pharmacist in California since 1964, submitted a character reference letter which described respondent Madievsky as ethical, honest, caring, knowledgeable and devoted to the practice of pharmacy. Blaine Bleiden, R.Ph., a registered pharmacist who has known and worked with respondent

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[4] Code section 4301, subdivision (o), provides that unprofessional conduct includes "Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency."

[5] Code section 4301, subdivision (o), provides that unprofessional conduct includes "Engaging in any conduct that subverts or attempts to subvert an investigation of the board."

[6] Code section 4081 relates to the making and keeping of pharmacy related records, including inventory, and making them available to authorized officers of the law. Amendments to the section since the citation issued did not change the provisions relative to pharmacies or pharmacists-in-charge.

[7] Code section 4332 makes it a misdemeanor to violate section 4081.

[8] Code section 4061 relates to requirements for distributing samples of dangerous drugs.

Madievsky since 1996, submitted a character reference letter describing her as a hardworking, knowledgeable pharmacist who is also a dedicated "patient advocate" when it comes to ensuring their good health. Thang Nguyen, M.D., a physician who has worked with respondent Madievsky for 13 years, complimented her professional expertise, knowledge and excellent service to his patients.

b. Each of the letter writers identified above stated that they were aware of the allegations brought against respondent Madievsky in the pending Accusation.

Costs

20. The board incurred enforcement costs, in the form of Attorney General fees, in the amount of $9,420. The board incurred its own costs for investigation in the amount of $12,822. The administrative law judge found that a portion of these costs were not reasonably incurred as follows.

a. The Attorney General's Matter Time Activity report, which details its costs in increments of one-quarter hour and describes each corresponding task performed, reflects that 19.25 hours of Deputy Attorney General time was billed at a rate of $170 per hour for "witness-related preparation." The total cost of this activity is $3,272.50. Ms. Bayley's declaration for the board reflects 22 hours spent on hearing preparation, "which included case file review and witness preparation with the Attorney General's Office." Ms. Bayley's billing rate for these costs appears to be $120 per hour, which would make the total cost of this activity $2,640. In sum, the combined Attorney General and board billable hours spent on these activities was 41.25 hours, for a total of $5,912.50 in costs incurred.

b. The complainant called on two witnesses at hearing. Its first witness, Dr. Butler, testified for approximately two hours. Its second witness, Ms. Bayley, testified for approximately two and one-half hours. Both witnesses' testimony was straightforward, mostly uncontroversial, and hewed to the allegation set for in the Accusation. There was no indication that either witness would have required lengthy or elaborate preparation to testify.

c. As a result, the Attorney General's 19.25 hours of witness preparation is disproportionate to the actual four and one-half hours of total witness testimony rendered. A more reasonable amount of preparation would be four hours per witness. Therefore a reasonable total for Attorney General witness preparation costs is eight hours, or $1,360.20. In the same vein, Ms. Bayley's total of 22 hours of hearing and witness preparation is disproportionate to the two and one-half hours of testimony she provided at the hearing. Her billings included case file review, which in this case could be reasonably estimated at three hours. A more reasonable amount of witness preparation for her actual testimony would be four hours. Therefore, a reasonable total for Ms. Bayley's hearing preparation, including file review and witness preparation, would be seven hours, or $840.

d. All other Attorney General enforcement costs are reasonable. Pursuant to these Factual Findings, the Attorney General's reasonable costs are reduced to $7,508.

e. All other board investigation costs are reasonable. Pursuant to these Factual Findings, the board staff's reasonable costs are reduced to $11,022.

f. These combined costs of investigation by board staff and Attorney General reasonable costs total $18,530.

LEGAL CONCLUSIONS

1. a. The individual practice of pharmacy, like the practice of medicine, is a profession. The standard of proof in an administrative disciplinary action seeking the suspension or revocation of a professional license is "clear and convincing evidence." *Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856. The key element of "clear and convincing evidence is that it must establish a high probability of the existence of the disputed fact, greater than proof by a preponderance of the evidence. Evidence of a charge is clear and convincing so long as there is a "high probability" that the charge is true. *People v Mabini* (2001) 92 Cal.App.4th 654, 662. To take discipline against the pharmacist's license, complainant must establish cause for discipline exists by clear and convincing evidence.

b. The standard of proof against the pharmacy's license is different, because there are not extensive education, training and testing requirements to obtain such licensure. As such, complainant must establish cause for discipline against a pharmacy license by demonstrating cause for discipline by a preponderance of the evidence. (*Imports Performance v Dept. of Consumer Affairs, Bur. Of Automotive Repair* (2011) 201 Cal.App.4th 911, 916-917; *San Benito Foods v Veneman* (1996) 50 Cal.App.4th 1889.)

c. Such distinction is unnecessary in this matter, however, because the same allegations are made against both the pharmacist and pharmacy's licenses. The complainant met her burden of proving her case by clear and convincing evidence.

2. The Board of Pharmacy is guided by principles and statutes that mandate that whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public must be paramount. (Code, §§ 4001.1 and 4313.)

3. Cause exists to discipline respondent Pharmacy's permit number PHY 45340 and respondent Madievsky's pharmacist license number RPH 48684 under Code section 4301, subdivision (o), for committing unprofessional conduct by violating or assisting in or abetting the violation of state law governing pharmacy, to wit, California Code of Regulations, title 16, section 1761, subdivision (a), by dispensing prescriptions which contained significant errors, omissions, irregularity, uncertainty, or alteration, while failing to contact the prescriber to obtain the information needed to validate the prescriptions. (Factual Findings 4 through 14.)

4. Cause exists to discipline respondent Pharmacy's permit number PHY 45340 and respondent Madievsky's pharmacist license number RPH 48684 under Code section4301, subdivision (o), for committing unprofessional conduct by violating or assisting in or abetting the violation of state law governing pharmacy, to wit, Code section 4333, by failing to maintain

prescription records available for inspection by authorized officers of the law in a board-licensed facility for a period of three years. (Factual Findings 4 through 15.)

Analysis to Determine Penalty

5. Section 4300 of the Code provides that the board may discipline the holder of, and suspend or revoke, any certificate, license or permit issued by the board. The Board's Disciplinary Guidelines state that, in determining whether the minimum, maximum, or an intermediate penalty is to be imposed in a given case, certain factors should be considered. (Title 16, C.C.R., § 1760.) Each factor is considered in turn below.

1. Actual or potential harm to the public. No actual harm to the public was alleged. The potential harm to the public is, however, significant. False or fraudulent prescriptions, by their nature, promote the misuse of abuse of dangerous drugs. Abuse and overdose can result in death.

2. Actual or potential harm to any consumer. No actual harm to a consumer was alleged, however, as noted above, the potential harm was life threatening.

3. Prior disciplinary record, including level of compliance with disciplinary order(s). Neither respondent has a prior record of discipline.

4. Prior warning(s), including but not limited to citation(s) and fine(s), letter(s) of admonishment, and/or correction notice(s). On March 27, 2008, respondent Pharmacy was issued a citation and fine, as was respondent Madievsky, as noted in Factual Finding 16.d.

5. Number and/or variety of current violations. The failure to verify false or fraudulent prescriptions was repeated misconduct that occurred over a 10-month period. The number of prescriptions was 596; 290 of those (for, cumulatively, 290 pints of cough medicine) involve a Schedule V controlled drug containing codeine and 16 prescriptions (for, cumulatively, 1,600 tablets) were for highly addictive, controlled drugs containing hydrocodone. The other violation was for failure to produce six original prescriptions in conjunction with the board staff's investigation.

6. Nature and severity of the act(s), offense(s) or crime(s) under consideration. By her failure to recognize the irregularities in the many false prescriptions presented to respondent Pharmacy, respondent Madievsky neglected a critically important function of a pharmacist, which is to exercise her professional judgment when necessary. Due to the high volume of false prescriptions that resulted, the offense is serious. By contrast, the failure to produce six original prescriptions for inspection

at the board's request appears to have been inadvertent. Considering over 300 requested prescriptions were produced as part of the inspection, that offense is minor.

7. Aggravating evidence. The evidence did not give rise to aggravating evidence except as otherwise noted herein.

8. Mitigating evidence. Four people, including two pharmacists and a physician, submitted letters attesting to respondent's good character.

9. Rehabilitation evidence. Respondent Madievsky ceased issuing any more false prescriptions in Dr. Butler's name after Dr. Butler made her aware of the problem. Respondent Madievsky cooperated with the board's investigation. Respondent Madievsky's failure to supply the board with six original prescriptions was a violation, but a minor one. Respondent Madievsky took responsibility for her misconduct and described the steps she has taken to heighten her vigilance in scrutinizing potentially false prescriptions and possible drug-seeking patients. Those steps include her frequent utilization of a prescribing histories within the CURES system as a reference point in assessing the validity of prescriptions, and her commitment to speak directly with prescribing physicians to obtain verifications.

[Factors 10 through 12 apply only where criminal proceedings were involved.]

13. Time passed since the act(s) or offense(s). The misconduct occurred between four and five years ago.

14. Whether the conduct was intentional or negligent, demonstrated incompetence, or, if the respondent is being held to account for conduct committed by another, the respondent had knowledge of or knowingly participated in such conduct. Respondent Madievsky's conduct was negligent in that she was responsible for ensuring the legitimacy and correctness of the prescriptions her pharmacy was filling, yet she repeatedly failed to fulfill her responsibilities.

15. Financial benefit to the respondent from the misconduct. No evidence was presented regarding the potential or actual financial benefit to the respondent Pharmacy or respondent Madievsky (as its owner) for filling the prescriptions in question, but due to the high volume of prescriptions, some financial benefit to respondent Pharmacy and respondent Madievsky was likely realized.

5. Considering all of these factors, respondent Pharmacy and respondent Madievsky committed serious misconduct due to the volume of false prescriptions that were wrongly verified and issued. Respondent Madievsky's culpability was attenuated, however, by her insight into her misconduct, her willingness to take responsibility, her cooperation with the board staff, and her efforts to rehabilitate herself and her pharmacy's practices. In sum, she appears to be a good candidate for probation, which extends to her pharmacy's license. A lengthy probation and terms that make it possible for the board to thoroughly monitor respondents' ongoing rehabilitative efforts over time, however, are necessary to best protect the public.

ORDER

Respondent Pico Union's Pharmacy License

A. Pharmacy Permit Number PHY 45340, issued to D. & R Pharmacy, Inc., doing business as Pico Union Pharmacy, is revoked; the revocation is, however, stayed and respondent is placed on probation for five years upon the following terms and conditions:

1. Obey All Laws

Respondent owner shall obey all state and federal laws and regulations. Respondent owner shall report any of the following occurrences to the board, in writing, within seventy-two (72) hours of such occurrence: a) an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws; b) a plea of guilty or nolo contendre in any state or federal criminal proceeding to any criminal complaint, information or indictment; c) a conviction of any crime; d) discipline, citation, or other administrative action filed by any state or federal agency which involves respondent's license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling or distributing, billing, or charging for any drug, device or controlled substance. Failure to timely report any such occurrence shall be considered a violation of probation.

2. Report to the Board

Respondent owner shall report to the board quarterly, on a schedule as directed by the board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, respondent owner shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation. Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the board.

3. Interview with the Board

Upon receipt of reasonable prior notice, respondent owner shall appear in person for interviews with the board or its designee, at such intervals and locations as are determined by the

board or its designee. Failure to appear for any scheduled interview without prior notification to board staff, or failure to appear for two (2) or more scheduled interviews with the board or its designee during the period of probation, shall be considered a violation of probation.

4. Cooperate with Board Staff

Respondent owner shall cooperate with the board's inspection program and with the board's monitoring and investigation of respondent's compliance with the terms and conditions of her probation. Failure to cooperate shall be considered a violation of probation.

5. Reimbursement of Board Costs

As a condition precedent to successful completion of probation, respondent owner and respondent Madievsky shall pay to the board its costs of investigation and prosecution in the amount of $18,530. Respondent owner shall make said payments on a payment plan as approved by the board. There shall be no deviation from this schedule absent prior written approval by the board or its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of probation.

6. Probation Monitoring Costs

Respondent owner shall pay any costs associated with probation monitoring as determined by the board each and every year of probation. Such costs shall be payable to the board on a schedule as directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall be considered a violation of probation.

7. Status of License

Respondent owner shall, at all times while on probation, maintain current licensure with the board. If respondent owner submits an application to the board, and the application is approved, for a change of location, change of permit or change of ownership, the board shall retain continuing jurisdiction over the license, and the respondent shall remain on probation as determined by the board. Failure to maintain current licensure shall be considered a violation of probation.

If respondent's license expires or is cancelled by operation of law or otherwise at any time during the period of probation, including any extensions thereof due to tolling or otherwise, upon renewal or reapplication respondent's license shall be subject to all terms and conditions of this probation not previously satisfied.

8. License Surrender While on Probation/Suspension

Following the effective date of this decision, should respondent owner discontinue business, respondent owner may tender the premises license to the board for surrender. The board or its designee shall have the discretion whether to grant the request for surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent will no longer be subject to the terms and conditions of probation.

Upon acceptance of the surrender, respondent owner shall relinquish the premises wall and renewal license to the board within ten (10) days of notification by the board that the surrender is accepted. Respondent owner shall further submit a completed Discontinuance of Business form according to board guidelines and shall notify the board of the records inventory transfer. Respondent owner shall also, by the effective date of this decision, arrange for the continuation of care for ongoing patients of the pharmacy by, at minimum, providing a written notice to ongoing patients that specifies the anticipated closing date of the pharmacy and that identifies one or more area pharmacies capable of taking up the patients' care, and by cooperating as may be necessary in the transfer of records or prescriptions for ongoing patients. Within five days of its provision to the pharmacy's ongoing patients, Respondent owner shall provide a copy of the written notice to the board. For the purposes of this provision, "ongoing patients" means those patients for whom the pharmacy has on file a prescription with one or more refills outstanding, or for whom the pharmacy has filled a prescription within the preceding sixty (60) days.

Respondent owner may not apply for any new licensure from the board for three (3) years from the effective date of the surrender. Respondent owner shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the board. Respondent owner further stipulates that she shall reimburse the board for its costs of investigation and prosecution prior to the acceptance of the surrender.

9. Notice to Employees

Respondent owner shall, upon or before the effective date of this decision, ensure that all employees involved in permit operations are made aware of all the terms and conditions of probation, either by posting a notice of the terms and conditions, circulating such notice, or both. If the notice required by this provision is posted, it shall be posted in a prominent place and shall remain posted throughout the probation period. Respondent owner shall ensure that any employees hired or used after the effective date of this decision are made aware of the terms and conditions of probation by posting a notice, circulating a notice, or both. Additionally, respondent owner shall submit written notification to the board, within fifteen (15) days of the effective date of this decision, that this term has been satisfied. Failure to submit such notification to the board shall be considered a violation of probation.

"Employees" as used in this provision includes all full-time, part-time, volunteer, temporary and relief employees and independent contractors employed or hired at any time during probation.

10. Owners and Officers: Knowledge of the Law

Respondent shall provide, within thirty (30) days after the effective date of this decision, signed and dated statements from its owners, including any owner or holder of ten percent (10%) or more of the interest in respondent or respondent's stock, and any officer, stating under penalty of perjury that said individuals have read and are familiar with state and federal laws and regulations governing the practice of pharmacy. The failure to timely provide said statements under penalty of perjury shall be considered a violation of probation.

11. Posted Notice of Probation

Respondent owner shall prominently post a probation notice provided by the board in a place conspicuous and readable to the public. The probation notice shall remain posted during the entire period of probation.

Respondent owner shall not, directly or indirectly, engage in any conduct or make any statement which is intended to mislead or is likely to have the effect of misleading any patient, customer, member of the public, or other person(s) as to the nature of and reason for the probation of the licensed entity.

Failure to post such notice shall be considered a violation of probation.

12. Separate File of Records

Respondent owner shall maintain and make available for inspection a separate file of all records pertaining to the acquisition or disposition of all controlled substances. Failure to maintain such file or make it available for inspection shall be considered a violation of probation.

13. Report of Controlled Substances

Respondent owner shall submit quarterly reports to the board detailing the total acquisition and disposition of such controlled substances as the board may direct. Respondent owner shall specify the manner of disposition (e.g., by prescription, due to burglary, etc.) or acquisition (e.g., from a manufacturer, from another retailer, etc.) of such controlled substances. Respondent owner shall report on a quarterly basis or as directed by the board. The report shall be delivered or mailed to the board no later than ten (10) days following the end of the reporting period. Failure to timely prepare or submit such reports shall be considered a violation of probation.

14. Violation of Probation

If a respondent owner has not complied with any term or condition of probation, the board shall have continuing jurisdiction over respondent license, and probation shall be automatically extended until all terms and conditions have been satisfied or the board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed.

If respondent owner violates probation in any respect, the board, after giving respondent owner notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. Notice and opportunity to be heard are not required for those provisions stating that a violation thereof may lead to automatic termination of the stay and/or revocation of the license. If a petition to revoke probation or an accusation is filed against respondent during probation, the board shall have continuing jurisdiction and the period of probation shall be automatically extended until the petition to revoke probation or accusation is heard and decided.

15. Completion of Probation

Upon written notice by the board or its designee indicating successful completion of probation, respondent's license will be fully restored.

Respondent Dana Madievsky's License

B. Pharmacist License No. RPH 48684, issued to respondent Dana Madievsky, is revoked; the revocation is, however, stayed and respondent is placed on probation for five years upon the following terms and conditions:

1. Obey All Laws

Respondent Madievsky shall obey all state and federal laws and regulations. Respondent shall report any of the following occurrences to the board, in writing, within seventy-two (72) hours of such occurrence: a) an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws; b) a plea of guilty or nolo contendre in any state or federal criminal proceeding to any criminal complaint, information or indictment; c) a conviction of any crime; or d) discipline, citation, or other administrative action filed by any state or federal agency which involves respondent's pharmacist license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging for any drug, device or controlled substance.

Failure to timely report any such occurrence shall be considered a violation of probation.

2. Report to the Board

Respondent Madievsky shall report to the board quarterly, on a schedule as directed by the board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, respondent shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation. Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the board.

3. Interview with the Board

Upon receipt of reasonable prior notice, respondent Madievsky shall appear in person for interviews with the board or its designee, at such intervals and locations as are determined by the board or its designee. Failure to appear for any scheduled interview without prior notification to board staff, or failure to appear at two (2) or more scheduled interviews with the board or its designee during the period of probation, shall be considered a violation of probation.

4. Cooperate with Board Staff

Respondent Madievsky shall cooperate with the board's inspection program and with the board's monitoring and investigation of respondent's compliance with the terms and conditions of her probation. Failure to cooperate shall be considered a violation of probation.

5. Continuing Education

Respondent Madievsky shall provide evidence of efforts to maintain skill and knowledge as a pharmacist as directed by the board or its designee.

6. Notice to Employers

During the period of probation, respondent Madievsky shall notify all present and prospective employers of the decision in case number 5059 and the terms, conditions and restrictions imposed on respondent by the decision, as follows:

Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment, respondent shall cause her direct supervisor, pharmacist-in-charge (including each new pharmacist-in-charge employed during respondent's tenure of employment) and owner to report to the board in writing acknowledging that the listed individual(s) has/have read the decision in case number 5059, and terms and conditions imposed thereby. It shall be respondent's responsibility to ensure that her employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the board.

If respondent works for or is employed by or through a pharmacy employment service, respondent must notify her direct supervisor, pharmacist-in-charge, and owner at every entity licensed by the board of the terms and conditions of the decision in case number 5059 in advance of the respondent commencing work at each licensed entity. A record of this notification must be provided to the board upon request.

Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment by or through a pharmacy employment service, respondent shall cause her direct supervisor with the pharmacy employment service to report to the board in writing acknowledging that she has read the decision in case number 5059 and the terms and conditions imposed thereby. It shall be respondent's responsibility to ensure that her employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the board.

Failure to timely notify present or prospective employer(s) or to cause that/those employer(s) to submit timely acknowledgments to the board shall be considered a violation of probation.

"Employment" within the meaning of this provision shall include any full-time, part-time, temporary, relief or pharmacy management service as a pharmacist or any position for which a pharmacist license is a requirement or criterion for employment, whether the respondent is an employee, independent contractor or volunteer.

7. No Supervision of Interns, Serving as Pharmacist-In-Charge (PIC), or Serving as Consultant, Except as Otherwise Specified

During the period of probation, respondent Madievsky shall not supervise any intern pharmacist, be the pharmacist-in-charge or designated representative-in-charge of any entity licensed by the board nor serve as a consultant except as otherwise specified this order. Assumption of any such unauthorized supervision responsibilities shall be considered a violation of probation.

8. Reimbursement of Board Costs

As a condition precedent to successful completion of probation, respondent Madievsky and respondent Pharmacy shall pay to the board its costs of investigation and prosecution in the amount of $18,530. It is within the board's discretion to establish a reasonable monthly or quarterly repayment plan with respondents. There shall be no deviation from this schedule absent prior written approval by the board or its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of probation.

9. Probation Monitoring Costs

Respondent Madievsky shall pay any costs associated with probation monitoring as determined by the board each and every year of probation. Such costs shall be payable to the board on a schedule as directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall be considered a violation of probation.

10. Status of License

Respondent Madievsky shall, at all times while on probation, maintain an active, current license with the board, including any period during which suspension or probation is tolled. Failure to maintain an active, current license shall be considered a violation of probation. If respondent's license expires or is cancelled by operation of law or otherwise at any time during the period of probation, including any extensions thereof due to tolling or otherwise, upon renewal or reapplication respondent's license shall be subject to all terms and conditions of this probation not previously satisfied.

11. License Surrender While on Probation/Suspension

Following the effective date of this decision, should respondent Madievsky cease practice due to retirement or health, or be otherwise unable to satisfy the terms and conditions of probation, respondent may tender her license to the board for surrender. The board or its designee shall have the discretion whether to grant the request for surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent will no longer be subject to the terms and conditions of probation. This surrender constitutes a record of discipline and shall become a part of the respondent's license history with the board.

Upon acceptance of the surrender, respondent shall relinquish her pocket and wall license to the board within ten (10) days of notification by the board that the surrender is accepted. Respondent may not reapply for any license from the board for three (3) years from the effective date of the surrender. Respondent shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the board, including any outstanding costs.

12. Notification of a Change in Name, Residence Address, Mailing Address or Employment

Respondent Madievsky shall notify the board in writing within ten (10) days of any change of employment. Said notification shall include the reasons for leaving, the address of the new employer, the name of the supervisor and owner, and the work schedule if known. Respondent shall further notify the board in writing within ten (10) days of a change in name, residence address, mailing address, or phone number.

Failure to timely notify the board of any change in employer(s), name(s), address(es), or phone number(s) shall be considered a violation of probation.

13. Tolling of Probation

Except during periods of suspension, respondent Madievsky shall, at all times while on probation, be employed as a pharmacist in California for a minimum of 120 hours per calendar month. Any month during which this minimum is not met shall toll the period of probation, i.e., the period of probation shall be extended by one month for each month during which this minimum is not met. During any such period of tolling of probation, respondent must nonetheless comply with all terms and conditions of probation.

Should respondent, regardless of residency, for any reason (including vacation) cease practicing as a pharmacist for a minimum of 120 hours per calendar month in California, respondent must notify the board in writing within ten (10) days of the cessation of practice, and must further notify the board in writing within ten (10) days of the resumption of practice. Any failure to provide such notification(s) shall be considered a violation of probation.

It is a violation of probation for respondent's probation to remain tolled pursuant to the provisions of this condition for a total period, counting consecutive and non-consecutive months, exceeding thirty-six (36) months.

"Cessation of practice" means any calendar month during which respondent is not practicing as a pharmacist for at least 120 hours, as defined by Business and Professions Code section 4000 et seq. "Resumption of practice" means any calendar month during which respondent is practicing as a pharmacist for at least 120 hours as a pharmacist as defined by Business and Professions Code section 4000 et seq.

14. No New Ownership of Licensed Premises

Respondent Madievsky shall not acquire any new ownership, legal or beneficial interest nor serve as a manager, administrator, member, officer, director, trustee, associate, or partner of any additional business, firm, partnership, or corporation licensed by the board. If respondent currently owns or has any legal or beneficial interest in, or serves as a manager, administrator, member, officer, director, trustee, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the board, respondent may continue to serve in such capacity or hold that interest, but only to the extent of that position or interest as of the effective date of this decision. Violation of this restriction shall be considered a violation of probation.

15. Separate File of Records

Respondent Madievsky shall maintain and make available for inspection a separate file of all records pertaining to the acquisition or disposition of all controlled substances. Failure to maintain such file or make it available for inspection shall be considered a violation of probation.

16. Report of Controlled Substances

Respondent Madievsky shall submit quarterly reports to the board detailing the total acquisition and disposition of such controlled substances as the board may direct. Respondent shall specify the manner of disposition (e.g., by prescription, due to burglary, etc.) or acquisition (e.g., from a manufacturer, from another retailer, etc.) of such controlled substances. Respondent shall report on a quarterly basis or as directed by the board. The report shall be delivered or mailed to the board no later than ten (10) days following the end of the reporting period. Failure to timely prepare or submit such reports shall be considered a violation of probation.

17. Consultant for Owner or Pharmacist-In-Charge

During the period of probation, respondent Madievsky shall not supervise any intern pharmacist or serve as a consultant to any entity licensed by the board. Respondent may, however, be a pharmacist-in-charge if she complies with all the provisions of this probation term. Respondent shall not be a pharmacist-in-charge at more than one pharmacy or at any pharmacy of which she is not the sole owner. During the period of probation when respondent serves as a pharmacist-in-charge, respondent shall retain an independent consultant at her own expense who shall be responsible for reviewing pharmacy operations on a quarterly basis for compliance by respondent with state and federal laws and regulations governing the practice of pharmacy and for compliance by respondent with the obligations of a pharmacist-in-charge. The consultant shall be a pharmacist licensed by and not on probation with the board and whose name shall be submitted to the board or its designee, for prior approval, within thirty (30) days of the effective date of this decision. Failure to timely retain, seek approval of, or ensure timely reporting by the consultant shall be considered a violation of probation.

18. Ethics Course

Within sixty (60) calendar days of the effective date of this decision, respondent Madievsky shall enroll in a course in ethics, at respondent's expense, approved in advance by the board or its designee. Failure to initiate the course during the first year of probation, and complete it within the second year of probation, is a violation of probation. Respondent shall submit a certificate of completion to the board or its designee within five days after completing the course.

19. Violation of Probation

If respondent Madievsky has not complied with any term or condition of probation, the board shall have continuing jurisdiction over respondent, and probation shall automatically be extended, until all terms and conditions have been satisfied or the board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed.

If respondent Madievsky violates probation in any respect, the board, after giving respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. Notice and opportunity to be heard are not required for those provisions stating that a violation thereof may lead to automatic termination of the stay and/or revocation of the license. If a petition to revoke probation or an accusation is filed against respondent during probation, the board shall have continuing jurisdiction, and the period of probation shall be automatically extended until the petition to revoke probation or accusation is heard and decided.

20. Completion of Probation

Upon written notice by the board indicating successful completion of probation, respondent Madievsky's pharmacist license will be fully restored.

This Decision shall become effective at 5:00 p.m. on April 18, 2016.

IT IS SO ORDERED on this 18th day of March, 2016.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By _____
Amarylis "Amy" Gutierrez, Pharm.D.
Board President

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	
D & R PHARMACY, INC. **Dba PICO UNION PHARMACY,** Pharmacy Permit No. PHY 45340	Case No. 5059 OAH No. 2015050797
and	
DANA MADIEVSKY, Pharmacist License No. RPH 48684	
Respondents.	

TO ALL PARTIES AND THEIR ATTORNEY OF RECORD:

ORDER SETTING DATE FOR SUBMISSION OF WRITTEN ARGUMENT

The administrative record of the hearing in the above-entitled matter having now become available, the parties are hereby notified of the opportunity to submit written argument in accordance with the Order Rejecting the Proposed Decision dated November 4, 2015. In addition to any arguments the parties may wish to submit, the board is interested in argument directed at the following issue: If cause for discipline exists, what penalty, if any, should be applied in this case.

Pursuant to said Order written argument shall be filed with the Board of Pharmacy, 1625 N. Market Blvd, Suite N-219, Sacramento, California, on or before January 18, 2016. **No new evidence may be submitted.**

IT IS SO ORDERED this 18th day of December 2015.

By _____
Amy Gutierrez, Pharm.D.
Board President

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	
D & R PHARMACY, INC. **Dba PICO UNION PHARMACY,** Pharmacy Permit No. 45340	Case No. 5059 OAH No. 2015050797
and	
DANA MADIEVSKY, Pharmacist License No. RPH 48684	
Respondents.	

ORDER REJECTING PROPOSED DECISION

Pursuant to section 11517 of the Government Code, the Proposed Decision of the Administrative Law Judge in the above-entitled matter is rejected. The California State Board of Pharmacy (hereinafter "board") will decide the case upon the record, including the transcript(s) of the hearing, and upon such written argument as the parties may wish to submit.

The board is particularly interested in arguments directed to the question whether the discipline should be increased. The parties will be notified of the date for submission of such argument when the transcript of the above-mentioned hearing becomes available.

It is so ORDERED on November 4, 2015.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By _____
Amy Gutierrez, Pharm.D.
Board President

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: D & R PHARMACY, INC. Dba PICO UNION PHARMACY, Pharmacy Permit No. 45340 and DANA MADIEVSKY, Pharmacist License No. RPH 48684 Respondents.	Case No. 5059 OAH No. 2015050797

PROPOSED DECISION

John E. DeCure, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on September 9 and 10, 2015, in Los Angeles.

Christina Felix, Deputy Attorney General, represented Virginia K. Herold (Complainant), Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs.

Respondent D & R Pharmacy, doing business as Pico Union Pharmacy (Respondent Pharmacy), and Respondent's president and pharmacist-in-charge (PIC), Dana Madievsky (Respondent Madievsky), were represented by Herbert Weinberg, Attorney at Law. Respondent Madievsky was present during the hearing.

Evidence was taken and argument was heard.

Complainant made a request for a protective order sealing confidential records contained in Complainant's Exhibits 6, 8, 12 and 20. The records contained medical and/or personal information primarily in the form of pharmacy records obtained from Respondent during Complainant's investigation. Complainant's stated reasons to protect these documents from disclosure were as follows: "The documents are so voluminous as to make redaction unduly burdensome. Moreover, some of the personal information is necessary to prove elements of the charges against Respondents." In *NBC Subsidiary (KNBC-TV), Inc. v. Superior Court* (1999) 20 Cal.4th 1178, the California Supreme Court set forth the findings that both the trial and appellate courts must expressly make to seal a record. Courts must

find that (1) there is an overriding interest supporting sealing records; (2) there is a substantial probability that the interest will be prejudiced absent sealing; (3) the proposed sealing is narrowly tailored to serve the overriding interest; and (4) there is no less restrictive means of achieving the overriding interest. (*Ibid* at 1217-1218.) Complainant failed to meet her burden to demonstrate that there was no less restrictive means of achieving the interest supporting sealing the records, which in this case is patient privacy. The documents are not so voluminous that appropriate redactions to preserve patient privacy could not be made within a reasonable time, nor would redactions so deface the materials that they would lose their probative value. Complainant's request to seal the record was thereby denied. Exhibits 6, 8, 12 and 20 were returned to Complainant with an order for the required redactions to be made, and these exhibits to be re-submitted, by no later than September 25, 2015. Complainant timely complied with this order.

Both parties chose to make written closing arguments. Complainant chose not to make an initial closing argument due to a scheduling issue. Respondent was given until September 14, 2015, to submit a written closing argument. Complainant was given until October 2, 2015, to submit a closing argument, which would include rebuttal. The record was closed and the matter was submitted on October 2, 2015.

FACTUAL FINDINGS

Jurisdiction

1. Complainant filed the Accusation in her official capacity. Respondent Madievsky timely filed a notice of defense.

2. The Board issued Original Pharmacy Permit Number PHY 45340 to Respondent Pharmacy on August 28, 2001. The license will expire on August 1, 2016, unless renewed.

3. The Board issued Original Pharmacist License Number RPH 48684 to Respondent Madievsky on August 28, 2001. The license will expire on July 31, 2017, unless renewed.

General Overview

4. Respondent Madievsky has been the sole owner of Respondent Pharmacy for 14 years. She employs two pharmacy technicians, Berta Echeverry and Connie Dea, both of whom have worked at Respondent Pharmacy the entire time since Respondent Madievsky became its owner.

5. About three miles away from Respondent Pharmacy, Derrick Butler, M.D., a board-certified family practitioner, practices medicine at the T.H.E. (i.e., "To Help Everyone") Clinic, treating mostly underserved, poor inner-city patients. The vast majority of these patients rely upon Medi-Cal benefits or free county-funded medical

programs for the poor, and they very seldom pay cash for medical services or prescriptions. During 2010, Dr. Butler wrote prescriptions on paper pads, but in December 2010, the T.H.E. Clinic switched to using electronic prescriptions, which could be sent to pharmacies either by facsimile or e-mail.

6. In August 2010, Dr. Butler reported to police the theft of prescription pads from T.H.E. Clinic by an unknown person. Dr. Butler had received a telephone call from Vernon Main Pharmacy (Vernon) asking him to verify a prescription for a large dosage of narcotics. Dr. Burgess inquired further with Vernon and discovered that multiple prescriptions for narcotics had been filled in Dr. Butler's name, but without his knowledge or authorization. In December 2010 Dr. Butler mailed a "To Whom it May Concern" letter to area pharmacies alerting them of the theft of prescription forms and that the forms were being used to create "fake" prescriptions in his name. In November 2011 Dr. Butler made a second report to police that an unknown person stole his prescription pads, forged his name on prescriptions, and exchanged the prescriptions for narcotics.

7. In April 2011 Dr. Butler complained to the Board that Respondent Pharmacy had dispensed numerous fraudulent prescriptions in his name from August 2010 to February 2011. Dr. Butler believed this was true because the California Department of Justice (DOJ) had sent him a CURES[1] report which revealed these prescriptions as being filled at Respondent Pharmacy. When Dr. Butler saw this information in the CURES report, he called Respondent Pharmacy and spoke with Respondent Madievsky about the false prescriptions. She reviewed at least some of the prescriptions and she told Dr. Butler that her records indicated that many of the prescriptions had been called in to the T.H.E. Clinic for verification. According to Respondent Pharmacy's records, when they called in, typically their calls would go to either a person named "Keisha" (or Akeisha), or a person named "Michelle," both of whom verified that the prescriptions were valid.

8. At all relevant times in 2010 and 2011, no one named "Keisha" (or Akeisha) or "Michelle" was an employee at the T.H.E. Clinic. When Dr. Butler talked with Respondent Madievsky, he told her this, and asked her to immediately stop filling prescriptions in his name because they were false. Respondent Madievsky agreed, and Respondent Pharmacy filled no further prescriptions in Dr. Butler's name.

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[1] CURES refers to the California's Controlled Substance Utilization Review and Evaluation System, a database of prescription-drug history information which includes information about the drug dispensed, drug quantity and strength, patient name, address, prescriber name, and authorization number including DEA number or prescription number. California doctors and pharmacies are required to report to DOJ, within seven days, every schedule II, III and IV drug prescription that is written.

The Prescriptions

9(a). Sarah Bayley, a Board Inspector of 15 years and licensed pharmacist since 1994, was assigned to investigate Dr. Butler's complaint. At the hearing she testified regarding the results of her inspection and also provided expert testimony regarding the standard of practice for California pharmacists and pharmacies.

9(b). Ms. Bayley found that from August 1, 2010, to June 10, 2011, Respondent Pharmacy dispensed 596 prescriptions allegedly written by Dr. Butler but which were false for various reasons. Some of the false prescriptions bore forged signatures of Dr. Butler, and some were approved by "Kelsha" (or Akeisha) or "Michelle," whereas those persons were unknown to the T.H.E. Clinic and therefore, Dr. Butler was unaware the prescriptions even existed. Other false prescriptions were in the name of supposed patients that Dr. Butler had never heard of or treated. Many of the prescriptions, when taken together, revealed prescribing patterns that should have alerted any knowledgeable, responsible pharmacist that the prescriptions may not have been legitimate as follows.

9(c). Ms. Bayley noted that 290 of the prescriptions were for Phenergan with Codeine, a Schedule V controlled substance. All of these prescriptions came with the exact same physician directions to take one teaspoon every six to eight hours, all were for a quantity of one pint, and all were accompanied by prescriptions for antibiotics in a quantity of 10 capsules. This is a prescription for a serious cough, with a 20-day supply of Phenergan with Codeine coupled with an only five-day supply of antibiotics. There is no variance as to any of the patients' age, needs, or conditions. On August 5, 2010, Respondent Pharmacy filled 10 such identical prescriptions in a single day, which is an unusually high level of repetition. Insurance plans were billed, but many patients paid from $110 to $120 in cash for these prescriptions, which is also suspicious.

9(d). Ms. Bayley found several other abnormal prescriptions. 16 of the prescriptions were for hydrocodone, a highly addictive Schedule II controlled substance, in the form of either Lortab 10/500 mg or Norco 10/325 mg. All came with the exact same directions to take one tablet every six to eight hours, and all were prescribed in the same quantity of 100 tablets. The identical dosages and directions should have raised a question for any pharmacist as to whether the prescriptions are legitimate, because most legitimate prescriptions are varied due to multiple factors and conditions relevant to each individual patient. Similarly, five identical Lortab prescriptions were filled on September 30, 2010, which is highly unusual in terms of both the prescriptions' sameness and their issuance in such close succession. Five identical Norco prescriptions were filled on August 12, 2010, and five more identical prescriptions were filled on September 25, 2010. Such a high degree of repetition is suspicious for the same reasons.

9(e). Ms. Bayley stated that a competent pharmacist must exercise his or her professional judgment when faced with odd, suspicious, or apparently illegitimate prescriptions such as these. The exercise of such professional judgment cannot be

delegated to pharmacy technicians. It was Respondent Madievsky's duty to contact Dr. Butler directly to ask questions about the prescriptions and verify their legitimacy. If Respondent Madievsky was not satisfied that a prescription was legitimate, she was not obligated to fill it.

9(f). Ms. Bayley's testimony established that pharmacy technicians may verify any kind of prescriptions on the pharmacy's behalf, but their duties do not include the exercise of a pharmacist's professional judgment. Therefore, if a prescription is of questionable legitimacy, the pharmacist cannot delegate the responsibility to contact the prescribing physician to the pharmacy technician but must contact the physician herself.

The Prescription Verifications

10. Complainant alleges in the Accusation that Respondent Pharmacy and Respondent Madievsky "never contacted Dr. [Butler] or the [T.H.E. Clinic] to verify the fraudulent prescriptions prior to dispensing the drugs to patients." The evidence presented on this issue was contradictory as follows.

11. Respondent Pharmacy made attempts to verify many of the prescriptions with the T.H.E. Clinic. Respondent Pharmacy's two pharmacy technicians, Berta Echeverry and Connie Dea, both testified credibly, and adamantly, regarding their calls to either "Keisha" (or Akeisha) or "Michelle," for verification of some of the prescriptions, and a number of the prescriptions bear electronic or handwritten notes attesting to such verifications being made. According to the pharmacy technicians, their calls were always routed to either of these people, both of whom were calm and knowledgeable when providing verification information. However, the evidence also established, by a stipulation of the parties (see Exhibit 19), that no one named "Keisha" (or Akeisha) or "Michelle" worked at the T.H.E. Clinic.

12. When Dr. Butler twice reported to police that prescription pads were stolen, he did not, on either occasion, allege that the theft was part of a burglary or break-in. When prescription pads were stolen, Dr. Butler and the T.H.E. Clinic staff physicians considered whether a staff employee may have taken them. As a result, the clinic had to develop new internal protocols for securing and storing prescription pads. The sum of the evidence indicates that dishonest acts regarding prescribing were likely committed by a person or persons working at the T.H.E. Clinic.

13. Fraudulent prescriptions would be of no value to their purveyors unless they were filled. A staff person willing to steal prescription pads likely would also be willing to arrange for the false prescriptions to be verified as they were called in. This would account for Respondent Pharmacy's two pharmacy technicians' claims that they received repeated phone verifications from two clinic employees who were using names otherwise unknown to the clinic's staff. Because the technicians' testimony was credible while at the same time, the evidence established that the verifications issuing from the T.H.E. Clinic were false, it may be inferred from the totality of circumstances

that two persons within the T.H.E. Clinic were providing verifications using assumed names.

14. Respondent Pharmacy's prescription records contained no notations that verifications were obtained for approximately 42 of the questionable prescriptions. Respondent Madievsky's testimony that all of the questionable prescriptions would have been verified was unpersuasive. Respondent Madievsky had no direct recollection of verifying any particular prescriptions, but had to rely on pharmacy records. If the records of these prescriptions contained no information about verifications, Respondent was speculating that verifications had been secured.

Failure to Produce Six Original Prescriptions

15. During her investigation, Ms. Bayley requested that Respondent Pharmacy produce numerous original prescriptions. Respondent Pharmacy and Respondent Madievsky cooperated with the Board's investigation. They produced 303 prescriptions as requested, but failed to produce six requested prescriptions as follows: prescription (Rx) no. 1559731; Rx no. 1559732; Rx no. 1566999; Rx no. 1567000; Rx no. 1555690; and Rx no. 1555691. Ms. Bayley noted the missing prescriptions and sent a letter to Respondent Madievsky requesting that they be forwarded to her. (Exhibit 14.) Respondent Madievsky does not recall ever seeing the letter and assumes that it was not delivered through the mail. When she read the allegations in the Accusation, she searched for and readily located the six missing prescriptions, which were stored in the correct places but had "stuck" (i.e., clung) to the backs of other prescriptions. Respondent Madievsky credibly attributed the pharmacy's failure to produce these six prescriptions to an honest mistake.

Mitigation, Rehabilitation, and Findings Pertinent to Discipline

16(a). Respondent Madievsky was a candid witness. She conceded the many irregularities that the Board's investigator noted in the prescriptions and agreed with Ms. Bayley's expert opinion that a pharmacist must, in the exercise of her professional judgment, verify any such questionable or suspect prescriptions. She admitted that she, not her pharmacy technicians, should have been the one to contact Dr. Butler, but she had failed to do so. She cooperated with the Board's investigation. As a result of this case, she has changed the way she scrutinizes prescriptions. For example, she did not know before that Phenergan with Codeine was an abused "street drug," so she is more skeptical of such prescriptions, particularly if they appear irregular. The CURES system was not available until June 2011, which is after the fraudulent prescriptions in Dr. Butler's name were filled, but since June 2011 she has used the CURES system daily. She inputs patient names to determine whether a patient is drug-seeking or "doctor shopping," or when a patient without a serious condition has a prescription for addictive drugs. If a prescribing physician is new to the pharmacy, she calls the physician herself to verify the prescription. If a patient is new and the prescription contains any irregularities, she calls the prescribing physician herself to verify the prescription. If a

regular patient has a new prescription with irregularities, she calls the physician herself to verify the prescription.

16(b). In closing argument, Complainant cast Respondent Madievsky as "not a credible witness" and "not truthful in her testimony." As a prime example of this alleged lack of veracity, Complainant noted that when Respondent Madievsky was asked if she or Respondent Pharmacy had been disciplined before, Respondent Madievsky said they had not. According to Complainant, this testimony was false because in 2008, the Board issued citations to both respondents.

16(c). Complainant's claim that Respondent Madievsky was not credible or truthful regarding a prior disciplinary history is misinformed. Official notice is taken that Business and Professions Code section 125.9, which authorizes the Board to establish a system for issuing citations and fines to licensees, and California Code of Regulations, title 16, section 1775, which provides a basic framework for such citations, do not treat citations and fines as disciplinable offenses. In fact, Business and Professions Code section 125.9, subdivision (b)(4), provides that upon a citation or fine's assessment and issuance, "payment of any fine shall not constitute an admission of the violation charged." Furthermore, page 1 of Complainant's own Investigation Report sets forth a substantial list of vital information regarding both respondents. In that list, the Citations issued to Respondent Pharmacy and Respondent Madievsky on March 27, 2008 are described. Also listed for both respondents is the notation: "Prior Discipline: None." (Exhibit 4.) The evidence showed that when Respondent Madievsky stated she had no prior discipline, she was testifying truthfully.

17. Respondent Madievsky has had problems before contacting physicians by telephone to verify prescriptions and admitted that sometimes, when she was deterred from speaking with the physician, she would settle for talking with a medical staff person. Respondent now insists on speaking with the prescribing physician if the situation requires the physician's input and verification.

18. Respondent Madievsky had repeated opportunities to place the onus on her two pharmacy technicians for not correctly verifying the fraudulent prescriptions, yet she refused to deflect the blame onto others. Instead, she took responsibility for failing to properly verify the prescriptions herself, estimating that she saw 90 percent of the prescriptions as they came in to be filled.

19(a). Irina Gelman, a friend and customer of Respondent Madievsky's for 20 years, submitted a character reference letter in which she described Respondent Madievsky as an honest, caring and dedicated pharmacist. Roger Salah, R.Ph., a registered pharmacist in California since 1964, submitted a character reference letter which described Respondent Madievsky as ethical, honest, caring, knowledgeable and devoted to the practice of pharmacy. Elaine Bleiden, R.Ph., a registered pharmacist who has known and worked with Respondent Madievsky since 1996, submitted a character reference letter describing her as a hardworking, knowledgeable pharmacist who is also

a dedicated "patient advocate" when it comes to ensuring their good health. Thang Nguyen, M.D., a physician who has worked with Respondent Madievsky for 13 years, complimented her professional expertise, knowledge and excellent service to his patients.

19(b). All of these letter writers stated that they were aware of the allegations brought against Respondent Madievsky in the pending Accusation.

Costs

20. The Board incurred enforcement costs, in the form of Attorney General fees, in the amount of $9,420. The Board incurred its own costs for investigation in the amount of $12,822. A portion of these costs were not reasonably incurred as follows.

21. The Attorney General's Matter Time Activity report, which details its costs in increments of one-quarter hour and describes each corresponding task performed, reflects that 19.25 hours of Deputy Attorney General time was billed at a rate of $170 per hour for "witness-related preparation." The total cost of this activity is $3,272.50. Ms. Bayley's declaration for the Board reflects 22 hours spent on hearing preparation "which included case file review and witness preparation with the Attorney General's Office." Ms. Bayley's billing rate for these costs appears to be $120 per hour, which would make the total cost of this activity $2,640. In sum, the combined Attorney General and Board billable hours spent on these activities was 41.25 hours, for a total of $5,912.50 in costs incurred.

22. The Board called only two witnesses at the hearing. Its first witness, Dr. Butler, testified for approximately two hours. Its second witness, Ms. Bayley, testified for approximately two and one-half hours. Both witnesses' testimony was straightforward, mostly uncontroversial, and hewed to the allegations set forth in the Accusation. There was no indication that either witness would have required lengthy or elaborate preparation to testify.

23. As a result, the Attorney General's 19.25 hours of witness preparation is disproportionate to the actual four and one-half hours of total witness testimony rendered. A more reasonable amount of preparation would be four hours per witness. Therefore, a reasonable total for Attorney General witness preparation costs is eight hours, or $1,360.20. In the same vein, Ms. Bayley's total of 22 hours of hearing and witness preparation is disproportionate to the two and one-half hours of testimony she provided at the hearing. Her billings included case file review, which in this case, could be reasonably estimated at three hours. A more reasonable amount of witness preparation for her actual testimony would be four hours. Therefore, a reasonable total for Ms. Bayley's hearing preparation, including file review and witness preparation, would be seven hours, or $840.

24. All other Attorney General enforcement costs are reasonable. Pursuant to Factual Findings 20 through 23, the Attorney General's reasonable costs are reduced to $7,508.

25. All other Board investigation costs are reasonable. Pursuant to Factual Findings 20 through 23, the Board's reasonable costs are reduced to $11,022. (These costs, when combined with the Attorney Generals reasonable costs, total $18,530.)

LEGAL CONCLUSIONS

1. The practice of pharmacy, like the practice of medicine, is a profession. *Vermont & 110th Medical Arts Pharmacy v. Board of Pharmacy* (1981) 125 Cal.App.3d 19, 25. The standard of proof in an administrative disciplinary action seeking the suspension or revocation of a professional license is "clear and convincing evidence." *Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856. The key element of "clear and convincing evidence" is that it must establish a high probability of the existence of the disputed fact, greater than proof by a preponderance of the evidence. Evidence of a charge is clear and convincing so long as there is a "high probability" that the charge is true. *People v. Mabini* (2001) 92 Cal.App.4th 654, 662. The Board met its burden of proving its case by clear and convincing evidence.

2. Cause exists to discipline Respondent Pharmacy's Permit Number PHY 45340 and Respondent Madievsky's pharmacist license number RPH 48684 under Business and Professions Code section 4301, subdivision (o), for committing unprofessional conduct by violating or assisting in or abetting the violation of state law governing pharmacy, to wit, California Code of Regulations, title 16, section 1761, subdivision (a), by dispensing prescriptions which contained significant errors, omissions, irregularity, uncertainty, or alteration, while failing to contact the prescriber to obtain the information needed to validate the prescriptions. (Factual Findings 4 through 13.)

3. Cause exists to discipline Respondent Pharmacy's Permit Number PHY 45340 and Respondent Madievsky's pharmacist license number RPH 48684 under Business and Professions Code section 4301, subdivision (o), for committing unprofessional conduct by violating or assisting in or abetting the violation of state law governing pharmacy, to wit, Business and Professions Code section 4333, by failing to maintain prescription records available for inspection by authorized officers of the law in a board-licensed facility for a period of three years. (Factual Findings 4 through 9, and 14.)

Analysis to Determine Penalty

4. The Board's Disciplinary Guidelines state that in determining whether the minimum, maximum, or an intermediate penalty is to be imposed in a given case, the

following applicable factors should be considered (each factor is accompanied by a corresponding analysis):

1. Actual or potential harm to the public. No actual harm to the public was alleged. The potential harm to the public is that false or fraudulent prescriptions, by their nature, promote the misuse or abuse of drugs.

2. Actual or potential harm to any consumer. No actual harm to a consumer was alleged. The potential harm to the public is that false or fraudulent prescriptions, by their nature, promote the misuse or abuse of drugs.

3. Prior disciplinary record, including level of compliance with disciplinary order(s). Neither respondent has a prior disciplinary record.

4. Prior warning(s), including but not limited to citation(s) and fine(s), letter(s) of admonishment, and/or correction notice(s). On March 27, 2008, Respondent Pharmacy was issued Citation and Fine no. CI 2006 32919, and Respondent Madievsy was issued Citation and Fine no. CI 2007 35451. Both citations and fines were in the amount of $2,500, and were issued pursuant to Business and Professions Code sections 4301, subdivision (o), 4301, subdivision (q), 4801, 4332, and 4061.

5. Number and/or variety of current violations. The failure to verify false or fraudulent prescriptions was repeated misconduct that occurred over a 10-month period. The only other violation, for failure to produce six original prescriptions, was unrelated to the prescribing violations, as it concerned compliance with the Board's investigation.

6. Nature and severity of the act(s), offense(s) or crime(s) under consideration. By her failure to recognize the irregularities in the many false prescriptions presented to Respondent Pharmacy, Respondent Madievsky neglected a critically important function of a pharmacist, which is to exercise her professional judgment when necessary. Due to the high volume of false prescriptions that resulted, the offense is serious. By contrast, the failure to produce six original prescriptions for inspection at the Board's request appears to have been inadvertent. Considering that over 300 requested prescriptions were produced as part of the inspection, that offense is de minimis.

7. Aggravating evidence. The evidence did not give rise to aggravating circumstances.

8. Mitigating evidence. Four people, including two pharmacists and a physician, submitted letters attesting to Respondent's good character.

9. Rehabilitation evidence. Respondent Madievsky ceased issuing any more false prescriptions in Dr. Butler's name after Dr. Butler made her aware of the problem. Respondent Madievsky cooperated with the Board's investigation. Respondent Madievsky's failure to supply the Board with six original prescriptions was a de minimus violation. Respondent Madievsky took responsibility for her misconduct and described the steps she has taken to heighten her vigilance in scrutinizing potentially false prescriptions and possible drug-seeking patients. Those steps include her frequent utilization of prescribing histories within the CURES system as a reference point in assessing the validity of prescriptions, and her commitment to speak directly with prescribing physicians to obtain verifications.

. . . .

13. Time passed since the act(s) or offense(s). The misconduct occurred between four and five years ago.

14. Whether the conduct was intentional or negligent, demonstrated incompetence, or, if the respondent is being held to account for conduct committed by another, the respondent had knowledge of or knowingly participated in such conduct. Respondent Madievsky's conduct was negligent in that she was responsible for ensuring the legitimacy and correctness of the prescriptions her pharmacy was filling, yet she repeatedly failed to fulfill her responsibilities.

15. Financial benefit to the respondent from the misconduct. No evidence was presented regarding the potential or actual financial benefit to the Respondent Pharmacy for filling the prescriptions in question, but due to the high volume of prescriptions, at least some financial benefit to Respondent Pharmacy was likely realized.

5. Considering all of these factors, Respondent Pharmacy and Respondent Madievsky committed serious misconduct due to the volume of false prescriptions that were wrongly verified and issued. Respondent Madievsky's culpability was attenuated, however, by her insight into her misconduct, her

willingness to take responsibility, her cooperation with the Board, and her efforts to rehabilitate herself and her pharmacy's practices. In sum, she appears to be a good candidate for probation. The following order will best achieve the purpose of public protection.

ORDER

Pharmacy Permit Number PHY 45340, issued to D & R Pharmacy, Inc., doing business as Pico Union Pharmacy, and Pharmacist License Number RPH 48684, issued to Respondent Dana Madievsky, are hereby revoked. However, the revocation is stayed and Respondents are placed on probation for four years upon the following terms and conditions:

1. Obey All Laws

Respondents shall obey all state and federal laws and regulations. Respondent Madievsky shall report any of the following occurrences to the board, in writing, within 72 hours of such occurrence: an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws; a plea of guilty or nolo contendre in any state or federal criminal proceeding to any criminal complaint, information or indictment; a conviction of any crime; discipline, citation, or other administrative action filed by any state or federal agency which involves respondent's registered pharmacist license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging for any drug, device or controlled substance. Failure to timely report such occurrence shall be considered a violation of probation.

2. Report to the Board

Respondent Madievsky shall report to the board quarterly, on a schedule as directed by the board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, Respondent Madievsky shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation. Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the board.

3. Interview with the Board

Upon receipt of reasonable prior notice, Respondent Madievsky shall appear in person for interviews with the board or its designee, at such intervals and locations as are determined by the board or its designee. Failure to appear for any scheduled interview without prior notification to board staff, or failure to appear for two (2) or more scheduled

interviews with the board or its designee during the period of probation, shall be considered a violation of probation.

4. Cooperate with Board Staff

Respondents shall cooperate with the board's inspection program and with the board's monitoring and investigation of Respondent Madievsky's compliance with the terms and conditions of her probation. Failure to cooperate shall be considered a violation of probation.

5. Continuing Education

Respondent Madievsky shall provide evidence of her efforts to maintain skill and knowledge as a pharmacist as directed by the board or its designee.

6. Notice to Employers

During the period of probation, only where applicable, Respondent Madievsky shall notify all present and prospective employers of the decision in case number 5059 and the terms, conditions and restrictions imposed on Respondents by the decision, as follows:

Within 30 days of the effective date of this decision, and within 15 days of Respondent Madievsky undertaking any new employment, in that event only Respondent Madievsky shall cause her direct supervisor, pharmacist-in-charge (including each new pharmacist-in-charge employed during Respondent Madievsky's tenure of employment) and owner to report to the board in writing acknowledging that the listed individual(s) has/have read the decision in case number 5059, and terms and conditions imposed thereby. It shall be Respondent Madievsky's responsibility to ensure that her employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the board.

If Respondent Madievsky should work for or become employed by or through a pharmacy employment service, she must notify her direct supervisor, pharmacist-in-charge, and owner at every entity licensed by the board of the terms and conditions of the decision in case number 5059 in advance of Respondent commencing work at each licensed entity. A record of this notification must be provided to the board upon request.

Furthermore, within 30 days of the effective date of this decision, and within 15 days of Respondent Madievsky undertaking any new employment by or through a pharmacy employment service, in that event Respondent Madievsky shall cause her direct supervisor with the pharmacy employment service to report to the board in writing acknowledging that he or she has read the decision in case number 5059 and the terms and conditions imposed thereby. It shall be Respondent Madievsky's responsibility to ensure that her employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the board.

Failure to timely notify present or prospective employer(s) or to cause that/those employer(s) to submit timely acknowledgments to the board shall be considered a violation of probation.

"Employment" within the meaning of this provision shall include any full-time, part-time, temporary, relief or pharmacy management service as a pharmacist or any position for which a pharmacist license is a requirement or criterion for employment, whether the respondent is an employee, independent contractor or volunteer.

7. No Supervision of Interns

During the period of probation, Respondent Madievsky shall not supervise any intern pharmacist. Assumption of any such unauthorized supervision responsibilities shall be considered a violation of probation.

8. Reimbursement of Board Costs

As a condition precedent to successful completion of probation, Respondents shall pay to the board its costs of investigation and prosecution in the amount of $18,530. It is within the board's discretion to establish a reasonable monthly or quarterly repayment plan with Respondents.

There shall be no deviation from the repayment schedule the board establishes absent prior written approval by the board or its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of probation.

The filing of bankruptcy by either Respondents shall not relieve them of their responsibility to reimburse the board its costs of investigation and prosecution.

9. Probation Monitoring Costs

Respondents shall pay any costs associated with probation monitoring as determined by the board each and every year of probation. Such costs shall be payable to the board on a schedule as directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall be considered a violation of probation.

10. Status of Licenses

Respondents shall, at all times while on probation, maintain active, current licenses with the board, including any period during which suspension or probation is tolled. Failure to maintain an active, current license shall be considered a violation of probation.

If Respondents' licenses expire or are cancelled by operation of law or otherwise at any time during the period of probation, including any extensions thereof due to tolling or otherwise, upon renewal or reapplication respondents' licenses shall be subject to all terms and conditions of this probation not previously satisfied.

11. License Surrender While on Probation/Suspension

Following the effective date of this decision, should Respondent Madievsky cease practice due to retirement or health, or be otherwise unable to satisfy the terms and

conditions of probation, Respondent Madievsky may tender her license to the board for surrender. The board or its designee shall have the discretion whether to grant the request for surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, Respondent Madievsky will no longer be subject to the terms and conditions of probation. This surrender constitutes a record of discipline and shall become a part of the Respondent Madievsky's license history with the board.

Upon acceptance of the surrender, Respondent Madievsky shall relinquish her pocket and wall license to the board within 10 days of notification by the board that the surrender is accepted. Respondent Madievsky may not reapply for any license from the board for 3 years from the effective date of the surrender. Respondent Madievsky shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the board, including any outstanding costs.

12. Notification of a Change in Name, Residence Address, Mailing Address or Employment

Respondent Madievsky shall notify the board in writing within 10 days of any change of employment. Said notification shall include the reasons for leaving, the address of the new employer, the name of the supervisor and owner, and the work schedule if known. Respondent Madievsky shall further notify the board in writing within 10 days of a change in name, residence address, mailing address, or phone number.

Failure to timely notify the board of any change in employer(s), name(s), address(es), or phone number(s) shall be considered a violation of probation.

13. Tolling of Probation

Except during periods of suspension, Respondent Madievsky shall, at all times while on probation, be employed as a pharmacist in California for a minimum of 120 hours per calendar month. Any month during which this minimum is not met shall toll the period of probation, i.e., the period of probation shall be extended by one month for each month during which this minimum is not met. During any such period of tolling of probation, Respondent Madievsky must nonetheless comply with all terms and conditions of probation.

Should Respondent Madievsky, regardless of residency, for any reason (including vacation) cease practicing as a pharmacist for a minimum of 120 hours per calendar month in California, Respondent must notify the board in writing within 10 days of the cessation of practice, and must further notify the board in writing within 10 days of the resumption of practice. Any failure to provide such notification(s) shall be considered a violation of probation.

It is a violation of probation for Respondent Madievsky's probation to remain tolled pursuant to the provisions of this condition for a total period, counting consecutive and non-consecutive months, exceeding 48 months.

"Cessation of practice" means any calendar month during which respondent is not practicing as a pharmacist for at least 120 hours, as defined by Business and Professions Code section 4000 et seq . "Resumption of practice" means any calendar month during which Respondent Madievsky is practicing as a pharmacist for at least 120 hours as a pharmacist as defined by Business and Professions Code section 4000 et seq.

14. Violation of Probation

If a Respondents have not complied with any term or condition of probation, the board shall have continuing jurisdiction over Respondents, and probation shall automatically be extended, until all terms and conditions have been satisfied or the board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed.

If Respondents violate probation in any respect, the board, after giving Respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. Notice and opportunity to be heard are not required for those provisions stating that a violation thereof may lead to automatic termination of the stay and/or revocation of the license. If a petition to revoke probation or an accusation is filed against either Respondent during probation, the board shall have continuing jurisdiction and the period of probation shall be automatically extended until the petition to revoke probation or accusation is heard and decided.

15. Pharmacy Self-Assessment Mechanism

Within the first year of probation, Respondent Madievsky shall complete the Pharmacist Self-Assessment Mechanism (PSAM) examination provided by the National Association of Boards of Pharmacy (NABP). Respondent Madievsky shall submit a record of completion to the board demonstrating she has completed this examination. Respondent Madievsky shall bear all costs for the examination. Continuing education hours received for this examination shall not be used as part of the required continuing education hours for renewal purposes.

Failure to timely complete the PSAM or submit documentation thereof shall be considered a violation of probation.

Respondent Madievsky shall waive any rights to confidentiality and provide examination results to the board or its designee.

16. No New Ownership of Licensed Premises

Respondent Madievsky shall not acquire any new ownership, legal or beneficial interest nor serve as a manager, administrator, member, officer, director, trustee, associate, or partner of any business, firm, partnership, or corporation licensed by the board in addition to, or other than, Respondent Pharmacy. If Respondent Madievsky currently owns or has any legal or beneficial interest in, or serves as a manager, administrator, member, officer,

director, trustee, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the board, respondent may continue to serve in such capacity or hold that interest, but only to the extent of that position or interest as of the effective date of this decision. Violation of this restriction shall be considered a violation of probation.

17. Separate File of Records (For pharmacist owners and pharmacists-in-charge)

Respondents shall maintain and make available for inspection a separate file of all records pertaining to the acquisition or disposition of all controlled substances. Failure to maintain such file or make it available for inspection shall be considered a violation of probation.

18. Report of Controlled Substances (For pharmacist owners and pharmacists-in-charge)

Respondent Madievsky shall submit quarterly reports to the board detailing the total acquisition and disposition of such controlled substances as the board may direct. Respondent Madievsky shall specify the manner of disposition (e.g., by prescription, due to burglary, etc.) or acquisition (e.g., from a manufacturer, from another retailer, etc.) of such controlled substances. Respondent Madievsky shall report on a quarterly basis or as directed by the board. The report shall be delivered or mailed to the board no later than 10 days following the end of the reporting period. Failure to timely prepare or submit such reports shall be considered a violation of probation.

19. Ethics Course

Within 60 calendar days of the effective date of this decision, Respondent Madievsky shall enroll in a course in ethics, at Respondent Madievsky's expense, approved in advance by the board or its designee. Failure to initiate the course during the first year of probation, and complete it within the second year of probation, is a violation of probation.

Respondent Madievsky shall submit a certificate of completion to the board or its designee within five days after completing the course.

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20. Completion of Probation

Upon written notice by the board or its designee indicating successful completion of probation, respondents' licenses will be fully restored.

DATED: October 14, 2015

JOHN E. DeCURE
Administrative Law Judge
Office of Administrative Hearings

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **D & R PHARMACY, INC.,** **DBA PICO UNION PHARMACY** **1273 S. Union Ave** **Los Angeles, CA 90015** **Pharmacy Permit No. PHY 45340** **and** **DANA MADIEVSKY** **11357 Dona Lisa Drive** **Studio City, CA 91604** **Pharmacist License No. RPH 48684** Respondents.	Case No. 5059 **ACCUSATION**

Complainant alleges:

PARTIES

1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

2. On or about August 28, 2001, the Board of Pharmacy issued Permit Number 45340 to D & R Pharmacy, Inc., dba Pico Union Pharmacy (Respondents). The Permit was in full force

and effect at all times relevant to the charges brought herein and will expire on August 1, 2014, unless renewed.

3. On or about April 23, 1996, the Board of Pharmacy issued Pharmacist License No. RPH 48684 to Dana Madievsky (Respondent). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2015, unless renewed.

JURISDICTION

4. This Accusation is brought before the Board of Pharmacy (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

5. Section 4011 of the Code provides that the Board shall administer and enforce both the Pharmacy Law [Bus. & Prof. Code, § 4000 et seq.] and the Uniform Controlled Substances Act [Health & Safety Code, § 11000 et seq.].

6. Section 4300(a) of the Code provides that every license issued by the Board may be suspended or revoked.

7. Section 4300.1 of the Code states:

> The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

STATUTORY PROVISIONS

8. Section 4022 of the Code states:

> "Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals, and includes the following:
>
> (a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import.
>
> (b) Any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a ____," "Rx only," or words of similar import,

the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.

9. Section 4113, subdivision (c) of the Code states: "The pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy."

10. Section 4301 of the Code states:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

. . . .

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

. . . .

11. Section 4333 of the Code states, in pertinent part, that all prescriptions filled by a pharmacy and all other records required by Section 4081 shall be maintained on the premises and available for inspection by authorized officers of the law for a period of at least three years. In cases where the pharmacy discontinues business, these records shall be maintained in a board-licensed facility for at least three years.

REGULATORY PROVISIONS

12. California Code of Regulations, title 16, section 1761 states:

(a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription.

COST RECOVERY

13. . Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licentiate to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

DRUGS

14. Amoxicillin, is a dangerous drug pursuant to Business and Professions Code section 4022.

15. Bactrim DS, a brand name for trimethoprim/sulfam ethoxazole, is a dangerous drug pursuant to Business and Professions Code section 4022.

16. Keflex, a brand name for cephalexin, is a dangerous drug pursuant to Business and Professions Code section 4022.

17. Lortab, a brand name for hydrocodone, is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022.

18. Norco, a brand name for acetaminophen and hydrocodone bitartrate, is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022.

19. Phenergan/Codeine, the brand name for Promethazine with Codeine Syrup is a Schedule V controlled substance under Health and Safety Code section 11058 and is a dangerous drug pursuant to Business and Professions Code section 4022.

FACTUAL ALLEGATIONS

20. At all times mentioned herein and since August 28, 2001, Dana Madievsky (Respondent) has been the President and Pharmacist-in-Charge (PIC) of D & R Pharmacy, Inc., dba Pico Union Pharmacy (Respondent) located in Los Angeles, California.

21. From August 1, 2010 to June 10, 2011, Respondents dispensed 596 fraudulent prescriptions to patients allegedly written by Dr. D.B. Of the 596 fraudulent prescriptions, 16 prescriptions were for hydrodcodone products, 290 prescriptions were for Phenergan with Codeine, and 290 prescriptions were for antibiotics (Keflex 500 mg, Bactrim DS, and Amoxicillin 500 mg). All of the hydrocodone prescriptions (Lortab 10/500 mg and Norco 10/325 mg) were dispensed with the same directions to take one tablet every six to eight hours and in the same total quantity of one hundred tablets. All of the 290 prescriptions for Phenergan with Codeine showed the same directions (take 1 teaspoon every six to eight hours) and the same total quantity (1 pint) and were prescribed on the same prescription document as the antibiotic. All of the prescriptions for antibiotics showed the same total quantity (10 capsules).

22. Dr. D.B. did not write or authorize any of the fraudulent prescriptions. None of the patients who were dispensed fraudulent prescriptions were patients of Dr. D.B. or were patients at the clinic where Dr. D.B. worked. Respondents never contacted Dr. D.B. or the clinic to verify the fraudulent prescriptions prior to dispensing the drugs to patients.

23. During the Board of Pharmacy's investigation, copies of the original fraudulent prescriptions were obtained from Respondents. The majority of the prescriptions were noted by Respondents as "verified with Michelle and Akisha" on the back of the prescription documents. However, nobody by the name "Michelle" or "Akisha" were employed by Dr. D.B. or the clinic where Dr. D.B. worked. Dr. D.B. confirmed that the clinic would not verify these prescriptions because the clinic never saw those patients.

24. Respondents were also unable to produce the original prescriptions for the following six prescriptions that were dispensed: RX No. 1559731 for Bactrim dispensed to D.J.; RX No. 1559732 for Phenergan with Codeine dispensed to D.J.; RX No. 1566999 for Phenergan with Codeine dispensed to B.A.; RX No. 1567000 for Bactrim dispensed to B.A.; RX No. 1555690 for Phenergan with Codeine dispensed to S.M.; and RX No. 1555691 for Bactrim dispensed to S.M.

FIRST CAUSE FOR DISCIPLINE

(Dispensing Erroneous, Irregular, Uncertain, or Altered Prescriptions)

25. Respondents are subject to disciplinary action for unprofessional conduct under Code section 4301, subdivision (o), for violation of California Code of Regulations section 1761(a) for dispensing prescriptions which contained significant errors, omissions, irregularities, uncertainties, ambiguities or alterations, and failing to verify the prescriptions with the prescriber, as set forth in paragraphs 20 through 24, which are incorporated herein by reference.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Prescription Records)

26. Respondents are subject to disciplinary action for unprofessional conduct under Code section 4301, subdivision (o), for violation of Code section 4333 failing to maintain prescription records, as set forth in paragraphs 20 through 24, which are incorporated herein by reference.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Permit Number 45340, issued to D & R Pharmacy, Inc., dba Pico Union Pharmacy;

2. Revoking or suspending Pharmacist License Number RPH 48684, issued to Dana Madievsky;

3. Ordering Respondents to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

4. Taking such other and further action as deemed necessary and proper.

DATED: 8/16/14

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

LA2014511025/70874826.doc

4PP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-State	■ Ownership Change*	☐ Hospital (# beds _____)	☐ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	■ Mail-Order Service
		■ Other: Specialty Pharmacy	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH 02179		☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: BioPlus Specialty Pharmacy Services, LLC

Physical Address: 376 Northlake Blvd, Suite 1008

City: Altamonte Springs State: FL Zip: 32701

Mailing Address (if different from physical address): same

City: _____ State: _____ Zip: _____

Telephone: 407-830-8820 Toll Free # (NAC 639.708, NRS 639.23286): 888-292-0744

Fax: 800-269-5493 Contact Email: license@bioplusrx.com

Website: https://bioplusrx.com/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Nicholas Maroulis

Supervising/Managing Pharmacist NV Pharmacist Registration #: NV License # 22081

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Nicholas Maroulis	NV Pharmacist Registration #: 22081
Name: Michelle Sampson	NV Pharmacist Registration #: 22015
Name: Richard Rowles	NV Pharmacist Registration #: 13713
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: FL

Parent Company (if any): BioPlus Parent LLC

Corporation/Organization Name: BioPlus Specialty Pharmacy Services, LLC

Mailing Address: 376 Northlake Blvd, Suite 1008

City: Altamonte Springs State: FL Zip: 32701

Telephone: 888-292-0744 Email: license@bioplusrx.com

Contact Person Name: Kimberly Bourcier

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for BioPlus Specialty Pharmacy Services, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Mark Montgomery

Print Name of Authorized Person

Mark Montgomery

Original signature of Authorized Person (copies or stamps not accepted)

1/4/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Nicholas Maroulis hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for BioPlus Specialty Pharmacy Services, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 9th day of January, 2023

Notary Public

MARSHA SUE BROWN
Notary Public - State of Florida
Commission # HH 304419
My Comm. Expires Dec 18, 2026
Bonded through National Notary Assn.

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: N/A Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	**Yes**	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	**State:**	**Date:**	**Case #:**

Criminal Action:	**State:**	**Date:**	**Case #:**	**County:**	**Court:**

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Montgomery, President

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Mark Montgomery

Original signature of Authorized Person (copies or stamps not accepted)

1/4/2023

Date

Board Use Only	Date Received: 1.23.23	Amount: 500.00 CK-1000000445

ICK for 5-CHOW

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

BioPlus Ownership Information

NV License Numbers PH02179, PH03428, PH03386, PH03957, PH04455 and 1 pending application (BioPlus Specialty Pharmacy, LLC - Irvine CA Facility)

Officers of Applicant Entities
(entities include: BioPlus Specialty Pharmacy, LLC (operates the BioPlus FL and CA facilities), Dogwood Pharmacy, LLC dba MedScripts Medical Pharmacy, Raina Rx, LLC dba Route 300 Pharmacy, River Medical Pharmacy, LLC, and Santa Barbara Specialty Pharmacy, LLC). These entities are wholly owned (100%) by BioPlus Parent LLC.

Mark Montgomery, President
Kathleen Kiefer, Secretary
Vincent Scher, Treasurer
Eric Noble, Assistant Treasurer

Board of Managers for Applicant Entities:

Paul Marchetti
Danielle Swenson
Vincent Scher

Officers of BioPlus Parent, LLC

Paul Marchetti, President
Kathleen Kiefer, Secretary
Vincent Scher, Treasurer
Eric Noble, Assistant Treasurer

Board of Managers for BioPlus Parent, LLC:

Paul Marchetti
Danielle Swenson
Vincent Scher

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership of BioPlus Parent LLC

Upon the change of ownership transaction closing on or around February 15, 2023, BioPlus Parent, LLC will become a wholly owned subsidiary of ATH Holding Company, LLC. ATH Holding Company, LLC is wholly owned (100%) by Elevance Health, Inc., a publicly traded company.

Officers of ATH Holding Company, LLC

John Gallina, President, Chairperson, Manager
Kathleen Kiefer, Secretary
Vincent Scher, Treasurer
Jay Wagner, Assistant Secretary
Eric Noble, Assistant Treasurer

Board of Managers for ATH Holding Company, LLC:

John Gallina, President, Chairperson, Manager
Heather Chockley Steinmeyer, Manager
Jay Harry Wagner, Manager

List of Officers of Elevance Health, Inc.(publicly traded):

Gail Boudreaux, President and Chief Executive Officer, Director (Principal Executive Officer)
John Gallina, Executive Vice President and Chief Financial Officer (Principal Financial Officer)
Ronald Penczek, Senior Vice President and Chief Accounting Officer (Principal Accounting Officer)
Kathleen Kiefer, Secretary

List of Board of Directors of Elevance Health, Inc.

Elizabeth Tallett, Chair of the Board
R. Kerry Clark, Director
Robert L. Dixon, Jr. Director
Lewis Hay III, Director
Julie Hill, Director
Bahija Jallal, Director
Antonio Neri, Director
Ramiro Peru, Director
Ryan Schneider, Director

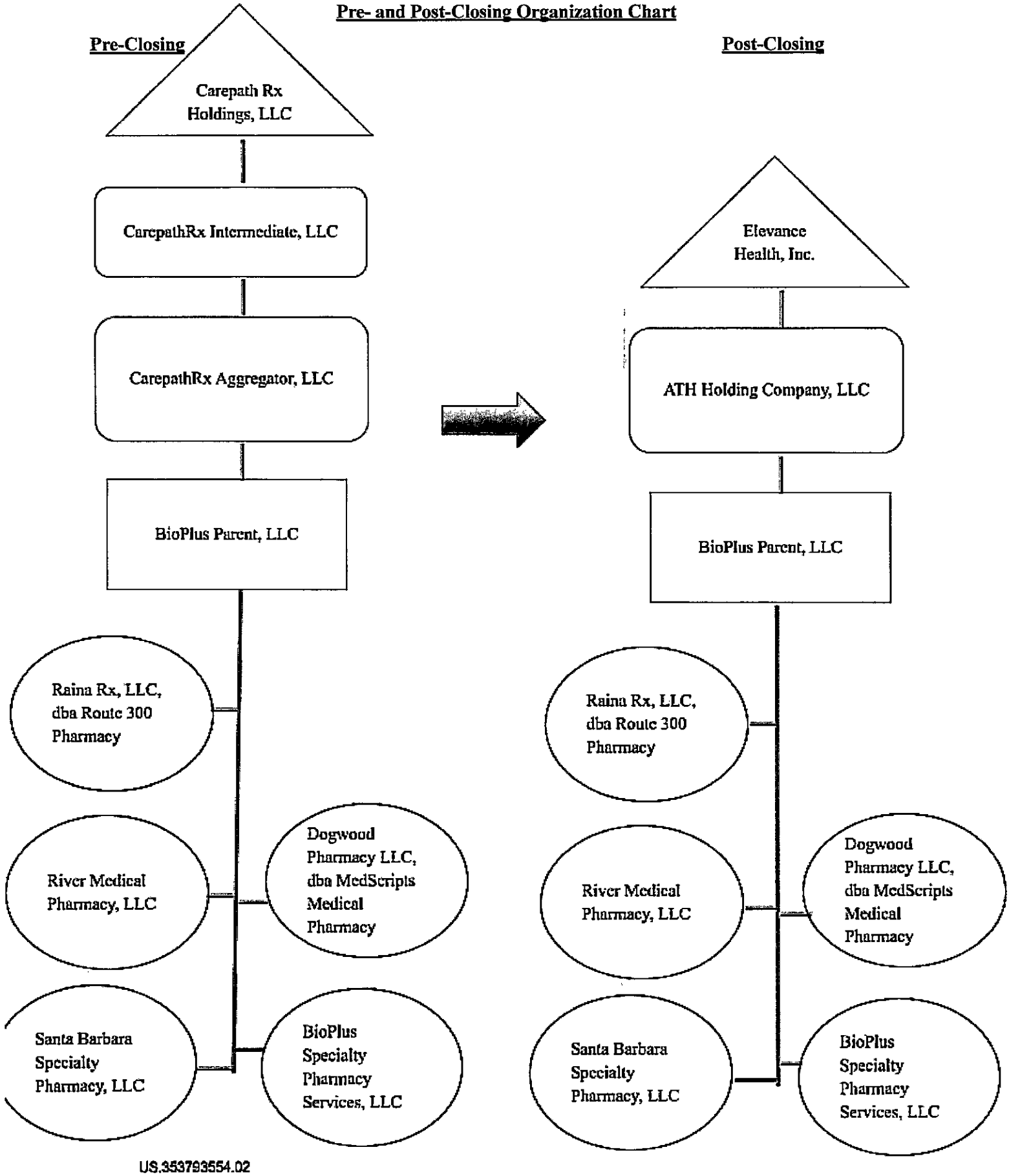
CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

List of Top 4 Shareholders of Elevance Health, Inc.

Parent Company	**Position**	**%**
Vanguard Group Holdings	21,446,037	8.90%
BlackRock, Inc.	21,069,513	8.80%
T. Rowe Price Group, Inc.	11,084,085	4.60%
State Street Corporation	11,075,762	4.60%

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Pre- and Post-Closing Organization Chart



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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: BioPlus Specialty Pharmacy Services, LLC

Pharmacy/Wholesaler License # (if applicable): PH02179

Physical Address: 376 Northlake Blvd, Suite 1008

City: Altamonte Springs State: FL Zip: 32701

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 888-292-0744 Website: https://www.bioplusrx.com/

Licensing Company Email: license@bioplusrx.com

Section 2: Personal Information

First: Nicholas Middle: Last: Maroulis

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Cheetah Trail

City: Winter Springs State: FL Zip: 32708

Telephone: [redacted] Email: nmaroulis@bioplusrx.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Dunedin Senior High School		08/83-05/87	
Address	**City**	**State**	**Zip**
1651 Pinehurst Rd.	Dunedin	FL	34698
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Florida A&M University		8/87-5/93	
Address	**City**	**State**	**Zip**
1415 S. Martin Luther King Jr. Blvd.	Tallahassee	FL	32307
Diploma/Degree obtained, if any			
Bachelor degree in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Florida		8/2000-8/2003	
Address	**City**	**State**	**Zip**
1225 Center Dr.	Gainesville	FL	32610
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/13-01/23	[redacted] Cheetah Trail	Winter Springs	FL	32708
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
BioPlus Specialty Pharmacy Services LLC			01/97-Present	
Business Address		**City**	**State**	**Zip**
376 Northlake Blvd., Suite 1008		Altamonte Springs	FL	32701
Phone	**Title**		**Number of Employed Hours**	
407-830-8820	SVP of Clinical Operations		52,000	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/5/23 NM

Date

I, Nicholas Maroulis, **certify that as the designated representative for**

BioPlus Specialty Pharmacy Services, LLC (FL facility),

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. NM/NM I am at least 21 years of age;
3. NM/NM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. NM/NM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. NM/NM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. NM/NM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. NM/NM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Nicholas Maroulis
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/5/23 NM 1/5/23 NM
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicholas Maroulis

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/ NM 1/5/23

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

1/5/23

Original Signature

12/5/23 NM

Date

Subscribed and Sworn to before me this 5th day of January 2023

Marsha Sue Brown

Notary Public Signature

MARSHA SUE BROWN
Notary Public - State of Florida
Commission # HH 304419
My Comm. Expires Dec 18, 2026
Bonded through National Notary Assn.

MARSHA SUE BROWN
Notary Public - State of Florida
Commission # HH 304419
My Comm. Expires Dec 18, 2026
Bonded through National Notary Assn.

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 04/18/2022
Amount:
License #: 22081

Nicholas Maroulis

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:04/18/2022
Expires:10/31/2023

Nicholas Maroulis

License #
22081
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA

STATE BOARD OF PHARMACY

Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 22081
Effective Date:04/18/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Nicholas Maroulis

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Department of Health

BIOPLUS SPECIALTY PHARMACY SERVICES, LLC BIOPLUS SPECIALTY PHARMACY SERVICES, LLC

License Number: PH10680

Data As Of 1/18/2023

Profession	Pharmacy	
License	PH10680	
License Status	CLEAR/	
Qualifications	Community Pharmacy	Schedule II & III
License Expiration Date	2/28/2025	
License Original Issue Date	03/08/1989	
Address of Record	376 NORTHLAKE BLVD. ALTAMONTE SPRINGS, FL 32701	
Discipline on File	No	
Public Complaint	No	

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

S#09934667

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/05/2020	PH 10680	119144

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Community Pharmacy
Schedule II & III
3:1 Pharmacy Technician Ratio Approved

Expiration Date: FEBRUARY 28, 2023
BIOPLUS SPECIALTY PHARMACY SERVICES, LLC
BIOPLUS SPECIALTY PHARMACY SERVICES, LLC
376 NORTHLAKE BLVD.
ALTAMONTE SPRINGS, FL - 32701

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 09934667

DATE	LICENSE NO.	CONTROL NO.
12/05/2020	PH 10680	119144

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QUALIFICATION(S):
Community Pharmacy
Schedule II & III
3:1 Pharmacy Technician Ratio Approved

Expiration Date : FEBRUARY 28, 2023
BIOPLUS SPECIALTY PHARMACY SERVICES, LLC
BIOPLUS SPECIALTY PHARMACY SERVICES, LLC

EXPIRATION DATE: **FEBRUARY 28, 2023**

Your license number is PH 10680. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at http://flhealthsource.gov/. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/AYRR

GROUNDS FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

State of Florida
Department of State

I certify from the records of this office that BIOPLUS SPECIALTY PHARMACY SERVICES, LLC is a limited liability company organized under the laws of the State of Florida, filed on May 6, 2020, effective December 28, 1988.

The document number of this limited liability company is L20000120596.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022, that its most recent annual report was filed on April 26, 2022, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twentieth day of December, 2022

Secretary of State

Tracking Number: 0586698609CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

Florida HEALTH
www.FloridaHealth.gov

File # 2262
Insp # 172120

NAME	PERMIT NUMBER	DATE OF INSPECTION
BIOPLUS SPECIALTY PHARMACY SERVICES, INC.	10680	11/29/2021
DOING BUSINESS AS		
BIOPLUS SPECIALTY PHARMACY SERVICES, LLC		
STREET ADDRESS	**TELEPHONE #**	**EXT**
376 NORTHLAKE BLVD.		
CITY	**COUNTY**	**STATE/ZIP**
ALTAMONTE SPRINGS	SEMINOLE	FL/32701

Additional Information

Business Operation Hours

Monday Hours 8:00 AM TO 5:00 PM	Tuesday Y
Tuesday Hours 8:00 AM TO 5:00 PM	Wednesday Y
Wednesday Hours 8:00 AM TO 5:00 PM	Thursday Y
Thursday Hours 8:00 AM TO 5:00 PM	Friday Y
Friday Hours 8:00 AM TO 5:00 PM	Saturday Y
Saturday Hours 24 HRS ONCALL	Sunday Y
Sunday Hours 24 HRS ONCALL	Monday Y

Registered Pharmacist / Intern / Tech

License # PS28571	Licensee Name Nicholas Maroulis
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # BP1754387	

License Relations

Pharmacy Affiliate

GARNER, HUGH STEPHEN	License #
GRAYBEAL, WILLIAM	License #
MACLEAY, MICHAEL R	License #
MAROULIS, NICHOLAS D	License #
MONTANEZ, ELVIN	License #
VOGT, STEPHEN C	License #

Pharmacy Corporate Entity/Affil/Pharm

BIOPLUS SPECIALTY PHARMACY SERVICES, INC	License #

RX DPT MGR/COR/POR

MAROULIS, NICHOLAS D	License # 28571

Special Sterile Compounding

BIO PLUS SPECIALTY PHARMACY SERVICES, IN	License # 27897

INV 359 - Community Requirements

Signage Requirements Section

INV359 - Community Requirements

Insp # 172120

BIOPLUS SPECIALTY PHARMACY SERVICES, INC.

File # 2262

Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.]	Yes
A sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons stating, "Prescription Department Closed". [64B16-28.109 F.A.C.]	N/A
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C]	Yes

Community Requirements General Section

Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	Yes
Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081 (1) F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	N/A
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) & F.A.C]	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.].	Yes
Legend drugs properly stored. [64B16-28.118 F.A.C.]; [64B16-28.120 F.A.C.]	Yes
Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.]	Yes
Generic equivalent sign is posted. [465.025(7), F.S]	Yes

Additional Community Requirements

Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.]	Yes
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	Yes
When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.]	Yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.]	Yes
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.]	Yes
Pharmacy licenses are current. [465.015(1)(a) F.S.]	Yes
Private consultation area available [6416-28.1035 F.A.C.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	Yes
Medication properly labeled. [499 F.S.]; [64B16-28.108 F.A.C.]; [893.04(1)(e) F.S.] [21CFR1306.24]; [21CFR1306.14]	Yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(l) F.S.]	Yes
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	Yes
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	Yes
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.]	N/A
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11]	N/A
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	N/A
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	N/A
Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.]	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11) (b) F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	N/A
Compounding records properly maintained. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.]	N/A
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek followup care from his or her primary care physician. [465.1895 (9) F.S.]	N/A
Pharmacist has a written collaborative practice agreement. [465.1865, F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

INV359 - Community Requirements

Insp # 172120

BIOPLUS SPECIALTY PHARMACY SERVICES, INC.

File # 2262

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
The originating pharmacy is identified with pharmacy name and address on the prescription container label.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature

BLAKE, ELLEN

Date:11/29/2021

Representative:

Sarah Wylie

Date:11/29/2021

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BP1754387	07-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	M/O PHARMACY	06-18-2021

BIOPLUS SPECIALTY PHARMACY SERVICES, LLC
376 NORTHLAKE BLVD
ALTAMONTE SPRINGS, FL 327015261

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BP1754387	07-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	M/O PHARMACY	06-18-2021

BIOPLUS SPECIALTY PHARMACY SERVICES, LLC
376 NORTHLAKE BLVD
ALTAMONTE SPRINGS, FL 327015261

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Form DEA-223 (9/2016)

REAL
Solutions Group

January 19, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521
Phone: 775-850-1440

Re: BioPlus Parent, LLC Change of Ownership Applications for NV License Numbers PH02179, PH03428, PH03386, PH03957, PH04455 and 1 pending application (BioPlus Specialty Pharmacy, LLC - Irvine CA Facility)

VIA UPS

To The Nevada State Board of Pharmacy,

On behalf of BioPlus Parent, LLC, we are submitting the enclosed Pharmacy Applications for the following Nevada non-resident pharmacies ("Pharmacies"):

BioPlus Specialty Pharmacy, LLC (Florida Facility) - NV License # PH02179 original app soon
River Medical Pharmacy, LLC - NV License # PH03428
Dogwood Pharmacy, LLC, dba MedScripts Medical Pharmacy - NV License # PH03386
Raina RX, LLC, dba Route 300 Pharmacy - NV License # PH03957
Santa Barbara Specialty Pharmacy, LLC - NV License # PH04455

The Pharmacies are undergoing a change of ownership in a transaction at the **grandparent entity level** that is expected to **close on February 15, 2023**. The Pharmacies are currently wholly owned by BioPlus Parent, LLC. After the transaction closes, BioPlus Parent, LLC will remain the sole owner of the Pharmacies, but the equity will be acquired by ATH Holding Company, LLC, which is a subsidiary of Elevance Health, Inc. (f/k/a Anthem, Inc.).

We request that these applications be placed on the Nevada State Board of Pharmacy agenda as soon as possible, if necessary.

The following Applications and Supporting Documentation are executed and enclosed:

1. One check in the amount of $2,500 (5 applications x $500.00 per application).
2. Five Pharmacy Applications for the Pharmacies listed above.
3. BioPlus Ownership Disclosure, listing Officers, Directors and top 4 Shareholders, and including pre- and post-close corporate organization charts.
4. Certificates of Good Standing for each Pharmacy entity.
5. Completed and executed Designated Representative Application forms for the Pharmacists-in-Charge of each licensed facility
6. Most recent pharmacy inspection for each Pharmacy.

7. Copy of each current resident Pharmacy license
8. Copy of Primary Source Verification from each Licensee's home state.
9. Executed License Verification Forms.
10. Copy of DEA Registration for each Pharmacy.

Please note we are not submitting any **Personal History Record Applications** as there are no individuals within the corporate structure that hold 10% or more of the beneficial interest in any of the relevant entities. In addition, the top level entity in the ownership structure, Elevance Health, Inc., is a publicly traded corporation. See post-close Corporate Organization Chart enclosed.

Pending Application

BioPlus Specialty Pharmacy, LLC (Irvine CA Facility) currently has a non-resident Pharmacy application pending before the Nevada State Board of Pharmacy. Per the direction of Mark Sedar, via email on 1/12/2023, we are not submitting a new application for this pharmacy. Instead, we are supplementing the existing pending application with the revised ownership information enclosed and an updated page 4 of the application to reflect updated contact information.

Please feel free to contact me with any questions regarding these applications at licensing@realsolutionsgroup.co or 602-690-2043. Thank you for your attention to this matter.

Sincerely,

Jill Bonnin
Director of Licensing and Regulatory Affairs
REAL SOLUTIONS GROUP

4QQ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

4

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Infusion Pharmacy	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Eventus Rx LLC

Physical Address: 11300 Lindbergh Blvd. STE 107

City: Fort Myers State: FL Zip: 33913-8827

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 866-249-2696 Toll Free # (NAC 639.708, NRS 639.23286): 866-249-2696

Fax: 866-330-7487 Contact Email: compliance@pharmerica.com

Website: www.ameritaiv.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): David Simmons ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23335 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: David Simons	NV Pharmacist Registration #: 23335
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	x	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.) N/A

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): Amerita, Inc.

Corporation/Organization Name: Eventus Rx LLC

Mailing Address: 805 No. Whittington PKY STE 400

City: Louisville State: KY Zip: 40222

Telephone: 502-627-7962 Email: sxr4100@pharmerica.com

Contact Person Name: Susan Reinach

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist in Charge (title) for Eventus Rx LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

David Simons

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

1/3/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, David Simons hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Eventus Rx LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 3rd day of January, 2023

Notary Public

Notary Public State of Florida
Elena Kristine Sant
My Commission GG 933909
Expires 11/21/2023

ELENA KRISTINE SANT NOTARY PUBLIC STATE OF FLORIDA

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: David Simons Pharmacist Registration #: 23335

Pharmacy Name: Eventus Rx LLC

Initial each statement below to indicate you have read and agree with the following:

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

1/3/2023
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): o All General Partners; o All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative Form http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• Personal History Record Application http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. For Non-publicly traded - The top 4 shareholder/stockholders. b. For Partnerships - All general partners; all limited partners who hold 10% or more of the interest. c. For Sole Owner - The owner.		✓	✓	✓
• Sterile Compounding Questionnaire must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• Submit a copy of your most recent pharmacy inspection from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(f)	✓	✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your pharmacy from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(a)	✓	✓	✓	✓
• License Verification by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2238(2)(g).	✓	✓	✓	✓
• Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)	✓	✓	✓	✓
• Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)	✓	✓	✓	✓
• Transmit Controlled Substance Prescription Data- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Simons

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

1/3/2023
Date

1/13/23

Board Use Only	Date Received: 1-10-23	Amount: 500.00 CK-1019511968

Amerita Consent Orders

Amerita – Austin – November 6, 2012
Consent Order TX Board of Pharmacy – allowing an employee to have access to prescription drugs while employee's technician registration was suspended. Fine $5,000.00

Amerita – Centennial – September 30, 2010
CO Board of Pharmacy Failure to comply with PDMP submission reporting regulations. Fine $5,000.00

Amerita – Tulsa – March 29, 2017
Consent Order, OK Board of Pharmacy – Failure to comply with various compounding requirements and to maintain effective controls. Fine $36,000 and 5 years probation

Amerita – Tulsa – October 24, 2016
Arkansas Board of Pharmacy – Failure to notify the Arkansas Board of Pharmacy of a PIC change, provision of services by PIC while AR BOP license was pending. Fine $2,500 with stipulation that the consent agreement does not constitute a disciplinary action.

Amerita – San Antonio– September 7 2018
Texas Health and Human Services Commission – Administrator failed to carry out, organize and supervise ongoing work under the agency's administrative policies. Fine $500.00

Amerita – Centennial – December 4, 2020
Repeated deficiencies found regarding prescription orders not filed in numerical sequence in three different inspections. Consent order and fine of $500.00.

Richard D. Iriye

1/17/2023
Date

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2020-6471

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF AMERITA, INC., REGISTRATION NO. PDO 401,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Amerita, Inc. ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2020-6471, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as an in-state prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about April 2, 1996, being issued registration #PDO 401 and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 7307 S. Revere Pkwy, Unit 200, Centennial, Colorado.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. In an inspection of Respondent Pharmacy conducted on September 29, 2020, a Board inspector found one (1) repeated deficiency, over three (3) inspections on September 29, 2020, November 15, 2019, and December 3, 2018.

6. The repeated deficiency involved prescription orders not filed in numerical sequence.

7. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline.

(1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

12-280-127. Disciplinary actions. (1) The board may take disciplinary or other action as authorized in section 12-20-404 when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline under section 12-280-126.

* * *

Pharmacy Board Rules and Regulations

11.04.10. Records and Recordkeeping.
A hard copy of every prescription order shall be readily retrievable, legible, and available for inspection for a period of two years from the date of any transaction relating to such prescription order unless the prescription drug outlet has received written Board approval to not retain the original prescription order for non-controlled substance prescription drugs and Schedule II, III, IV, and V controlled substances. Prescription orders will be deemed to be readily retrievable, legible, and available if they are filed according to the numerical sequence of the serial numbers assigned pursuant to Rule 2.01.10, and are easily readable without the aid of any special device. If Board-approval for the electronic maintenance of prescription orders is granted, the affected prescription drug outlet shall maintain all hard copy controlled substance prescription orders in accordance with section 12-280-134(1)(a), C.R.S., Rules 11.01.00 and 11.02.00(a)(3) and (4), and Title 21 CFR 1304.04. In addition to being filed in numerical sequence, three different prescription files shall be maintained: one file shall consist only of Schedule II controlled substance prescription orders; the second file shall consist only of Schedule III, IV and V controlled substance prescription orders; and the third file shall consist of all non-controlled substance prescription drug prescription orders. Filing of

prescription orders in any manner other than by numerical sequence will result in such prescription orders being deemed not readily retrievable and available. A hard copy of every LTCF chart order shall be readily retrievable and available for inspection for a period of two years from the date of any transaction relating to such order. The LTCF chart orders will be deemed to be readily retrievable and available if they are filed according to the date of dispensing. LTCF chart orders for Schedule III, IV, and V controlled substances shall be readily identifiable from non-controlled substance prescription drug LTCF chart orders. Schedule II controlled substance LTCF chart orders shall be retained separately from all other LTCF chart orders.

If a prescription drug outlet utilizes both prescription orders and chart orders, assigning serial numbers to both with the same computer system, the orders must be filed sequentially by serial number.

* * *

8. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

9. **Fine with Surcharge.** Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Pharmacy shall pay a fine of Five Hundred Dollars and No Cents ($500.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of Five Hundred Seventy Five Dollars and No Cents ($575.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

10. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:

    a. promptly pay all its own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

11. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

12. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

13. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

14. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Richard Iriye Dated: 11/23/2020
Authorized Representative

Richard Iriye, President
Name/ Title

APPROVED AS TO FORM
FOR RESPONDENT

Bradley W. Howard
Brown & Fortunato

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 4 day of December, 2020.

State Board of Pharmacy

BY: _____

Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 4 day of December 2020, addressed as follows:

Amerita, Inc.
ATTN: Pharmacy Manager
7307 S Revere Pkwy Unit 200
Centennial, CO 80112-3931
Email: sxr4100@pharmerica.com

Bradley W. Howard
Brown & Fortunato
905 S Fillmore St Ste 400
Amarillo, TX 79101-3541
Email: bhoward@bf-law.com

Lana Hyatte
Agent of the Board

ARKANSAS STATE BOARD OF PHARMACY

STEPHANIE O'NEAL, P.D.
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Public Member, Fort Smith
JAMES BURGESS, D.D.S.
Public Member, Greenwood

JOHN CLAY KIRTLEY, Pharm.D.
EXECUTIVE DIRECTOR

TO: Persons and Businesses with Matters Before the October 2016 Meeting of the Arkansas State Board of Pharmacy

DA: October 24, 2016

Enclosed with this letter is a document presented to and signed by President of the Arkansas State Board of Pharmacy Dr. Stephanie O'Neil regarding an agenda item you had at the October 2016 Board Meeting.

If you are dissatisfied with the outcome you may appeal that decision within thirty (30) days of receipt of this letter in accordance with the requirements of the Arkansas Administrative Procedures Act, Ark. Code Ann. § 25-15-201, *et seq*. I would suggest you consult an attorney should you choose that path.

If you have any questions, please contact the Board office at 501-682-0190.

Sincerely yours,

Chris Carnahan,
ASBP General Counsel

322 South Main Street, Suite 600 ♦ Little Rock, AR 72201 ♦ Phone (501) 682-0190 ♦ Fax: (501) 682-0195

BEFORE THE ARKANSAS STATE BOARD OF PHARMACY

IN THE MATTER OF
AMERITA, INC.,
d/b/a SAFFA INFUSION PHARMACY
OS02336

Case No. 2016-066

CONSENT AGREEMENT

WHEREAS, Respondent, Amerita, Inc., d/b/a Saffa Infusion Pharmacy (hereafter "Respondent"), is licensed as an out-of-state retail pharmacy and holds license number, OS02336;

WHEREAS, Dr. Ricky Burgess, PD12445, was the Arkansas licensed Pharmacist-in-Charge of Respondent in Tulsa, Oklahoma, until May 15, 2016, when Dr. Burgess notified the Board that he would no longer serve as Pharmacist-in-Charge of Respondent;

WHEREAS, Respondent, shipped drugs and medicines into the State of Arkansas and engaged the services of Dr. Simrit Bassett as Arkansas Pharmacist-in-Charge without Dr. Bassett obtaining an Arkansas Pharmacist License from May 16, 2016, until June 14, 2016, whereupon Dr. Bassett obtained his Arkansas Pharmacist License;

WHEREAS, Respondent was notified by Board Staff on July 12, 2016, that there had been no notification of a change in the Arkansas Pharmacist-in-Charge at Respondent's facility had been sent from Respondent to the Board;

WHEREAS, Respondent did not notify the Board of Dr. Bassett's assumption of Pharmacist-in-Charge duties until August 1, 2016;

WHEREAS, Respondent, may be charged with violations of Board Regulations 04-00-0010(b, d, & f), and 04-04-0001 and A.C.A. §17-92-401, §17-92-403, §17-92-404, and §17-92-412;

WHEREAS, Respondent, Amerita, Inc., d/b/a Saffa Infusion Pharmacy, if found in violation of Board Regulation 04-00-0010(f) and A.C.A. §17-92-403(a), could be penalized for each day Respondent is noncompliant with a monetary penalty of up to $500.00, educational programs, licensing examinations, have conditions or restrictions placed upon the regulated activities of its license or a conglomeration of all these per Ark. Code Ann. § 17-92-315(a);

WHEREAS, Respondent makes no admission of guilt, but wishes to resolve these charges informally; Respondent and the Board agree that this Agreement shall not constitute disciplinary action but rather an informal resolution of these charges. Respondent expressly waives its right to an administrative hearing and consent to the terms incorporated in this Agreement. Respondent further consents to the *ex parte* presentation of this Agreement to the Board and agree that, if the Agreement is not accepted by the Board, the presentation and

consideration of this Consent Agreement by the Board shall not constitute a basis for disqualification of the Board or any of its members from further participation in this matter, including a formal hearing; and

WHEREAS, Respondent acknowledges that this Consent Agreement is not effective until its acceptance by the Board, that Respondent has had the opportunity to consult with legal counsel of its own choosing concerning the advisability, meaning and effect of this Consent Agreement, that the Board shall retain jurisdiction to enforce the provisions of this Consent Agreement and that failure to comply with the terms and conditions of this agreement shall be grounds for further disciplinary action in the form of a civil penalty and/or suspension or revocation of Respondent' license, registration or permit.

THEREFORE, Respondent consents to the following terms in full resolution of this complaint:

1. Respondent, Amerita, Inc., d/b/a Saffa Infusion Pharmacy, OS02336, willingly agrees and stipulates that it shall pay a monetary penalty of two thousand five hundred dollars ($2,500.00) to the Board by September 25, 2016.

2. Respondent, Amerita, Inc., d/b/a Saffa Infusion Pharmacy, OS02336, acknowledges that this Consent Agreement is subject to approval by the Board.

APPROVED BY THE BOARD this 18th day of October, 2016

ARKANSAS STATE BOARD OF PHARMACY

Stephanie D. O'Neal
PRESIDENT

EXECUTED this 5th day of August, 2016

Richard Iriye
Authorized Representative of Amerita, Inc., d/b/a Saffa Infusion Pharmacy

Richard Iriye, President

Attorney for Respondent (Optional)

John C. Kirtley
Executive Director
Arkansas State Board of Pharmacy

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2012-001105

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE IN-STATE PRESCRIPTION DRUG OUTLET REGISTRATION OF AMERITA, INC., REGISTRATION NO. PDO 401,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Amerita, Inc. ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2012-001105 as follows:

1. On April 2, 1996, Respondent Pharmacy became registered by the Board as an in-state prescription drug outlet in the State of Colorado and was issued Registration No. PDO 401 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2010), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 7265 S. Revere Parkway, Suite 903, Centennial, Colorado 80112.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. On September 30, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period of September 16 through September 25, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period of September 16 through September 25, 2011, and did not submit a "zero" report indicating no dispensing transactions for said reporting period as required by Board rule.

7. Respondent Pharmacy admits that the conduct described above constitutes a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:

    a. promptly pay all its own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmaceuticals and Pharmacists Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceutical and pharmacists in the State of Colorado.

13. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

14. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Beverley Ornes
Authorized Agent of Respondent Pharmacy

Dated: 11/22/11

Subscribed and sworn to before me in the County of Arapahoe
State of Colorado, this 22nd day of November, 2011, by
Beverley Ornes, in his/her capacity as an authorized
agent of Amerita, Inc.

LINDA WOODRUFF NOTARY PUBLIC STATE OF COLORADO

My commission expires: 10-7-15

Linda Woodruff
Notary Public

My Commission Expires 10/7/15

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 25th DAY OF November, 2011.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY
STATE OF OKLAHOMA

IN THE MATTER OF THE COMPLAINT AGAINST:	)	
Amerita, Inc. (2-7746) **12515 E. 55th St., Ste. 101** **Tulsa, OK 74146**	)	**Case No. 1453**

AGREED FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

This matter came for hearing on March 29, 2017, before the Oklahoma State Board of Pharmacy ("Board"). Board members St. Cyr, Dudley, Spoon, Wilson, Adams, and Whitehead were present. President Wilson presided. Brinda K. White, Assistant Attorney General, served as prosecutor for the Board. Respondent appeared and was represented by legal counsel.

The Complaint in this matter is incorporated by reference into this Order.

The Board and Respondent hereby agree to the following Findings of Fact, Conclusions of Law and Final Order. Respondent has been advised of its right to contest the allegations against it, to cross-examine witnesses, and to present witnesses and evidence in its own defense. Respondent hereby knowingly and voluntarily waives these rights. In addition, Respondent understands and acknowledges that this document is a public record that must be provided to anyone requesting it.

Should this Order not be accepted by the Board, Respondent agrees that neither the presentation of the Order to the Board nor the Board's consideration of the Order will be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, will not be

grounds for precluding the Board or any individual member of the Board from further participating in proceedings related to the matters set forth in the Order.

AGREED FINDINGS OF FACT

1. Respondent is a licensed pharmacy in the State of Oklahoma located at 12515 E. 55th St., Ste. 101, Tulsa, OK. Prior to October 13, 2016, Respondent did business as Saffa Infusion Pharmacy (2-6734).

2. Respondent is a retail pharmacy that compounds sterile IV medications for hospital and home health patients. Respondent does low and medium risk sterile compounding per USP<797> guidelines. Since September 26, 2016, Cindy Leonard, D.Ph. #15141, has been the pharmacist-in-charge of Respondent. Pascaline Nwokoma, D.Ph. #16869, is Respondent's General Manager.

3. On December 9, 2016, Senior Compliance Officer Betty J. Beil, Compliance Officer Chelsea Church and Compliance Officer Marty Hendrick conducted an investigation and inspection of Respondent. The investigation was initiated as a result of a complaint received by the Board that a faulty total parenteral nutrition ("TPN") bag had been delivered by Respondent to a Cancer Treatment Center of America ("CTCA") patient, FP Jr.

4. On or about September 26, 2016, Respondent made seven (7) TPNs for patient FP Jr. Respondent stored these TPNs in its refrigerator until delivery. When preparing the TPNs for delivery, one box appeared to have a leaking bag. The bags were inspected and the "sticky" bag was identified. According to the complaint, the leak was "taken care of" by affixing a piece of tape over the hole. The TPN was placed in a zip lock bag and a sticky note was placed on the outside saying "Use First."

5. The COs questioned D.Ph. Nwokoma about this incident and she told the COs that she had investigated the complaint and was told that the bag had had no apparent leak but was just sticky. Suzette Chapple D.Ph. #12434, the staff pharmacist on duty, had placed a piece of tape across the bag labeling it to "Use First." D.Ph. Nwokoma stated that she reprimanded Chapple, who no longer works at Respondent. Additionally D.Ph. Nwokoma contacted the patient's family and asked them not to use the TPN. D.Ph. Nwokoma arranged for pharmacy personnel to pick up the TPN from the patient and return it to the pharmacy for destruction. D.Ph. Nwokoma did not personally witness or verify the return of the damaged TPN although she was told that it had occurred.

6. At their inspection on December 9, 2016, the COs noted that Respondent has a non-classified area where compounding can be observed through windows. This area is where the finished products are passed through a window or wheeled through a cart-door opening to be checked.

7. Respondent has an ISO Class 8 ante room containing a sink, gowning supplies, a trashcan on wheels, and a step ladder. The stainless steel sink was dirty and had soap drippings all over the outside of it.

8. An ISO Class 7 buffer room is separated by glass doors. The unidirectional vertical laminar flow workbenches (four ISO Class 5 stations) are in it. One workbench contained a Baxa repeater pump. It had not been certified. One workbench contained a Baxter Exacta Mix compounder. Two of the four workbenches had a thick, plastic curtain hanging above them. The other two did not. A technician admitted to taking one of the curtains down to clean it and had not replaced it. Significant rust was accumulating on all four legs and crossbars of each workbench. Rust spots were on the floor

around the legs of the workbenches. Crossbars with rust were directly in front of the HEPA-filtered, inflow vents. A stainless steel shelving unit was also in the buffer room. It held a spare computer keyboard, a plastic curtain from a workbench, weights to calibrate the compounder, and IV supplies. The legs of the shelving unit were also rusted.

9. In the ISO Class 7 buffer room, a white machine was sitting directly beside a workbench. PIC Leonard was asked what the machine was and she said that she thought that it was the computer that ran the Baxter Exacta Mix compounder. Elizabeth Vanover, Tech. #15712, explained that it was a "humidifier". Tech. Vanover had been told the week before by D.Ph. Ken Long, Director of Clinical Services, Dallas, TX, to place it in the buffer room when the humidity is low. Tech. Vanover pointed out where she had documented the humidity excursions and her actions. Her documentation showed that even after the placement of the "humidifer", humidities continued to be out of specification.

10. CO Church garbed and entered the buffer room. The pass-through from the buffer room was constructed out of Plexiglas and had a porous, foam seal around the window and door from both sides. The seals were stained and damaged. The foam inside the buffer room was actually torn and allowed air to leak around it. Roller stools were under each of the workbenches in the buffer room and one of the stools had a torn leather top with the foam cushion partially exposed. The rooms and workbenches had been certified on July 7, 2016, by Advanced 797.

11. CO Church observed Tech. Vanover clean the area. Tech. Vanover cleaned the workbenches with sterile water and followed it with 70% sterile alcohol.

12. Technicians log temperature, humidity, and pressure differentials daily for both the ante and buffer rooms. The monitoring logs show that during the entire month of December humidity excursions were lower than 25% relative. On December 2, 2016, and December 5, 2016, low humidity was documented in Respondent's "Temperature and Humidity Corrective Action Log"; unknown cause/detail was noted and the corrective action was to put a humidifier in the room and monitor. Humidity excursions were also noted for December 7, 2016 and December 9, 2016, with a follow-up to Ken Long.

13. CO Church noted that the white machine beside a workbench was a Hisense dehumidifier not a humidifier as Respondent's staff believed. A small amount of water was in the bottom of the machine. When interviewed, Tech. Vanover stated that she had wiped down the "humidifier" with sterile alcohol wipes and placed it in the buffer room. She claimed that she did not put water in the machine. CO Church had the dehumidifer removed from the buffer room.

14. Pressures were logged and differentials were calculated on a daily log. The log explains that Column A (cleanroom to anteroom) + Column B (anteroom to pharmacy prep) = Column C (>0.02" wc). For the month of December, Column C appeared out of specification. The COs discovered that the technicians had not calculated the pressure differentials correctly. No pharmacist had noted the excursions or calculation errors.

15. Respondent's Policies and Procedures stated that environmental monitoring was to occur monthly. Ntsia Sherry Yang, Tech. #15952, told the COs that the tests had not been done accurately for the last several months. The agar plates had not been placed and handled correctly. Libby Flanagan,

Tech. #14826, a technician no longer employed by Respondent, had been in charge of environmental monitoring. Tech. Flanagan had done the November monitoring and the results were negative. On further review, the months of November and December showed suboptimal temperatures of the incubator that prepared the agars. Per Respondent's policy, incubator temperatures should be 85° – 95° Fahrenheit. Due to incorrect temperatures, the environmental monitoring of November was invalid. Despite the fact that Respondent's Policies and Procedures set out the procedure for doing environmental monitoring, December's monitoring had not yet been done because the staff was unsure how the tests should be conducted. Even though the incubator had not been certified and the quality assurance for the month of November contained multiple excursions, PIC Leonard signed off on the quality assurance for November.

16. The weekly cleaning logs were up-to-date for December. Tech. Yang had already filled out cleaning information for December 27, 2016. She said that she had filled out the cleaning information and initialed the log before the cleaning had actually been done to "remind" herself that monthly cleaning was due on that day.

17. No annual FTGS or media fill tests were on file for two pharmacists on staff who routinely check compounded products or for any part-time or temporary pharmacists. No initial competency testing or annual compounding testing were noted for any temporary pharmacists. Annual training was documented in employee files. Tech. Yang acknowledged that she was the person who trained all personnel, including pharmacists. She said that she trains personnel on proper garbing, aseptic technique, and cleaning procedures.

18. On December 9, 2016, Judy Andrews, D.Ph. #11027, was on duty. No initial competency test, annual compounding training, FTGS, or media fill documentation was on file for her. Andrews was told to cease overseeing or verifying sterile compounding without the proper training documentation.

19. Respondent's Policies and Procedures were not site specific. Some of the policies were labeled as "Saffa" and others as "Amerita." Policies and procedures were not followed. When policies were last updated or reviewed is unclear.

20. On December 9, 2016, the COs directed PIC Leonard and General Manager Nwokoma to immediately make the necessary corrections to become USP<797> compliant. As of December 16, 2016, they had not made these corrections. On December 16, CO Church told PIC Leonard and D.Ph. Nwokoma that, due to the fact that an ISO Class 5 environment is not guaranteed because of the deficiencies found and notated during the inspection, all compounding becomes high risk. CO Church instructed PIC Leonard to treat all compounding as high-risk and make the BUDs correspond appropriately. All IVs were to have a BUD of ≤ (less than or equal to) 72 hours refrigerated per USP guidelines. Respondent was to implement CO Church's instructions immediately and continue to do so until Respondent was USP<797> compliant. PIC Leonard and D.Ph. Nwokoma were to report to the Board when Respondent is in compliance with USP<797>.

21. On December 16, 2016, D.Ph. Long called CO Church and assured her that actions were being taken to correct the deficiencies. CO Church again advised Respondent to follow the USP<797> guidelines for BUDs until the Board is notified and can verify Respondent's adherence to the

rules.

AGREED CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter and over the Respondent pursuant to 59 O.S. §§ 353.7 and 353.26.

2. Any Finding of Fact which is properly a Conclusion of Law is hereby incorporated by reference and vice versa.

3. Respondent pleads nolo contendere to violating OAC 535:15-9-11, failure to comply with all aspects of USP Compounding Standards and Oklahoma Administrative Code, Title 535, as set forth in Count 1 of the Complaint.

4. Respondent has admitted violating OAC 535:15-10-1 and OAC 535:15-10-52(e)(1) by failing to have available written policies and procedures for all steps in the compounding of preparations, as set forth in Count 2 of the Complaint.

5. Respondent pleads nolo contendere to violating OAC 535:15-10-1 and OAC 535:15-10-54(o)(6), failure to establish procedures for yearly testing the techniques of pharmacists using simulated aseptic procedures and documentation thereof, as set forth in Counts 3-6 of the Complaint.

6. Respondent has admitted violating OAC 535:15-10-56(e) by failing to routinely inspect, calibrate as necessary and check to ensure proper performance automated, mechanical, electronic, limited commercial scale manufacturing or testing equipment, and other types of equipment used in the compounding of drug products, as set forth in Count 7 of the Complaint.

7. Respondent has admitted violating OAC 535:15-10-52(f)(1) by failing to train all individuals who compound sterile preparations; this training must be completed before the individual is allowed to compound sterile

preparations, as set forth in Counts 8-9 of the Complaint.

8. Respondent pleads nolo contendere to violating OAC 535:15-10-54(a), failure to comply with all applicable federal, state, and local law and regulation concerning pharmacy, as set forth in Count 10 of the Complaint.

9. Respondent has admitted violating OAC 535:15-10-54(a)(3) by failing to require personnel to follow proper procedures for personnel cleansing and garbing prior to compounding and maintain proper competency of aseptic work practices, as set forth in Counts 11-14 of the Complaint.

10. Respondent has admitted violating OAC 535:15-10-54(g) by failing to do routine disinfection and air quality testing of the direct compounding environment to minimize microbial surface contamination and maintain ISO Class 5 air quality, as set forth in Count 15 of the Complaint.

11. Respondent pleads nolo contendere to violating OAC 535:15-10-55(g)(5), failure to install a pressure gauge or velocity meter to monitor the pressure differential or airflow between the clean room and the general environment outside the compounding area; the results shall be reviewed and documented on a log at least every work shift (minimum frequency shall be at least daily) or by a continuous recording device, as set forth in Count 16 of the Complaint.

12. Respondent has admitted violating OAC 535:25-9-8(1) by failing to establish and maintain effective controls to prevent prescription errors, as set forth in Count 17 of the Complaint.

13. Respondent has admitted violating OAC 535:15-10-1 and OAC 535:15-10-52(c)(9) by failing to ensure that only authorized personnel are in the immediate vicinity of the drug compounding operation, as set forth in

Count 18 of the Complaint.

14. Respondent has admitted violating OAC 535:15-10-54(a)(4) by failing to require personnel to follow proper procedures in the cleaning and disinfection of sterile compounding areas; additionally, viable and non-viable environmental air sampling must be performed according to facility written procedures, as set forth in Count 19 of the Complaint.

15. Respondent has admitted violating OAC 535:15-10-56(b) by failing to have compounding equipment that is of suitable composition so that the surfaces that contact components are neither reactive, additive or absorptive, therefore not affecting or altering the purity of the compounded preparation, as set forth in Count 20 of the Complaint.

16. Respondent has admitted violating OAC 535:15-10-1 and OAC 535:15-10-52(c)(8) by failing to ensure the proper maintenance, cleanliness, and use of all equipment used in a prescription compounding practice, as set forth in Count 21 of the Complaint.

17. Respondent pleads nolo contendere to violating OAC 535:15-10-54(g)(1), failure to do routine disinfection and air quality testing of the direct compounding environment to minimize microbial surface contamination and maintain ISO Class 5 air quality, as set forth in Count 22 of the Complaint.

18. Respondent has admitted violating OAC 535:15-10-56(a) by failing to have equipment used in the compounding of drug preparations that is of appropriate design and capacity and is suitably located to facilitate operations for its intended use, cleaning and maintenance, as set forth in Count 23 of the Complaint.

19. Respondent pleads nolo contender to violating OAC

535:15-13-13(a), failure to have a pharmacy manager who is responsible for the development and/or implementation of a pharmacy technician training program, as set forth in Count 24 of the Complaint.

20. Pursuant to 59 O.S. §353.7(12), for any registrant who violates any provision of the Oklahoma Pharmacy Act including the Board's rules, the Board has authority to levy fines not to exceed Three Thousand Dollars ($3000.00) for each violation; to reprimand, place on probation or suspend or revoke the license of a licensee; to require extra hours of continuing education and to require participation in a rehabilitation program for the impaired. The Board may also impose as part of any disciplinary action the payment of costs expended by the Board for any legal fees and costs, including, but not limited to, staff time, salary and travel expense, witness fees and attorney fees.

21. Based on the above Agreed Findings of Fact, Respondent is subject to disciplinary action pursuant to 59 O.S. §§ 353.7 and 353.26.

AGREED ORDER

1. Respondent, Amerita, Inc., holder of pharmacy license No. 2-7746, admits to guilt on eighteen (18) counts and pleads nolo contendere to six (6) counts.

2. Respondent is hereby placed on probation for five (5) years until March 29, 2022.

3. All pharmacists and pharmacy technicians currently employed by or hired by Respondent Amerita, Inc. before March 29, 2018, shall be trained in sterile compounding by a Board-approved entity with documented expertise in providing sterile compounding training. This training must consist of at least fifteen (15) hours in sterile compounding. Those pharmacists and

technicians currently employed by Respondent shall complete their training by September 29, 2017. Those pharmacists and technicians hired after March 29, 2017, shall complete their training before they begin sterile compounding.

4. Every three (3) months of the first year and every six (6) months of the remaining four (4) years that Respondent is on probation, all of Respondent's employees doing sterile compounding shall pass fingertip glove tests, media fill tests and initial competency tests.

5. At all times during the compounding process a pharmacist must be garbed and present inside the sterile compounding room.

6. All sterile compounding lab areas shall be ISO certified biannually.

7. Respondent is hereby fined Fifteen Hundred Dollars ($1500.00) per count for a total fine of Thirty-six Thousand Dollars ($36,000.00). The fine is due on March 29, 2017.

8. Failure of Respondent to abide by any of the terms of this Agreed Order could result in further disciplinary action as allowed by the Oklahoma Pharmacy Act or the Board's rules.

9. The Board retains jurisdiction over the instant case until all matters are finally resolved as set forth in this Order.

All participating members vote "Aye".

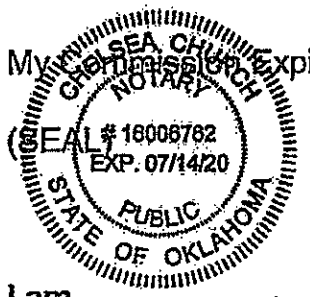
Justin Wilson, Pharm.D., President
Oklahoma State Board of Pharmacy

State of Oklahoma)
) ss.
County of Oklahoma)

Subscribed and sworn before me on this the 29th day of March 2017.

Chelsea Church
Notary Public

My Commission Expires:



I am_____ of Amerita, Inc. (2-7746), and, therefore, I am authorized to sign on behalf of Amerita, Inc. (2-7746). I have read the above Agreed Findings of Fact, Conclusions of Law and Final Order. I understand that by its terms Amerita, Inc. (2-7746) will be waiving certain rights accorded it under Oklahoma Law. I also understand that by its terms the Oklahoma State Board of Pharmacy has placed Amerita, Inc. (2-7746) on probation and that Amerita, Inc. (2-7746) must comply with the terms and conditions of the Agreed Order or further discipline will be imposed on it. On behalf of Amerita, Inc. (2-7746), I agree to the above Agreed Order.

Dated this ____ day of _____, 2017.

Amerita, Inc. (2-7746), Respondent

_____

By:

State of Oklahoma)
) ss.
County of Oklahoma)

Subscribed and sworn before me on this the 17th day of February, 2017.

Julie A Luedeman
Notary Public

My Commission Expires: April, 12, 2019

(SEAL)

JULIE A LUEDEMAN
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 19994010004
MY COMMISSION EXPIRES APRIL 12, 2019

I am Richard Inye, President of Amerita, Inc. (2-7746), and, therefore, I am authorized to sign on behalf of Amerita, Inc. (2-7746). I have read the above Agreed Findings of Fact, Conclusions of Law and Final Order. I understand that by its terms Amerita, Inc. (2-7746) will be waiving certain rights accorded it under Oklahoma Law. I also understand that by its terms the Oklahoma State Board of Pharmacy has placed Amerita, Inc. (2-7746) on probation and that Amerita, Inc. (2-7746) must comply with the terms and conditions of the Agreed Order or further discipline will be imposed on it. On behalf of Amerita, Inc. (2-7746), I agree to the above Agreed Order.

Dated this 17th day of February, 2017.

Amerita, Inc. (2-7746), Respondent

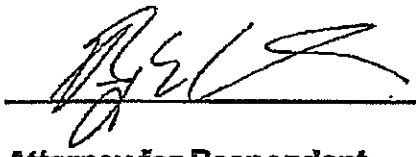
Richard Inye
By:

State of Oklahoma)
) ss.
County of _____)

Subscribed and sworn before me on this the ____ day of _____, 2017, by _____.

_____
Notary Public

AGREED AND APPROVED:



Attorney for Respondent

This copy is certified to be a "TRUE COPY" of the original document contained in the Oklahoma State Board of Pharmacy files.

AGREED BOARD ORDER #K-12-019-B

RE: IN THE MATTER OF
AMERITA INC.
(PHARMACY LICENSE #25370)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy ("Board") the matter of pharmacy license number 25370 issued to Amerita Inc. ("Respondent"), 1600 West 38th Street, Suite 132, Austin, Texas 78731-6404.

By letter dated August 6, 2012, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Section 565.001(a)(1), (12) and (13); Section 565.002(a)(3); and Section 568.003(a)(1), (7) and (10) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2011); and
>
> Section 281.8(b)(1); Section 281.9(b)(5); Section 291.32(a)(2)(H); Section 291.32(c)(1)(C) and (E); and Section 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2011), in that allegedly:

COUNTS

(1) On or about October 2011, through on or about December 8, 2011, Daniel Lopez, while acting as an employee of Amerita Inc., 1600 West 38th Street, Suite 132, Austin, Texas 78731-6404, accessed prescription drugs during the time that his pharmacy technician registration was suspended, in that Mr. Lopez engaged in the duties of a delivery driver for the pharmacy. Mr. Lopez' registration became suspended on May 6, 2011, due to his failure to comply with a requirement of Agreed Board Order #T-09-377 entered against his pharmacy technician registration. Mr. Lopez was allowed access to prescription drugs until the pharmacy was informed that Mr. Lopez could not do so following a Texas State Board of Pharmacy inspection on December 8, 2011.

(2) On or about October 2011, through on or about December 8, 2011, Theresa Irene Romo, while acting as an employee (pharmacist-in-charge) of Amerita Inc., 1600 West 38th Street, Suite 132, Austin, Texas 78731-6404, failed to legally operate the pharmacy as described above in Count (1).

An informal conference was held in the office of the Texas State Board of Pharmacy on September 5, 2012, with Richard Iriye, R.Ph., Chief Operating Officer of Respondent; Theresa Romo, R.Ph., Pharmacist-in-Charge of Respondent; and Bradley W. Howard, Legal Counsel for Respondent, in attendance. The informal conference was heard by a Board panel comprised of:

W. Benjamin Fry, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin E. Arnold, General Counsel. Caroline K. Hotchkiss, Staff Attorney, was also in attendance.

By appearing at the informal conference and by signing this Order, Respondent and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent shall pay an administrative penalty of five thousand dollars ($5,000) due ninety (90) days after the entry of this Order.

(2) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.

(3) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2011), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2012).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 6th day of November, 2012.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

~~James D. Glynn, Corporate President of Amerita Inc.~~
Richard D. Iriye, RPh., Chief Operating Officer for Amerita, Inc.

Bradley W. Howard, Legal Counsel for Amerita Inc.
Brown & Fortunato, P.C.
905 S. Fillmore, Suite 400
Amarillo, Texas 79105

APPROVED AS TO FORM:

Kerstin E. Arnold, General Counsel
Texas State Board of Pharmacy

RECEIVED
2/22/19

TEXAS
Health and Human Services

Texas Health and Human Services Commission

Dr. Courtney N. Phillips
Executive Commissioner

February 18, 2019

CERTIFIED MAIL: 7017 2620 0000 5211 7948

ADMINISTRATOR
AMERITA
6019 Randolph Blvd
San Antonio, Texas 78233

Sent First Class Mail: 02/18/2019

RE: AMERITA INC dba AMERITA, License No. 018044
Proposal to Assess Administrative Penalties

Dear Administrator:

Pursuant to Texas Health and Safety Code (HSC) Chapter 142 and 40 Texas Administrative Code (TAC) Chapter 97, this is notice that the Texas Health and Human Services Commission (HHSC) proposes to assess administrative penalties in the amount of $500.00 for state licensing violations identified during AMERITA INC dba AMERITA's (the agency) September 7, 2018 survey.

Your agency's violation(s) of the state licensing regulations constitutes an independent basis for the following enforcement recommendation. For specific details regarding violations cited, please refer to the state form titled "Statement of Licensing Violations and Plan of Correction" which was mailed to the agency after the survey.

State Licensing Violations

Reference the Statement of Licensing Violations, item Z130 §97.243(b)(1)(B)
Management Resp: Administrator-Level B
The administrator failed to carry out, organize, and supervise ongoing work under the agency's administrative policies. **A proposed administrative penalty in the amount of $500.00 has been assessed.**

Enforcement Options

As a result of the proposed enforcement action, the agency may choose one of the following options within 20 calendar days of receiving this Notice of Violation (NOV) letter:

Option 1 Accept, in writing, the proposed enforcement action outlined within this letter by paying an administrative penalty in the amount of $500.00. Payment of the administrative penalty must be made by **cashier's check or money order** and mailed to:

Texas Health and Human Services Commission
ARTS Mail Code 1470
P.O. Box 149055
Austin, TX 78714-9030

The cashier's check or money order must be made payable to the Texas Health and Human Services Commission **and must include the notation: "Deposit in the HCSSA Administrative Penalty Fund, ARTS Service Code # 529201108." Please include the attached payment coupon along with your check or money order.** Should the proposed enforcement action outlined in this letter be accepted, an Order will be entered approving the determination and ordering the agency to pay the proposed penalty; **or**

Option 2 — You may appeal this enforcement action to HHSC. HHSC will docket the appeal request with the State Office of Administrative Hearings (SOAH). The request must be in writing, in the form of a petition or letter, and must state the basis of the appeal. You must include a legible copy of the letter or notice received from HHSC that specified the proposed enforcement action. The request for a hearing is not complete and will not be docketed at SOAH for hearing without a copy of the Enforcement Action letter. Your request for a hearing must be sent to HHSC at:

Legal Services (W-615)
Office of General Counsel
Texas Health and Human Services Commission
P.O. Box 149030
Austin, TX 78714
Fax: (512) 438-5759

If a request for a hearing is not complete within *20 days* of receipt of this letter, unless otherwise provided by statute, you will be deemed to have consented to the HHSC action and request for a hearing will be denied, and the proposed action outlined above will be taken. Specifically, an Order will be entered approving the determination and ordering that the agency pay an administrative penalty in the amount of $500.00.

All submissions will be filed at SOAH and must be redacted to meet SOAH privacy requirements at 1 TAC RULE §155.101. Redaction must include all personal identifiers that are protected by law from disclosure or that are unnecessary for resolution of the case. Any documents received containing unredacted confidential information will be returned.

If you have questions regarding the above-described procedures, please call Sonja Tindell, Enforcement Specialist, at (512) 438-2189.

Sincerely,

Brian Cavuto
Manager, Provider Licensing Enforcement Unit
LTC Regulatory Services
Regulatory Services Division
Texas Health and Human Services Commission

PAYMENT COUPON

HCSSA ADMINISTRATIVE PENALTIES
Provider Licensing Enforcement Unit – (Sonja Tindell)
"Deposit in the HCSSA Administrative Penalty Fund, ARTS Service Code # 529201108"

Agency License No.: **018044**

Claim Amount: $500.00

Name: AMERITA INC dba AMERITA
Exit Date: September 7, 2018

Address: 6019 Randolph Blvd
San Antonio, Texas 78233

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TEXAS
Health and Human Services

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Austin, TX 78714-9030

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

JAN 19 2023

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Eventus Rx LLC

Pharmacy/Wholesaler License # (if applicable): pending

Physical Address: 11300 Lindbergh Blvd. STE 107

City: Fort Myers State: FL Zip: 33913-8827

Mailing Address (if different from physical address): same as above

City: State: Zip:

Telephone: 866-249-2696 Website: www.ameritaiv.com

Licensing Company Email: compliance@pharmerica.com

Section 2: Personal Information

First: David Middle: Allen Last: Simons

Alias(es, nicknames, name changes, etc.): None

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Canopy Loop

City: Fort Myers State: FL Zip: 33913

Telephone: [redacted] Email: dsimons@ameritaiv.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	X	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		NA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Kansas		08/96 - 05/00	
Address	City	State	Zip
	Lawrence	KS	66045
Diploma/Degree obtained, if any			
Doctor of Pharmacy			
School Name		From - To (MM/YY – MM/YY)	
Johnson County Community College		08/94 - 05/96	
Address	City	State	Zip
	Overland Park	KS	66210
Diploma/Degree obtained, if any			
Associates of Arts			
School Name		From - To (MM/YY – MM/YY)	
Kansas State University		08/83 - 05/85	
Address	City	State	Zip
	Manhattan	KS	66506
Diploma/Degree obtained, if any			
None			
School Name		From - To (MM/YY – MM/YY)	
Valley Falls High School		08/79 - 05/83	
Address	City	State	Zip
601 Elm Street	Valley Falls	KS	66088
Diploma/Degree obtained, if any			
Yes			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
5/21 - present	[redacted] Canopy Loop	Fort Myers	FL	33913
6/14 - 5/21	[redacted] Pine Ridge	Basehor	KS	66007
10/00 - 6/14	[redacted] W. 145th Terrace	Olathe	KS	66062
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Eventus RX			From - To (MM/YY – MM/YY): 06/22 - present
Business Address: 11300 Lindbergh Blvd Suite 107	City: Fort Myers	State: FL	Zip: 33913
Phone: 866-249-2696	Title: Pharmacy Manager		Number of Employed Hours: 40hrs/week
Description of Duties: Ordering, budgetting, oversee the day to day operations, counsel patients, check orders			
Business Name: MWI Animal Health / Animal RX Pharmacy			From - To (MM/YY – MM/YY): 03/08 - 01/22
Business Address: 2450 Midpoint Drive	City: Edwardsville	State: KS	Zip: 66111
Phone: (913)422-3900	Title: Pharmacy Manager, Manager of Pharmacy Serives, Director of Pharmacy		Number of Employed Hours: 40 hrs/week
Description of Duties: Oversee day to day operations, Compliance of pharmacy, budgeting, supervisor over 6 pharmacies, check orders, counselvets, ordering of medications			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
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Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # NA. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

NA

Original Signature (electronic, copies or stamps not accepted)

Date 1/17/23

I, David Simons, certify that as the designated representative for Eventus RX,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. X I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

David Simons
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/17/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Simons
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/17/2023
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Lee

I, David Simons, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/17/2023
Date

Subscribed and Sworn to before me this 17th day of Jan 2023

Notary Public Signature

Notary Public State of Florida
Elena Kristine Sant
My Commission GG 933909
Expires 11/21/2023

(Seal)

Filed in the Office of	Business Number
Barbara K. Cegavske	E26821252022-1
Secretary of State	Filing Number
State Of Nevada	20222682124
	Filed On
	10/11/2022 09:15:00 AM
	Number of Pages
	3

State of Florida
Department of State

I certify from the records of this office that EVENTUS RX, LLC is a limited liability company organized under the laws of the State of Florida, filed on December 27, 2021, effective March 10, 2017.

The document number of this limited liability company is L21000534753.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022, that its most recent annual report was filed on April 23, 2022, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Tenth day of October, 2022

Secretary of State

Tracking Number: 1956203303CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF REGISTRATION
FOREIGN LIMITED-LIABILITY COMPANY

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Eventus RX, LLC** did on 10/11/2022 file in this office its registration to do business in this state and is now on file and of record in the office of the Nevada Secretary of State, and further, that said entity is at the date of this certificate duly qualified to exercise therein all the powers recited in its Articles and to transact business in the State of Nevada in accordance with the laws of said State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/11/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202210113075196
You may verify this certificate online at http://www.nvsos.gov

1859

AC# 11308737

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/16/2022	PH 31110	131491

THE PHARMACY

QUALIFICATION(S):
Community Pharmacy

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: FEBRUARY 28, 2025
EVENTUS RX LLC
Eventus Rx LLC
11300 LINDBERGH BLVD
SUITE 107
FORT MYERS, 33913

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 11308737
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
DATE 11/16/2022 | LICENSE NO. PH 31110 | CONTROL NO. 131491
THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.
Expiration Date: FEBRUARY 28, 2025
EVENTUS RX LLC
Eventus Rx LLC
REGISTRANT SIGNATURE
QUALIFICATION(S):
Community Pharmacy

Department of Health

License Number: PH31110

Data As Of 12/19/2022

Profession	Pharmacy
License	PH31110
License Status	CLEAR/
Qualifications	Community Pharmacy
License Expiration Date	2/28/2025
License Original Issue Date	12/28/2017
Address of Record	11300 Lindbergh Blvd Suite 107 FORT MYERS, FL 33913
Discipline on File	No
Public Complaint	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 24926
Insp # 187752

NAME	PERMIT NUMBER	DATE OF INSPECTION
Eventus RX LLC	31110	10/27/2022
DOING BUSINESS AS		
EVENTUS RX LLC		
STREET ADDRESS	**TELEPHONE #**	**EXT**
11300 Lindbergh Blvd Suite 107	352-262-0003	
CITY	**COUNTY**	**STATE/ZIP**
FORT MYERS	LEE	FL/33913

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours
Monday N	Monday Hours 8-4:30
Tuesday N	Tuesday Hours 8-4:30
Wednesday N	Wednesday Hours 8-4:30
Thursday N	Thursday Hours 8-4:30
Friday N	Friday Hours 8-4:30
Saturday N	Saturday Hours
Sunday N	Sunday Hours *

Registered Pharmacist / Intern / Tech

License # 25789	Licensee Name John E Ford
License Type Registered Pharmacists	
License # 83198	Licensee Name Elena Sant
License Type Pharmacy Tech	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # *	

License Relations

Pharmacy Affiliate

FORD, JOHN E	License # 25789

RX DPT MGR/COR/POR

SIMONS, DAVID	License # 64038

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.]	Yes
A sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons stating, "Prescription Department Closed". [64B16-28.109 F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C]	Yes

Community Requirements General Section

Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	No

INV359 - Community Requirements

Insp # 187752

Eventus RX LLC

File # 24926

Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081 (1) F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	N/A
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) & F.A.C]	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.].	Yes
Legend drugs properly stored. [64B16-28.118 F.A.C.]; [64B16-28.120 F.A.C.]	Yes
Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.]	N/A
Generic equivalent sign is posted. [465.025(7), F.S]	Yes

Additional Community Requirements

Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.]	Yes
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	Yes
When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.]	Yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.]	Yes
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.]	Yes
Pharmacy licenses are current. [465.015(1)(a) F.S.]	Yes
Private consultation area available [6416-28.1035 F.A.C.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	Yes
Medication properly labeled. [499 F.S.]; [64B16-28.108 F.A.C.]; [893.04(1)(e) F.S.] [21CFR1306.24]; [21CFR1306.14]	Yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(l) F.S.]	Yes
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.] *The business does not do controlled substances.*	No
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	Yes
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.]	N/A
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11]	Yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	N/A
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	N/A
Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.]	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	Yes
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11) (b) F.A.C.]	Yes
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	N/A
Compounding records properly maintained. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.] *McKesson, Cardinal*	Yes
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek followup care from his or her primary care physician. [465.1895 (9) F.S.]	Yes
Pharmacist has a written collaborative practice agreement. [465.1865, F.S.]	Yes
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	

INV359 - Community Requirements

Insp # 187752

Eventus RX LLC

File # 24926

Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
The originating pharmacy is identified with pharmacy name and address on the prescription container label.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

GANIM, MAUREEN

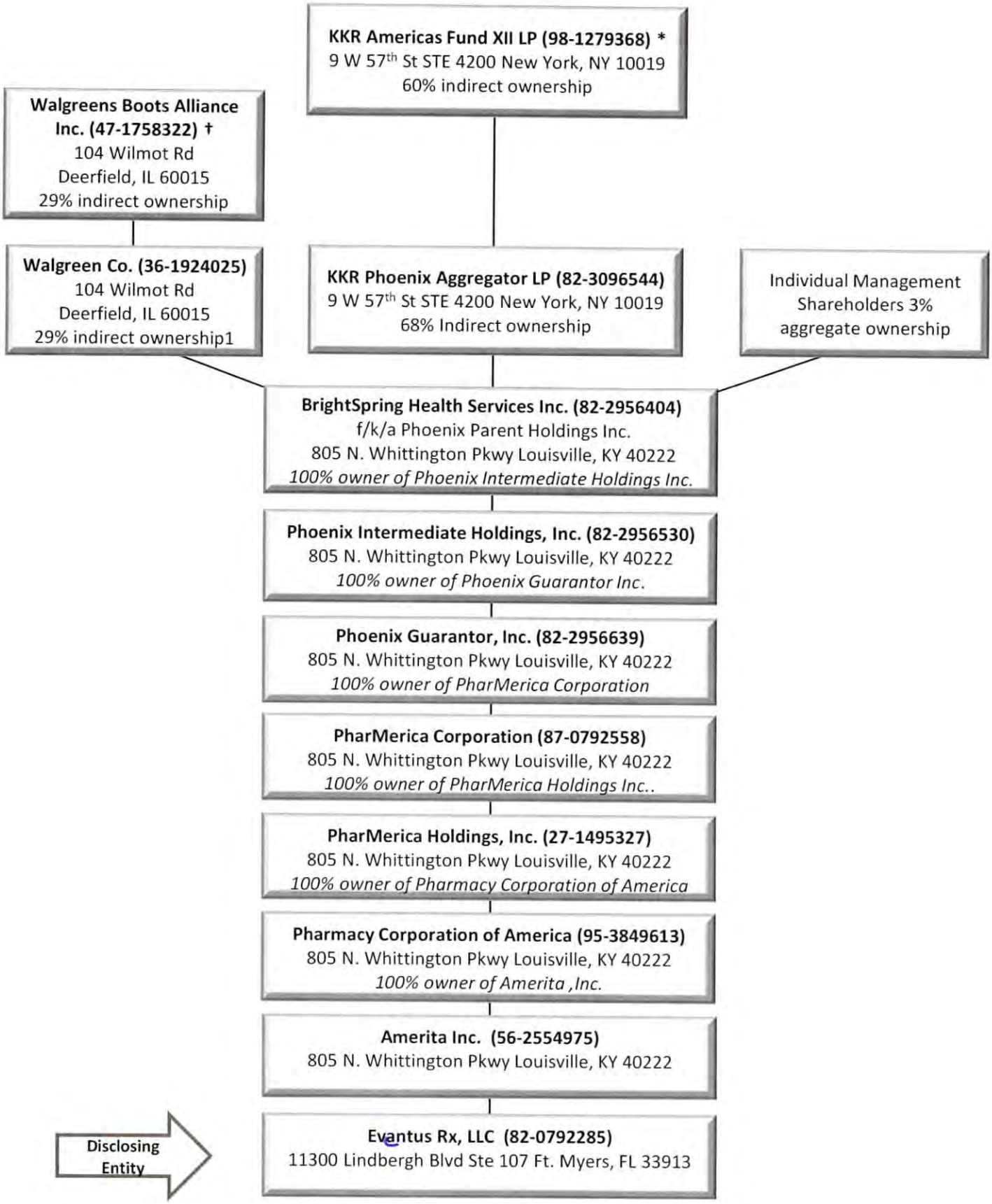
Date:10/27/2022

Representative:

David Simons

Date:10/27/2022

Organizational Chart: Evantus Rx, LLC



No other entities or individuals own more than 5% of the licensed entity

*KKR Americas Fund XII LP is an affiliate of KKR & Co, Inc., a publicly traded entity listed on the NYSE

†Walgreens Boots Alliance is a publicly traded entity listed on the NYSE

Eventus Rx LLC

Managing Members

CEO: Jon B. Rousseau
[redacted] Evergreen Rd.
Anchorage, KY 40223
[redacted]

PRESIDENT: Richard D. Iriye
[redacted] So. Revere PKY STE [redacted]
Centennial, CO 80112-3979
[redacted]

VP/SECRETARY: Steven S. Reed
[redacted] Elmcroft Circle
Louisville, KY 40241
[redacted]

TREASURER: Jennifer Yowler
[redacted] Carmelle Woods Dr.
Mason, OH 45040
[redacted]

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)

9. Series and/or Restricted Limited-Liability Company: (Optional)

Check box if a Series Limited-Liability Company ☐

Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☐

10. Records Office: (Foreign Limited-Liability Companies)

805 N. Whittington Pkwy — Address
Louisville — City
KY — State
40222 — Zip code
Country: USA

11. Street Address of Principal Office: (Foreign Limited-Liability Companies)

805 N. Whittington Pkwy — Address
Louisville — City
KY — State
40222 — Zip code
Country: **USA**

12. Name, Address and Signature of the Organizer:
(NRS 86. NRS 89 -Each Organizer must be a licensed professional.)

*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Name and Signature of Manager or Member:
(NRS 86.544 only)

See instructions

Richard Iriye — Name
United States — Country
805 N. Whittington Pkwy — Address
Louisville — City
KY — State
40222 — Zip/Postal Code

X **Richard Iriye**

(attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

4RR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☒ Name Change* * If making a change, provide license #: PH 03172	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: FlexCare Specialty Services, LLC

Physical Address: 6671 Southwest Freeway, Suite 800

City: Houston State: TX Zip: 77074

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (866) 205-4239 Toll Free # (NAC 639.708, NRS 639.23286): (866) 205-4239

Fax: (855) 222-2514 Contact Email: rx@flexcarespeciatly.com

Website: www.flexcareinfusion.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Kathleen Ann Kimball-Doyle

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21419

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Kathleen Ann Kimball-Doyle	NV Pharmacist Registration #: 21419
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): Measure Health Innovations, LLC

Corporation/Organization Name: FlexCare Specialty Services, LLC

Mailing Address: 6671 Southwest Freeway, Suite 800

City: Houston State: Texas Zip: 77074

Telephone: (866) 205-4239 Email: rx@flexcarespecialty.com

Contact Person Name: Edie Gigot

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the SVP Specialty Pharmacy (title) for FlexCare Specialty Services, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Edie Gigot

Print Name of Authorized Person

Edie Gigot

Original signature of Authorized Person (copies or stamps not accepted)

2/14/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Edie Gigot hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Senior VP Specialty Pharmacy (title) for FlexCare Specialty Services, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Edie Gigot
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 13 day of January, 20 23

Christina Andrews
Notary Public

CHRISTINA ANDREWS
Notary Public-State of Kansas
My Appt. Expires 09/13/26

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Kathleen Kimball-Doyle Pharmacist Registration #: 21419

Pharmacy Name: FlexCare Specialty Services, LLC

Initial each statement below to indicate you have read and agree with the following:

KD I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

KD I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

KD I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

KD I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

KD I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✓	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
License Reprimanded	Texas	5/5/2004	#H-03-027-A

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kathleen Kimball-Doyle
Original signature of Managing Pharmacist (copies or stamps not accepted)

2-14-23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Edie Gigot

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Edie Gigot

Original signature of Authorized Person (copies or stamps not accepted)

2/14/2023

Date

Board Use Only	Date Received: 2-14-23	Amount: 500.00 CC

FLEXCARE
SPECIALTY SERVICES

6671 Southwest Frwy STE 800
Houston, TX 77074

February 15, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

Re: Nonresident Pharmacy Application – Change of Ownership
FlexCare Specialty Services, LLC
TIN: 88-3792388

Ladies and Gentlemen:

Please be advised that on November 1, 2022, Tri Nguyen ("**Seller**") sold certain assets of BioCure, LLC, which is located at 6671 Southwest Frwy, Ste 800, Houston TX 77074 (the "**Pharmacy**"), to FlexCare Specialty Services, LLC ("**Buyer**").

Pursuant to guidance obtained from the Nevada Board of Pharmacy, please find enclosed a completed Non-Resident Pharmacy Change of Ownership Application. Please note that the Pharmacy's resident pharmacy board, the Texas State Board of Pharmacy, does not perform a new site inspection for pharmacies that have undergone a change of ownership. Therefore, we are including with our application the Pharmacy's most recent inspection conducted by the Texas State Board of Pharmacy on April 14, 2022.

Should you have any questions or need further information, please contact Edie Gigot at edie.gigot@flexcareinfusion.com or (816) 516-2125.

Sincerely,

Edie Gigot, MSN, RN, MBA
Senior Vice President Specialty Pharmacy
FlexCare Specialty Services, LLC

ATTACHMENT A
OFFICER/DIRECTOR LIST

Below is a list of the FlexCare Specialty Services, LLC's officers:

- Aaron Smith - Chief Executive Officer
- Edie Gigot, MSN, RN, MBA –Senior Vice President Specialty Pharmacy
- Callie Turk, MSN, RN, MBA - Chief Operating Officer
- Brad Wilson - Chief Financial Officer

ATTACHMENT B
OWNER LIST

Below is a list of the Owners of FlexCare Specialty Services, LLC:

- Measure Health Innovations, LLC – 100% ownership

Franchise Tax Account Status

As of : 02/15/2023 10:18:59

This page is valid for most business transactions but is not sufficient for filings with the Secretary of State

FLEXCARE SPECIALTY SERVICES, LLC	
Texas Taxpayer Number	32085856733
Mailing Address	10601 CLARENCE DR STE 250 FRISCO, TX 75033-3867
Right to Transact Business in Texas	ACTIVE
State of Formation	TX
Effective SOS Registration Date	08/12/2022
Texas SOS File Number	0804683809
Registered Agent Name	LEGALINC CORPORATE SERVICES INC.
Registered Office Street Address	10601 CLARENCE DR. SUITE 250 FRISCO, TX 75033

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

KdK — I am the Pharmacist-in-Charge (PIC) of *BIOCURE LLC*, pharmacy license number *27974*, and I ☑ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *04/14/2022*.

KdK — I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

KdK — I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF (on the attestation printout).

N/A — If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

KdK — I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please mail, email, or fax this completed form to the Board office within 7 days of the date of the inspection:

Texas State Board of Pharmacy
Attn: Compliance Division
333 Guadalupe St. Suite 3-500
Austin. Texas 78701
Email: inspections@pharmacy.texas.gov
Fax: 512-305-8082

Signed: K Kimball **Date:** *04/14/2022*

Printed Name: *Kathleen Kimball* **License No.(if applicable):** *26081*

Texas State Board of Pharmacy
"Red Flags" Checklist for Pharmacies
YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *BIOCURE LLC*
License Number: *27974*
Address: *6671 SOUTHWEST FREEWAY STE 800, HOUSTON, TX 77074*
Phone: *(855) 497-7956*
Email: *kathy.kimball@biocurerx.com*
Class of License: *A*
License Expiration: *03/31/2024*
DEA #: *FB3213357*
DEA Expiration: *07/31/2024*

Inspection Information

Type: *Compliance*
Purpose: *Licensee Request*
Date: *04/14/2022*
Arrival Time: *12:00 PM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

K Kimball

Kathleen Kimball

Witnesses

Keya Henry

Keya Henry

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *BIOCURE LLC* **License Number:** *27974*
Class of License: *A*

Inspection Information

Type: *Compliance* **Purpose:** *Licensee Request*
Date: *04/14/2022* **Arrival Time:** *12:00 PM* **Departure Time:** *1:45 PM*
Action Taken: *Inspection*
General Comments: *Pharmacy holds an active DEA registration but does not dispense or store any C/S on-site.*

Pharmacy holds active out of state pharmacy license in AL, AZ, AR, CO, CT, FL, GA, IL, IN, IA, KY, LA, ME, MD, MI, MS, MO, NV, NH, NJ, NM, NY, NC, OH, PA, RI, TN, VA, WA, WI.

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Satisfactory*
17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Satisfactory*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on: 05/01/2021.

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Satisfactory*
34. Notifications	*Satisfactory*
76. PIC (Does the pharmacy have a pharmacist-in-charge?)	*Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean	*Satisfactory*
04. Balance inspection	*Satisfactory*

Comment
0 Balances on-site

05. Equipment Inspection	*Satisfactory*
07. Security	*Satisfactory*
08. Environment	*Satisfactory*
48. Drugs (procurement, temperature, security, out-of-date, samples)	*Satisfactory*
90. TSBP complaint notification	*Satisfactory*

Controlled Substances

10. Prescriptions separated	*Satisfactory*
24. Theft/Loss	*Satisfactory*

Comment
No theft or loss has occurred.

26. Controlled substance prescription compliance	*Satisfactory*
30. Controlled substance invoices dated/initialed by pharmacist	*Satisfactory*
35. Controlled substance invoices separated	*Satisfactory*
46. Drug distribution	*Satisfactory*
53. Possession of controlled substances	*Satisfactory*
57. Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?)	*Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?)	*Satisfactory*

45. Proper dispensing/labeling	*Satisfactory*
54. Proper prepackaging procedures	*Not Applicable*

Library

06. Required Library	*Satisfactory*

Training

60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
21. Data processing records complete	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Satisfactory*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Satisfactory*

Policies & Procedures

70. Required policies & procedures	*Satisfactory*
92. Automated dispensing policy & procedures	*Not Applicable*

Non-Sterile Compounding

38. Area for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- **Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and**
- **Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).**

Kathleen Kimball

Keya Henry

TEXAS STATE BOARD OF PHARMACY
1801 CONGRESS AVE STE 13.100
AUSTIN TX 78701

FLEXCARE SPECIALTY SERVICES, LLC
6671 SOUTHWEST FWY STE 800
HOUSTON TX 77074

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **34561** Expiration Date: **12/31/2024**

Balances: **0**

FLEXCARE SPECIALTY SERVICES, LLC
6671 SOUTHWEST FWY STE 800
HOUSTON TX 77074

Timothy L. Tucker, Pharm.D.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FB3213357	07-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	06-11-2021

BIOCURE LLC
6671 SOUTHWEST FWY STE 800
HOUSTON, TX 770742214

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FB3213357	07-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	06-11-2021

BIOCURE LLC
6671 SOUTHWEST FWY STE 800
HOUSTON, TX 770742214

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

LIMITED POWER OF ATTORNEY FOR USE OF PHARMACY LICENSE, DEA AND OTHER REGISTRATION NUMBERS, AND DEA ORDER FORMS

Biocure, LLC ("*Registrant*"), DEA Controlled Substances Registration No. FB3213357, is authorized to sign the current applications for registration and licensure as the registrant under the Controlled Substances Act or the Controlled Substances Import and Export Act of the United States, and is licensed to operate a pharmacy under the laws of the State of Texas. Registrant has made, constituted and appointed, and by these representations does make, constitute, and appoint **FlexCare Specialty Services, LLC,** a Texas limited liability company (the "*Company*"), as Registrant's agent and attorney-in-fact for the limited purpose of utilizing Registrant's pharmacy license, DEA registration, NCPDP and NPI numbers, and, to the extent permitted by applicable law and without representation with respect thereto, other registrations required under the laws of the State of Texas to continue pharmacy operations at Registrant's pharmacy facility at 6671 Southwest Freeway, Suite 800, Houston, TX 77074 (the "*Pharmacy")* including those listed on Rider A hereto (each, a "*License*"). With respect to each License, the Company may act in this capacity until the earlier to occur of (i) the date on which the Company obtains a new pharmacy license, DEA registration, or other applicable registration, as applicable, for the Pharmacy, or (ii) the forty-fifth (45th) day after the Closing Date as defined in that certain Asset Purchase Agreement (the "*Agreement*"), by and among the Company and Registrant (such date being referred to herein as the "*Applicable Power of Attorney Termination Date*"). Registrant further agrees to an automatic extension for up to one-hundred twenty (120) days of the Limited Power of Attorney for Use of Pharmacy License, DEA and Other Registration Numbers, and DEA Order Forms, as authorized by the DEA in writing.

Registrant further grants this limited power of attorney to the Company to act as the true and lawful agent and attorney-in-fact of Registrant, and to act in the name, place, and stead of Registrant, to execute applications for books of official order forms and to sign such order forms in requisition for Schedules II, II-N, III, III-N, IV and V controlled substances, in accordance with Section 308 of the Controlled Substances Act (21 U.S.C. Sec 828) and part 1305 of Title 21 of the Code of Federal Regulations, as is necessary for the treatment of the Pharmacy's patients.

It is recognized that so long as this Limited Power of Attorney shall be in effect, to the extent permissible by law, the Company is hereby irrevocably vested with the powers granted herein and that Registrant does hereby renounce the right to revoke this Limited Power of Attorney or any of the powers hereby confirmed upon the Company. Where permitted by applicable law, Registrant also renounces all rights in its part to exercise the powers which the Company is authorized to perform pursuant to this Limited Power of Attorney.

Registrant recognizes that until the Applicable Power of Attorney Termination Date it is legally responsible for each of the applicable License. Therefore, Registrant grants this limited power of attorney based upon the following covenants and warranties of the Company: (a) the Company shall follow and abide by all federal and state laws governing the regulation of controlled substances and pharmacy practice at all times while utilizing this limited power of attorney; (b) the Company shall make timely application for, diligently pursue and use its best efforts to obtain its own pharmacy license, DEA registration and any other registrations required

under the laws of the State of Texas to continue pharmacy operations at the pharmacy facility as soon as practicable after the Closing Date; and (c) the Company shall defend, indemnify and hold Registrant harmless from and against any liability, loss, damage or expense (including, without limitation, reasonable counsel fees and expenses), fines and penalties arising out of or in connection with the Company's and/or the Company's agents and representatives use or misuse of any License or this limited power of attorney and/or errors and/or omissions associated with the same.

Capitalized terms not otherwise defined herein (including all Riders hereto) shall have the meanings ascribed to them in the Agreement. This Limited Power of Attorney may be executed in any number of counterparts and delivered via facsimile or electronic mail, each of which when executed and delivered shall be deemed to be an original and all of which counterparts taken together shall constitute but one and the same instrument.

[Signature Pages Follow]

IN WITNESS WHEREOF, Registrant, on the one hand, and the Company, on the other hand, have executed this Limited Power of Attorney For Use of Pharmacy License, DEA and Other Registration Numbers, and DEA Order Forms, effective as of Closing Date.

RACHEL RENEE MCNEW-NGUYEN
Notary Public, State of Texas
Comm. Expires 09-02-2026
Notary ID 133945203

BIOCURE, LLC

By: _____

Name: Nguyen Tri Nguyen

Title: Manager

Subscribed and sworn to before me on this the 27 day of October, 2022.

Rachel McNew-Nguyen
Notary Public

My Commission Expires: 9/02/26

FLEXCARE SPECIALTY SERVICES, LLC

By: _____

Name: Aaron Smith

Title: CEO

Subscribed and sworn to before me on this the
31ST day of OCTOBER, 2022.

_____
Notary Public

GUADALUPE CORTEZ
My Notary ID # 132833415
Expires December 18, 2024

My Commission Expires: 12/18/2024

RIDER A
TO
LIMITED POWER OF ATTORNEY

Licenses and Registrations of Biocure, LLC
Covered by Limited Power of Attorney

Issuing Agency	Permit Type	Permit No.
United States Department of Justice, Drug Enforcement Administration	Controlled Substances Registration	FB3213357
Texas Board of Pharmacy	Pharmacy License	27974

33766553.1

ATTACHMENT G

DESIGNATED REPRESENTATIVE APPLICATION

See attached.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler FlexCare Specialty Services, LLC

Pharmacy/Wholesaler License # (if applicable) PH03172

Physical Address 66701 Southwest Frwy, Ste 800

City Houston State TX Zip 77074

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 713-360-2100 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Kathleen Middle _____ Last Kimball-Doyle

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Bluebonnet Meadow LN

City Houston State TX Zip 77084

Telephone [redacted] Email kkimball@mail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Texas at Austin		9/78-12/81	
Address	City	State	Zip
110 Inner Campus Dr	Austin	Tx	78705
Diploma/Degree obtained, if any			
Bachelors of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Texas State University		8/76- 5/78	
Address	City	State	Zip
601 University Dr	San Marcos	TX	78666
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
New Braunfels Senior High		8/72-5/76	
Address	City	State	Zip
2551 TX-337 Loop	New Braunfels	TX	78130
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/95-present	[redacted] Bluebonnet Meadows Ln	Houston	TX	77084
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Biocure, LLC			6/12-11/22	
Business Address		**City**	**State**	**Zip**
6671 Southwest Freeway, Suite 800		Houston	TX	77074
Phone	**Title**		**Number of Employed Hours**	
855 497 7956	Pharmacist in Charge		20800.00	
Description of Duties				
receiving rx, checking and dispensing rx. checking for errors, allergies, calculations. ordering medication and checking in medication processing all the paperwork needed for state agencies train and supervise technicians				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
7-22-2002		TX	Austin	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
H-03-027-A	Texas State Board of Pharmacy

Reason/Charge
Misfill

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity
Pharmerica

Provide explanation below:

On July 22, 2002 I had a mis-fill. The event was reported to the Texas State Board of Pharmacy. On December 10, 2003 I stood before the Board and my license was reprimanded. I was required to obtain 12 extra continuing education hours.

Kathleen Kimball-Doyle

Original Signature (electronic, copies or stamps not accepted)

2-14-2023

Date

I, Kathleen Kimball-Doyle, **certify that as the designated representative for**

FlexCare Specialty Services, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. kkd I am at least 21 years of age;
3. kkd I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. kkd I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. kkd I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. kkd I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. kkd I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Kathleen Kimball-Doyle

Print Name (First, Last)

Kathleen Kimball-Doyle

Original Signature (electronic, copies or stamps not accepted)

2-14-2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kathleen Kimball-Doyle

Print Name (First, Last)

Kathleen Kimball-Doyle

Original Signature (electronic, copies or stamps not accepted)

2-14-2023

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of HARRIS

I, LESLIE BREW, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Kathleen Kimball-Doyle

Original Signature

2-14-23

Date

Subscribed and Sworn to before me this 14TH day of FEBRUARY 2026

Notary Public Signature

Leslie Brew
My Commission Expires
6/10/2026
Notary ID 126791122

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: FlexCare Specialty Services, LLC

Address: 6671 Southwest Freeway, Suite 800

City: Houston State: Texas Zip: 77074

I hereby authorize the Texas State Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant _____

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
34561	Active	December 20, 2022	December 31, 2024

Has this license been encumbered in any way?	Type of Encumbrance: (if any)
☐ Yes ☑ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☑ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☑ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) (see attached)	☐ Yes ☑ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☑ Yes ☐ No

Signature of State Official	Title	State	Date	State
Lauren D. Briggs	Deputy General Counsel	Texas	February 28, 2023	

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 34561

FLEXCARE SPECIALTY SERVICES, LLC

License Information

License Status Active
License # 34561
Expiration Date 12/31/2024
Date License Issued 12/20/2022

Address

6671 SOUTHWEST FWY STE 800
HOUSTON, TX 77074
County HARRIS
Phone (866) 205-4239

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
KIMBALL-DOYLE, KATHLEEN ANN

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes

Translating services (Listed Below If Available)

Telecomm. for the deaf (TDD)
Other

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	Yes
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No

Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	No
Closed Door	Yes
Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment Information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
KIMBALL-DOYLE, KATHLEEN ANN	26081	03/03/1982	06/30/2023	PIC	Active
MOHAMMADZADEH, FARNAZ	41177	10/03/2002	06/30/2024	Relief	Active

Page 1 of 1 20 View 1 - 2 of 2

Texas Registered Technicians/Trainees Employment Information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
THOMPSON, JUDY ANN	104898	04/12/2004	01/31/2024	Staff	Active
VILLARREAL, ERIKA	121388	06/10/2004	04/30/2024	Staff	Active

Page 1 of 1 20 View 1 - 2 of 2

Texas Remote Pharmacy Information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner Information

Owner Name	Owner Title	Address	City	State	Zipcode
FLEXCARE SPECIALTY SERVICES LLC	OWNER	,			
GIGOT, EDIE MARIE	OFFICER	,			
SMITH, AARON MICHAEL	OFFICER	,			

Page 1 of 1 20 View 1 - 3 of 3

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 03/10/2022
Amount:
License #: 21419

Kathleen A. Kimball-Doyle

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:03/10/2022
Expires:10/31/2023

Kathleen A. Kimball-Doyle

License #
21419
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA

STATE BOARD OF PHARMACY

Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 21419
Effective Date:03/10/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Kathleen A. Kimball-Doyle

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

TEXAS STATE BOARD OF PHARMACY

February 28, 2023

Nevada Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

RE: FlexCare Specialty Services, LLC (Texas Pharmacy License #34561)

Hello:

On February 16, 2023, the Texas State Board of Pharmacy (TSBP) received a request for information regarding the above-described licensees.

We have enclosed documents responsive to the request.

The Texas State Board of Pharmacy would like to request your assistance in assessing the customer service you received. We appreciate your time and input. Please use https://www.surveymonkey.com/r/WYGCJKS to access the survey.

If you need additional information, please contact Renee Slaughter, Senior Administrative Assistant, at (512) 305-8028.

Sincerely,

Open Records
Texas State Board of Pharmacy

TEXAS STATE BOARD OF PHARMACY

Re:	FlexCare Specialty Services, LLC
Address:	6671 Southwest Freeway, Suite 800 Houston, Texas 77074
License No.:	34561
Date Issued:	December 20, 2022
Licensure Status:	Active
Expiration Date:	December 31, 2024
Type of Pharmacy:	Community – Class A
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. FlexCare Specialty Services, LLC (Texas Pharmacy License #34561) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs
Deputy General Counsel
Texas State Board of Pharmacy

February 28, 2023
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

KCD — I am the Pharmacist-in-Charge (PIC) of *FLEXCARE SPECIALTY SERVICES, LLC*, pharmacy license number *34561*, and I ☑ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *02/23/2023*.

KKD — I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

KKD — I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

NA — If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

KKD — I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please email this completed form to the TSBP Compliance Inspector for your area or to inspections@pharmacy.texas.gov within 7 days of the date of the inspection.

Signed: Kathleen Kimball-Doyle Date: *02/23/2023*

Printed Name: *Kathleen Kimball Doyle* License No.(if applicable): *26081*

Texas State Board of Pharmacy
"Red Flags" Checklist for Pharmacies
YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *FLEXCARE SPECIALTY SERVICES, LLC* **License Number:** *34561*

Address: *6671 SOUTHWEST FWY STE 800, HOUSTON, TX 77074* **Phone:** *(866) 205-4239*

Email:

Class of License: *A* **License Expiration:** *12/31/2024*

DEA #: *FB3213357* **DEA Expiration:** *07/31/2024*

Inspection Information

Type: *Compliance* **Purpose:** *Change of Ownership*

Date: *02/23/2023* **Arrival Time:** *1:00 PM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Kathleen Kimball RPh 26081
Doyle

Witness

Keya Henry

Texas State Board of Pharmacy

1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *FLEXCARE SPECIALTY SERVICES, LLC* License Number: *34561*

Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Change of Ownership*

Date: *02/23/2023* Arrival Time: *1:00 PM* Departure Time: *2:15 PM*

Action Taken: *Inspection*

General Comments: *Pharmacy holds an active DEA registration but does not order, stock or dispense any C/S.*
Pharmacy holds active out of state licenses in AZ, NH, OK, VA, WI.
Pharmacy is currently operating under limited power of attorney for use of Biocure LLC DEA registration.

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Satisfactory*
17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Satisfactory*

Comment

CHOW controlled substance inventory completed on: 11/01/2022

69. Annual controlled substance inventory	*Not Applicable*

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Satisfactory*

34. Notifications *Satisfactory*

76. PIC (Does the pharmacy have a pharmacist-in-charge?) *Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean *Satisfactory*

04. Balance inspection *Satisfactory*

Comment

Number of balances: 0

05. Equipment Inspection *Satisfactory*

07. Security *Satisfactory*

08. Environment *Satisfactory*

48. Drugs (procurement, temperature, security, out-of-date, samples) *Satisfactory*

90. TSBP complaint notification *Satisfactory*

Controlled Substances

10. Prescriptions separated *Satisfactory*

24. Theft/Loss *Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance *Not Applicable*

Comment

Pharmacy does not currently order, stock or dispense any C/S.

30. Controlled substance invoices dated/initialed by pharmacist *Not Applicable*

Comment

Pharmacy does not currently order, stock or dispense any C/S.

35. Controlled substance invoices separated *Not Applicable*

Comment

Pharmacy does not currently order, stock or dispense any C/S.

46. Drug distribution *Satisfactory*

53. Possession of controlled substances *Satisfactory*

FLEXCARE SPECIALTY SERVICES, LLC 34561

57. Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?)	*Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?)	*Satisfactory*
45. Proper dispensing/labeling	*Satisfactory*
54. Proper prepackaging procedures	*Not Applicable*

Library

06. Required Library	*Satisfactory*

Training

60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Not Applicable*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Satisfactory*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Satisfactory*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Not Applicable*

Non-Sterile Compounding

38. Area for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*

Comment

43. Records for non-sterile compounding *(continued)* *Not Applicable*

Pharmacy is not currently engaged in non-sterile compounding.

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).

Kathleen Kimball Doyle

Keya Henry

4SS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-State	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH 03386	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☑ Other: Specialty Pharmacy	☑ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: DOGWOOD PHARMACY, LLC dba MEDSCRIPTS MEDICAL PHARMACY

Physical Address: 1325 Miller Road Suite K

City: Greenville State: SC Zip: 29607

Mailing Address (if different from physical address): 376 Northlake Blvd, Suite 1008

City: Altamonte Springs State: FL Zip: 32701

Telephone: 866-840-4067 Toll Free # (NAC 639.708, NRS 639.23286): 866-840-4067

Fax: 833-670-2942 Contact Email: license@bioplusrx.com

Website: https://www.medscriptsrx.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Erica Yelton

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21408

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Erica Yelton	NV Pharmacist Registration #: 21408
Name: Jerry W. Hudspeth, II	NV Pharmacist Registration #: 21340
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: FL

Parent Company (if any): BioPlus Parent LLC

Corporation/Organization Name: Dogwood Pharmacy, LLC dba MedScripts Medical Pharmacy

Mailing Address: 376 Northlake Blvd, Suite 1008

City: Altamonte Springs State: FL Zip: 32701

Telephone: 888-292-0744 Email: license@bioplusrx.com

Contact Person Name: Kimberly Bourcier

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Dogwood Pharmacy, LLC dba MedScripts Medical Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Mark Montgomery

Print Name of Authorized Person

Mark Montgomery

Original signature of Authorized Person (copies or stamps not accepted)

1/5/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Erica Yelton hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Dogwood Pharmacy, LLC dba MedScripts Medical Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 13th day of January, 2023

Notary Public

JERRY WEBB HUDSPETH II
NOTARY PUBLIC
My Comm. Exp. Jun 27, 2029
STATE OF SOUTH CAROLINA

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: N/A Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	**Yes**	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	**State:**	**Date:**	**Case #:**

Criminal Action:	**State:**	**Date:**	**Case #:**	**County:**	**Court:**

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	**Publicly Traded**	**Non-publicly Traded**	**Partner-ship**	**Sole Owner**
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Montgomery, President

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

Date 1/5/2023

Board Use Only	Date Received: 1.23.23	Amount: 500.00 CK-1000000445

1 CK- 5 CHOWS

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

BioPlus Ownership Information

NV License Numbers PH02179, PH03428, PH03386, PH03957, PH04455 and 1 pending application (BioPlus Specialty Pharmacy, LLC - Irvine CA Facility)

Officers of Applicant Entities
(entities include: BioPlus Specialty Pharmacy, LLC (operates the BioPlus FL and CA facilities), Dogwood Pharmacy, LLC dba MedScripts Medical Pharmacy, Raina Rx, LLC dba Route 300 Pharmacy, River Medical Pharmacy, LLC, and Santa Barbara Specialty Pharmacy, LLC). These entities are wholly owned (100%) by BioPlus Parent LLC.

Mark Montgomery, President
Kathleen Kiefer, Secretary
Vincent Scher, Treasurer
Eric Noble, Assistant Treasurer

Board of Managers for Applicant Entities:

Paul Marchetti
Danielle Swenson
Vincent Scher

Officers of BioPlus Parent, LLC

Paul Marchetti, President
Kathleen Kiefer, Secretary
Vincent Scher, Treasurer
Eric Noble, Assistant Treasurer

Board of Managers for BioPlus Parent, LLC:

Paul Marchetti
Danielle Swenson
Vincent Scher

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership of BioPlus Parent LLC

Upon the change of ownership transaction closing on or around February 15, 2023, BioPlus Parent, LLC will become a wholly owned subsidiary of ATH Holding Company, LLC. ATH Holding Company, LLC is wholly owned (100%) by Elevance Health, Inc., a publicly traded company.

Officers of ATH Holding Company, LLC

John Gallina, President, Chairperson, Manager
Kathleen Kiefer, Secretary
Vincent Scher, Treasurer
Jay Wagner, Assistant Secretary
Eric Noble, Assistant Treasurer

Board of Managers for ATH Holding Company, LLC:

John Gallina, President, Chairperson, Manager
Heather Chockley Steinmeyer, Manager
Jay Harry Wagner, Manager

List of Officers of Elevance Health, Inc.(publicly traded):

Gail Boudreaux, President and Chief Executive Officer, Director (Principal Executive Officer)
John Gallina, Executive Vice President and Chief Financial Officer (Principal Financial Officer)
Ronald Penczek, Senior Vice President and Chief Accounting Officer (Principal Accounting Officer)
Kathleen Kiefer, Secretary

List of Board of Directors of Elevance Health, Inc.

Elizabeth Tallett, Chair of the Board
R. Kerry Clark, Director
Robert L. Dixon, Jr. Director
Lewis Hay III, Director
Julie Hill, Director
Bahija Jallal, Director
Antonio Neri, Director
Ramiro Peru, Director
Ryan Schneider, Director

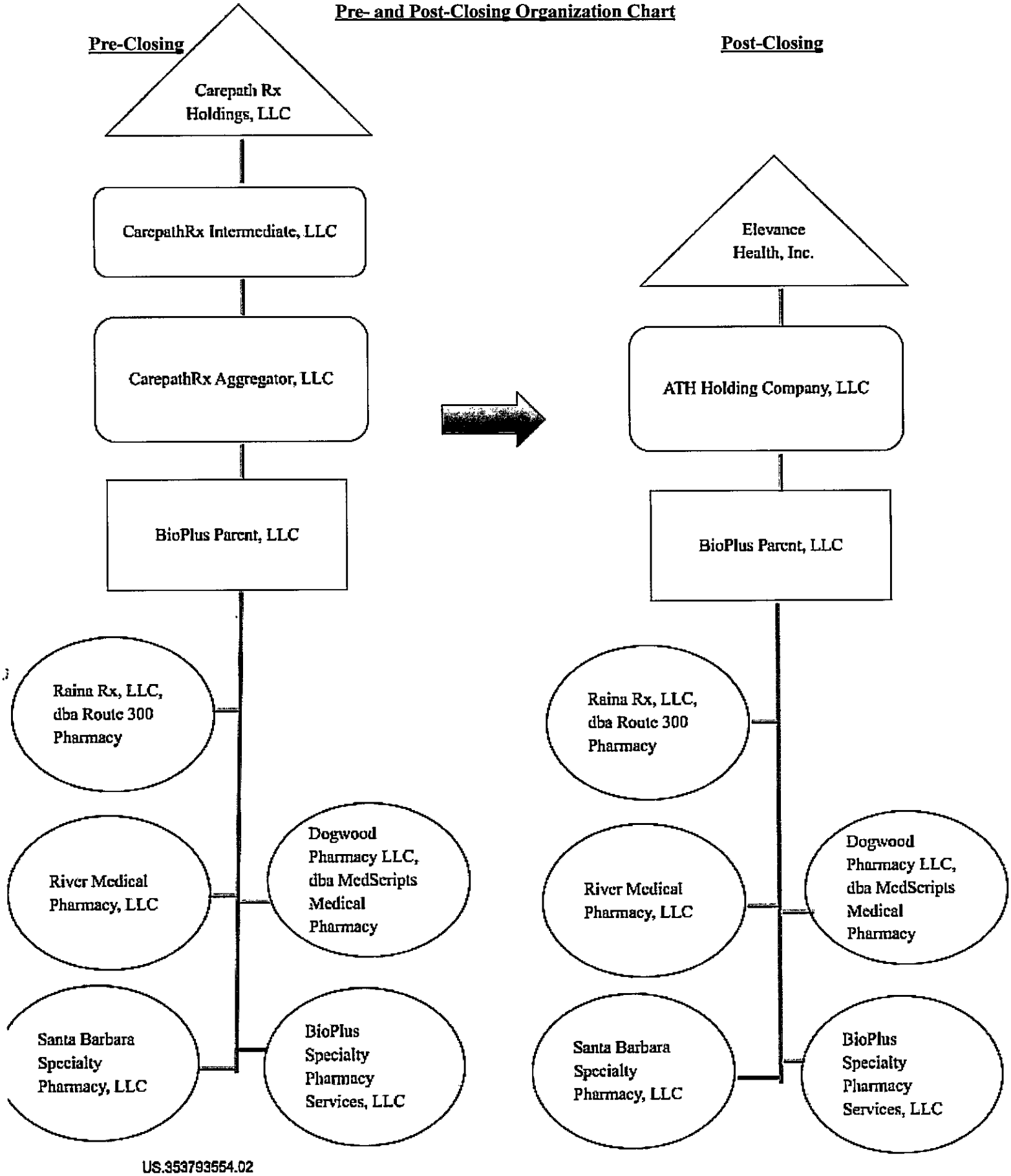
CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

List of Top 4 Shareholders of Elevance Health, Inc.

Parent Company	**Position**	**%**
Vanguard Group Holdings	21,446,037	8.90%
BlackRock, Inc.	21,069,513	8.80%
T. Rowe Price Group, Inc.	11,084,085	4.60%
State Street Corporation	11,075,762	4.60%

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Pre- and Post-Closing Organization Chart



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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler MEDSCRIPTS MEDICAL PHARMACY

Pharmacy/Wholesaler License # (if applicable) PH03386

Physical Address 1325 Miller Road Suite K

City Greenville State SC Zip 29607

Mailing Address (if different from physical address) 376 Northlake Blvd

City Altamonte Springs State FL Zip 32701

Telephone 833-670-2942 Website medscriptsrx.com

Licensing Company Email license@bioplusrx.com

Section 2: Personal Information

First Erica Middle Pope Last Yelton

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Rolleston Drive

City Greenville State SC Zip 29615

Telephone [redacted] Email ~~erica~~ eyelton@medscriptsrx.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	NA	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Georgia College of Pharmacy			09/2001 - 05/05	
Address		**City**	**State**	**Zip**
250 W Green Street		Athens	GA	30602
Diploma/Degree obtained, if any				
PharmD				

School Name			From - To (MM/YY – MM/YY)	
University of Georgia			09/98 - 05/01	
Address		**City**	**State**	**Zip**
210 South Jackson Street		Athens	GA	30602
Diploma/Degree obtained, if any				
no degree - prepharmacy curriculum				

School Name			From - To (MM/YY – MM/YY)	
Sprayberry High School			09/94 - 05/98	
Address		**City**	**State**	**Zip**
2525 Sandy Plains Rd		Marietta	GA	30066
Diploma/Degree obtained, if any				
High School Diploma				

School Name			From - To (MM/YY – MM/YY)	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/18 - present	[redacted] Rolleston Drive	Greenville	SC	29615
2006 - 01/18	[redacted] Huntley Lane	Greenville	SC	29605
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Medscripts Medical Pharmacy			03/14 - present
Business Address	**City**	**State**	**Zip**
1325 Miller Road Suite K	Greenville	SC	29607
Phone	**Title**	**Number of Employed Hours**	
888.292.0744	Pharmacist in charge	> 18,000 hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	NA	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1/3/23
Date

I, Erica Yelton, **certify that as the designated representative for**

MedScripts Medical Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. EY I am at least 21 years of age;
3. EY I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. EY I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. EY I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. EY I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. EY I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Erica Yelton

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/3/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Erica Yelton

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/3/23

Date

Please have this section completed in the presence of a Notary Public.

State of South Carolina, ss. County of Greenville

I, Erica Yelton, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/3/23

Date

Subscribed and Sworn to before me this 3 day of January.

Notary Public Signature

JERRY WEBB HUDSPETH II
NOTARY PUBLIC
My Comm. Exp. Jun 27, 2029
STATE OF SOUTH CAROLINA
(Seal)

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Erica P. Yelton

Date: 11/30/2021
Amount:
License #: 21408

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Erica P. Yelton

License #
21408
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21408

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Erica P. Yelton

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

South Carolina Department of Labor, Licensing and Regulation
P.O. Box 11927
Columbia, SC 29211
803-896-4700 FAX: 803-896-4596

S.C. Board of Pharmacy Permit Inspection Report

Permit Name: DOGWOOD PHARMACY, LLC

Permit Number: 19437 **Date:** March 09, 2022

DBA: MEDSCRIPTS MEDICAL PHARMACY

Address: 1325 MILLER ROAD STE K **City:** GREENVILLE

State: SC **Zip:** 29607 **County:** Greenville

Pharmacist: Erica Yelton **Pharmacist License #:** PH.11378

Consultant: **Consultant License #:**

Permit Holder: Erica Yelton **Phone:** (864)288-0014

Inspection Type: ☐ New ☐ Follow up ☒ Routine ☐ Relocation ☐ Consultation
☐ Change of Ownership ☐ Change of Name ☐ Change of Location

Type of Permit:

☐ Institutional Pharmacy
☐ Sterile Compounding
☐ Wholesale Distributor Drug Outlet
☐ Federally Qualified Health Clinic
☐ Non Sterile Compounding
☐ Non Dispensing Drug Outlet
☐ Nuclear Pharmacy
☐ Consultation
☐ Medical Gas/DME
☒ Retail Pharmacy
☐ Detention Centers

General Business Description:

No violations. Facility requested inspection before due date.

Type Retail Pharmacy

S	U	N/A	Statute Inspection Items	Comment
X			40-43-83(F) & (D) - Permit Displayed	
		X	40-43-84(B) - Intern certificate displayed	
X			40-43-86(A)(1) - Sufficent space for safe & proper storage and compounding	
X			40-43-86(A)(2) - Area designated for patient counseling	
X			40-43-86(A)(3) - Current drug reference materials	

X			40-43-86(A)(4)-(6) - Quarterly updated drug monographs, information, developments	
X			40-43-86(A)(7) - Equivalent Drug Product Evaluation Reference	
X			40-43-86(A)(8) - S.C. Pharmacy Practice Act	
X			- S.C. Controlled Substances Act & Regulations	
X			- S.C. Drug Act	
X			- Current issue of BOP Newsletter	
X			40-43-86(A)(9) - Patient oriented reference materials	
X			40-43-86(A)(10) - Storage areas temperature adequate	
X			40-43-86(A)(11) & (16)(i) - Sink with hot and cold running water used in connection with compounding and dispensing	
X			40-43-86(A)(12) - Pharmacist responsible for security of pharmacy department	
X			40-43-86(A)(13) - Physical or electronic barrier to pharmacy	
X			40-43-86(A)(14) - Sign: "Pharmacy Department Closed, Pharmacist Not On Duty"	
X			40-43-86(A)(15) - Equipment and supplies maintained according to manufacturers specs	
X			40-43-86(A)(16)(a)(b) - Prescription Area clean and orderly/Free of contamination	
X			40-43-86(A)(16)(c) - Outdated, damaged, unlabeled drugs removed from active stock	
X			40-43-86(A)(16)(d) - Refrigerator Temperature (36-46 deg F)	
X			40-43-86(A)(16)(e) - Stock and material for compounding labeled	
X			40-43-86(A)(16)(h) - Instruments, etc. clean and free from all foreign substances	
X			40-43-86(B)(3)(b) - Pharmacist in Charge ensures interns and technicians wear proper identification	
X			40-43-86(B)(4)(b) - Technician to pharmacist ratio	
X			40-43-86(B)(5) - Policy & procedures for management of recalls	

X			40-43-86(G) - Transfer Prescription Documentation	
X			40-43-86(H)(4) - Oral Rx reduced to writing and indicates substitution authorization	
X			40-43-86(H)(5) - Brand name or generic manufacturer on Rx copy or in computer	
X			40-43-86(H)(5) - Generic name and manufacturer and "substituted for" brand name	
		X	40-43-86(I)(1)(b) - Re-packing log	
X			40-43-86(L)(1) - New prescription patient counseling offered	
		X	40-43-86(CC)(6) - Compounding log for each ingredient and formulas	
X			40-43-86(I)(4)(a) - Label contains name and address of pharmacy dispensing - ambulatory or outpatient	
X			40-43-86(I)(4)(b) - Label contains name of patient	
X			40-43-86(I)(4)(c) - Label contains name of prescribing practitioner	
X			40-43-86(I)(4)(d) - Label contains directions for use	
X			40-43-86(I)(4)(e) - Label contains date of dispensing	
X			40-43-86(I)(4)(f) - Label contains any cautions required by federal or state laws	
X			40-43-86(I)(4)(g) - Label contains serial number	
X			40-43-86(I)(4)(h) - Label contains the name or initials of the dispensing pharmacist	
X			40-43-86(I)(4)(i) - Label contains the proprietary or generic name and strength	
X			40-43-86(I)(4)(j) - Label contains generic manufacturer	
X			40-43-86(I)(4)(k) - Label contains generic name first followed by brand name	
		X	40-43-86(I)(8) - Labeling of multidrug packages complies with USP requirements	
X			39-24-30 - Substitution of therapeutically equivalent drugs	
X			Regulation 99-15 - Pharmacists - annual renewal certificate displayed	

X			40-43-82(A)(3) - Pharmacy Technician shall display registration	
X			40-43-86(B)(2) - Directed by a Pharmacist who is Pharmacist in Charge	
X			40-43-86(B)(4)(b) - Written Policies and Procedures on technician duties	
X			40-43-60(F) - No Drug or Device deemed adulterated	
X			40-43-60(F) - No Drug or Device deemed misbranded	
		X	40-43-190 - Follows Protocol for pharmacists to administer influenza vaccines and certain medications without order of practitioner	
X			40-43-82(C)(1)(2) - Supervising Pharmacist may authorize Certified Pharmacy Technicians to receive or initiate verbal telephone orders and conduct prescription transfers	
X			40-43-86(DD)(7) - Shall Maintain complete and accurate records of all drugs received, dispensed or disposed	
		X	- If applicable, follows protocol for pharmacist to dispense Naloxone without order of a practitioner	
X			40-43-86(B)(4) - The pharmacist-in-charge must be assisted by a sufficient number of licensed pharmacists and registered pharmacy technicians as may be required to competently and safely provide pharmacy services.	

S - satisfactory U - unsatisfactory (results in a violation) N/A- Not Applicable

This inspection report describes alleged violations of the Pharmacy Practice Act. All Violations and matters needing improvement must be corrected.

You must notify the Board in writing or e-mail of those corrections within _____ days.

Failure to comply with these terms may result in Board action.
This inspection report has been reviewed with me and I have been advised as to my responsibilities under the Pharmacy Practice Act.

Inspector Signature

Contact Name

Erica Yelton

Contact Title

PIC

Licensed Pharmacist/Designee Signature

Inspector's Name	Contact License
Martin Chan	11378
Inspector's Email	**Contact Email(s)**
martin.chan@llr.sc.gov	eyelton@mescriptsrx.com

PRC 1050534

PERMIT NO. 19437
DATE ISSUED: 07/01/2022

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

Pharmacy Permit

2022-2023

Expires 06/30/2023

Robert Hubbard, Board Chair

Lauren Thomas, Vice Chair

DOGWOOD PHARMACY, LLC
DBA:MEDSCRIPTS MEDICAL PHARMACY
Permit Holder: ELVIN MONTANEZ
1325 MILLER ROAD STE K
GREENVILLE SC 29607

VOID VOID VOID VOID

State of Florida
Department of State

I certify from the records of this office that DOGWOOD PHARMACY, LLC is a limited liability company organized under the laws of the State of Florida, filed on May 6, 2020, effective October 12, 2011.

The document number of this limited liability company is L20000120540.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022, that its most recent annual report was filed on April 19, 2022, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twentieth day of December, 2022

Secretary of State

Tracking Number: 0622469785CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Print this page

South Carolina Board of Pharmacy

DOGWOOD PHARMACY, LLC
MEDSCRIPTS MEDICAL PHARMACY
1325 MILLER ROAD STE K
GREENVILLE, SC 29607

License number: 19437
License type: Pharmacy
Status: Active
First Issue Date: 05/12/2020
Expiration: 06/30/2023

Supervised By
Erica Pope Yelton - (PH)

Supervises
Casey Nelson Bell - (PH)
J. Webb Hudspeth II - (PH)
MARGARET JEAN LINDSAY - (PHT)
Elvin Montanez - (PH)

File a Complaint against this licensee

No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

Board Public Action History:
View Orders View Other License for this Person
No Orders Found

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FD9361053	06-30-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	06-05-2020

DOGWOOD PHARMACY LLC
D/B/A MEDSCRIPTS MEDICAL PHARMACY
1325 MILLER RD
STE K
GREENVILLE, SC 296076541

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FD9361053	06-30-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	06-05-2020

DOGWOOD PHARMACY LLC
D/B/A MEDSCRIPTS MEDICAL PHARMACY
1325 MILLER RD
STE K
GREENVILLE, SC 296076541

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

REAL
Solutions Group

January 19, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521
Phone: 775-850-1440

Re: BioPlus Parent, LLC Change of Ownership Applications for NV License Numbers PH02179, PH03428, PH03386, PH03957, PH04455 and 1 pending application (BioPlus Specialty Pharmacy, LLC - Irvine CA Facility)

VIA UPS

To The Nevada State Board of Pharmacy,

On behalf of BioPlus Parent, LLC, we are submitting the enclosed Pharmacy Applications for the following Nevada non-resident pharmacies ("Pharmacies"):

BioPlus Specialty Pharmacy, LLC (Florida Facility) - NV License # PH02179
River Medical Pharmacy, LLC - NV License # PH03428
Dogwood Pharmacy, LLC, dba MedScripts Medical Pharmacy - NV License # PH03386 org app Scan.
Raina RX, LLC, dba Route 300 Pharmacy - NV License # PH03957
Santa Barbara Specialty Pharmacy, LLC - NV License # PH04455

The Pharmacies are undergoing a change of ownership in a transaction at the **grandparent entity level** that is expected to **close on February 15, 2023**. The Pharmacies are currently wholly owned by BioPlus Parent, LLC. After the transaction closes, BioPlus Parent, LLC will remain the sole owner of the Pharmacies, but the equity will be acquired by ATH Holding Company, LLC, which is a subsidiary of Elevance Health, Inc. (f/k/a Anthem, Inc.).

We request that these applications be placed on the Nevada State Board of Pharmacy agenda as soon as possible, if necessary.

The following Applications and Supporting Documentation are executed and enclosed:

1. One check in the amount of $2,500 (5 applications x $500.00 per application).
2. Five Pharmacy Applications for the Pharmacies listed above.
3. BioPlus Ownership Disclosure, listing Officers, Directors and top 4 Shareholders, and including pre- and post-close corporate organization charts.
4. Certificates of Good Standing for each Pharmacy entity.
5. Completed and executed Designated Representative Application forms for the Pharmacists-in-Charge of each licensed facility
6. Most recent pharmacy inspection for each Pharmacy.

REAL
Solutions Group

7. Copy of each current resident Pharmacy license
8. Copy of Primary Source Verification from each Licensee's home state.
9. Executed License Verification Forms.
10. Copy of DEA Registration for each Pharmacy.

Please note we are not submitting any **Personal History Record Applications** as there are no individuals within the corporate structure that hold 10% or more of the beneficial interest in any of the relevant entities. In addition, the top level entity in the ownership structure, Elevance Health, Inc., is a publicly traded corporation. See post-close Corporate Organization Chart enclosed.

Pending Application

BioPlus Specialty Pharmacy, LLC (Irvine CA Facility) currently has a non-resident Pharmacy application pending before the Nevada State Board of Pharmacy. Per the direction of Mark Sedar, via email on 1/12/2023, we are not submitting a new application for this pharmacy. Instead, we are supplementing the existing pending application with the revised ownership information enclosed and an updated page 4 of the application to reflect updated contact information.

Please feel free to contact me with any questions regarding these applications at licensing@realsolutionsgroup.co or 602-690-2043. Thank you for your attention to this matter.

Sincerely,

Jill Bonnin
Director of Licensing and Regulatory Affairs
REAL SOLUTIONS GROUP

4TT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Non-Resident	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Optum Pharmacy 701, LLC

Physical Address: 1830 South Horne

City: Mesa State: AZ Zip: 85204

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 480-477-3660 Toll Free # (NAC 639.708, NRS 639.23286): 800-562-6223

Fax: 480-477-3630 Contact Email: orxpharmlic@optum.com

Website: N/A

Nevada Business License # (if applicable) NV20191497453

Supervising/Managing Pharmacist Name (NRS 639.220): Mallory Brown

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22120

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Mallory Brown	NV Pharmacist Registration #: 22120
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	☐	☑
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?	☐	☑
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	☐	☑
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	☐	☑
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	☐	☑

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): OptumRx Administrative Services, LLC (sole member)

Corporation/Organization Name: Optum Pharmacy 701, LLC

Mailing Address: 11000 Optum Circle Ste 100

City: Eden Prairie State: MN Zip: 55344

Telephone: 480-477-3660 Email: orxpharmlic@optum.com

Contact Person Name: Christine Feldman

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Corporate Secretary (title) for Optum Pharmacy 701, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Karen Bohmer

Print Name of Authorized Person

Karen Bohmer

Original signature of Authorized Person (copies or stamps not accepted)

2/1/23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Karen Bohmer hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Corporate Secretary (title) for Optum Pharmacy 701, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Karen Bohmer
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 3rd day of February, 2023

Maleta G Beahan
Notary Public

MALETA G BEAHAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 7, 2026

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Karen Bohmer

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Karen Bohmer

Original signature of Authorized Person (copies or stamps not accepted)

2/1/23

Date

Board Use Only	Date Received: 2-8-23	Amount: 500.00 CK -1252672 6

Optum

OFFICER AND OWNERSHIP INFORMATION

Optum Pharmacy 701, LLC
1830 South Horne
Mesa, AZ 85204

NAME	TITLE	BUSINESS ADDRESS
Erin A. Satterwhite	President & CEO	11000 Optum Circle, Suite 100 Eden Prairie MN 55344
Karen E. Bohmer	Secretary	11000 Optum Circle, Suite 100 Eden Prairie MN 55344
Peter M. Gill	Treasurer	11000 Optum Circle, Suite 100 Eden Prairie MN 55344
Heather A. Lang	Assistant Secretary	11000 Optum Circle, Suite 100 Eden Prairie MN 55344
Timothy J. Langdon	Assistant Secretary	11000 Optum Circle, Suite 100 Eden Prairie MN 55344
David J. Oberg	Assistant Secretary	11000 Optum Circle, Suite 100 Eden Prairie MN 55344

The pharmacy is wholly owned by:

Optum Pharmacy 701, LLC
1830 South Horne
Mesa, AZ 85204
FEIN: 84-2827343

Optum Pharmacy 701, LLC is wholly owned by:

OptumRx Administrative Services, LLC
11000 Optum Circle Ste 100
Eden Prairie MN 55344
FEIN: 75-2578509

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTUM PHARMACY 701, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7571773 8300

SR# 20230240426

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202563340

Date: 01-24-23

Optum

Optum Pharmacy 701, LLC

1830 South Horne
Mesa, AZ 85204

Personal History Record Application

N/A-No Shares, Entity is an LLC

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 01/25/2023 for Optum Pharmacy 701, LLC

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
Y009110	10/31/2023	Optum Pharmacy 701, LLC

Address :

1830 South Horne

Zip :	City :	State :
85204	Mesa	AZ

Phone :	Email :	Inspection Date :
(602) 824-6315	orxpharmlic@optum.com	01/25/2023

PIC :	Pic License Exp Date :	DEA # :
Mallory Brown	10/31/2023	Pending

Inspection Reviewed With :	Reviewers License# :	Inspection type :
PIC	S025821	Opening

Inspection Conducted By :

Steve Haiber

ACTIVITIES

1	Nonsterile Compounding	○YES ◉NO
2	Nonsterile Hazardous Compounding	○YES ◉NO
3	Sterile Compounding	○YES ◉NO
4	Sterile Hazardous Compounding	○YES ◉NO

Hospital Facility Data

# Licensed Beds	DHS License #

PHARMACY DEPARTMENT

1	Size/Personnel 174,063 sq ft / maximum employees = 2899	◉S ○C/P ○U ○N/A R4-23-609(A); R4-23-655(B)(C); R4-23-670 to 675
2	Shelves	◉S ○C/P ○U ○N/A R4-23-609(A); R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

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3	Design-efficient, safe pharmacy practice R4-22-609(A); R4-23-655(C); R4-23-672(A); R4-23-673(A)(B); R4-23-674(A)(3); R4-23-675(A) Fulfillment pharmacy operation utilizing automated storage & dispensing technology along with traditional manual pick processes to fill, pack and ship p rescription orders to patient residence	◉S ○C/P ○U ○N/A
4	Counter R4-23-609(B); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S ○C/P ○U ○N/A
5	Aisles R4-23-609(C); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S ○C/P ○U ○N/A
6	Consultation area R4-23-609(D) (1) room dedicated to provide counsel for the occasional walk up dispensing	◉S ○C/P ○U ○N/A
7	Enclosed (barrier) R4-23-609(F); R4-23-655(D); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675	◉S ○C/P ○U ○N/A
8	Entry doors R4-23-609(F); R4-23-610(B); R4-23-655(D); R4-23-657(A)(2); R4-23-672(A)(F)(2); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A) RFID badge reader system to control entry access to the facility and permitted pharmacy areas / facility maintains on site 24x7 security personnel	◉S ○C/P ○U ○N/A
9	Lighting R4-23-609(G); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S ○C/P ○U ○N/A
10	Temperature controlled/Ventilation R4-23-609(G); R4-23-655(E); R4-23-656(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A) HVAC - all areas	◉S ○C/P ○U ○N/A
11	Working counter barrier R4-23-609(H) No face to face dispensing	○S ○C/P ○U ◉N/A
12	Receiving/checking area R4-23-610(E); R4-23-655(E); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S ○C/P ○U ○N/A
13	Opening for Rx receipt when closed R4-23-610(F) Not employed	○S ○C/P ○U ◉N/A
14	Walls R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S ○C/P ○U ○N/A
15	Ceilings R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S ○C/P ○U ○N/A

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16 Windows — ◉S ○C/P ○U ○N/A

R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

Fixed

17 Floors — ◉S ○C/P ○U ○N/A

R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

Polished concrete

18 Restroom — ◉S ○C/P ○U ○N/A

R4-23-611(A)(4)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

Located within the facility

19 Sink (hot and cold running water) — ◉S ○C/P ○U ○N/A

R4-23-611(A)(9); R4-23-656(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

20 Nonsterile compounding area — ○S ○C/P ○U ◉N/A

R4-23-410(E)

Pharmacy will not perform this activity

SECURITY

1 Controlled substances — ◉S ○C/P ○U ○N/A

R4-23-609(E); R4-23-657(A)(1); R4-23-658(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

Facility has applied for a C2 - C5 registration. Per PIC facility will not stock or dispense C2 drug product at this time / C3-5 product(s) will be dispersed wit hin the general pharmacy inventory

2 Pharmacist access — ◉S ○C/P ○U ○N/A

R4-23-609(F); R4-23-610(B); R4-23-657(A)(1); R4-23-671(B)(1); R4-23-672(A)(B)(F); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

PIC and select pharmacist(s) issued special RFID badge to arm and disarm the RFID badge readers used by the remaining staff to enter the pharmacy / PI C or pharmacist will be responsible for opening and closing of the pharmacy and deactivating / activating the employee RFID badge readers

3 Additional pharmacy drug storage areas — ○S ○C/P ○U ◉N/A

R4-23-609(G)(2); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

None

4 Filled Rx medication storage — ○S ○C/P ○U ◉N/A

R4-23-610(G); R4-23-673(E); R4-23-674(C); R4-23-675(C)

Filled orders are routed to packing and shipped to patient residence /closed door pharmacy / no will call pick up

5 Remote drug storage (hospitals) — ○S ○C/P ○U ◉N/A

R4-23-654(D); R4-23-672(C)

PHARMACY LIBRARY

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

1 Pharmacology or Toxicology reference — ◉S ○C/P ○U ○N/A

R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

On line reference materials provided to licensed staff

2 Therapeutics reference — ◉S ○C/P ○U ○N/A

R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

On line reference materials provided to licensed staff

3 Drug compatibility reference — ◉S ○C/P ○U ○N/A

R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

On line reference materials provided to licensed staff

4 Drug product equivalency reference — ◉S ○C/P ○U ○N/A

R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

On line reference materials provided to licensed staff

5 Sterile products reference — ○S ○C/P ○U ◉N/A

R4-23-612(A)(9); R4-23-656(1); R4-23-670(B)(6); R4-23-672(A); R4-23-673(C); R4-23-675(A)

Pharmacy will not perform sterile compounding activity

6 Policy and procedure manual-pharmacy operations — ◉S ○C/P ○U ○N/A

R4-23-610(A); R4-23-653(A); R4-23-658(A); R4-23-671(E); R4-23-672(A)(G); R4-23-673(G); R4-23-674(F); R4-23-675(D)

Maintained on line

7 Policy and procedure manual-technicians — ◉S ○C/P ○U ○N/A

R4-23-610(A); R4-23-653; R4-23-672(A)(G); R4-23-673(C); R4-23-674(F); R4-23-675(D)

Maintained on line

8 Policy and procedure manual-automation — ◉S ○C/P ○U ○N/A

R4-23-614; R4-23-615; R4-23-616; R4-23-654(D); R4-23-701.02; R4-23-701.04

Maintained on line

9 Policy and procedure manual-compounding — ○S ○C/P ○U ◉N/A

R4-23-410; R4-23-670

Pharmacy will not perform this activity

10 Arizona statutes/rules — ◉S ○C/P ○U ○N/A

R4-23-612(A)(8); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

Link maintained to access AZ board website for the latest statutes and rules

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11 Current antidote/drug interaction information ◉S ○C/P ○U ○N/A
R4-23-612(A)(12); R4-23-672(A), R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
On line

12 Poison Control # displayed ◉S ○C/P ○U ○N/A
R4-23-612(A)(13); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Posted

PHARMACY EQUIPMENT/FORMS

1 Refrigerator ◉S ○C/P ○U ○N/A
R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670; R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
+36 F

2 Freezer ◉S ○C/P ○U ○N/A
R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670(B)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Gel brick use

3 Computer-security/data storage ◉S ○C/P ○U ○N/A
R4-23-408
QMSI fulfillment system

4 Computer-patient profiles ◉S ○C/P ○U ○N/A
R4-23-408(B)(3)
IRIS front end system

5 Computer-single drug usage report ◉S ○C/P ○U ○N/A
R4-23-408(B)(4)
Available upon request

6 Computer-pharmacist log book/hard copy print out ◉S ○C/P ○U ○N/A
R4-23-408(C)(4)
Log w/b maintained

7 Prescription label ◉S ○C/P ○U ○N/A
ARS 32-1963.01; ARS 32-1968; R4-23-612(A)(10); R4-23-658(D)(1)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)(D); R4-23-701.01(2); R4-23-703(C)
Sample provided

8 Federal transfer labels ◉S ○C/P ○U ○N/A
R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)

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9	Warning labels	◉S ○C/P ○U ○N/A	R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A), R4-23-701.01(2)
10	Written patient information Sample provided	◉S ○C/P ○U ○N/A	R4-23-402(C)(4), R4-23-402(I)
11	Consultation log Limited Service facility - documentation of counsel will be maintained for any walk up dispensing	◉S ○C/P ○U ○N/A	R4-23-402(G)
12	Federal medication guides Sample provided	◉S ○C/P ○U ○N/A	21 CFR part 208
13	Hospital IV label	○S ○C/P ○U ◉N/A	R4-23-658
14	Generic Rx blanks All verbal orders routed to front end processing pharmacist for transcription	○S ○C/P ○U ◉N/A	R4-23-402(A); R4-23-407(D)
15	Immunization administration recordkeeping Pharmacy does not perform this activity	○S ○C/P ○U ◉N/A	R4-23-411(F)
16	Schedule V register Rx required / no OTC sales	○S ○C/P ○U ◉N/A	R4-23-612(A)(2)
17	Methamphetamine precursor sales log Rx required / no OTC sales	○S ○C/P ○U ◉N/A	ARS 32-1977
18	Red C stamp	○S ○C/P ○U ◉N/A	R4-23-612(A)(11); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	CSPMP reporting	◉S ○C/P ○U ○N/A	R4-23-502
20	Graduates Non compounding operation	○S ○C/P ○U ◉N/A	R4-23-612(A)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

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21	Mortar & Pestle	○S ○C/P ○U ◉N/A	R4-23-612(A)(4); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
22	Steel spatulas	○S ○C/P ○U ◉N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
23	Rubber (nonmetallic) spatula	○S ○C/P ○U ◉N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
24	Approved Rx balance	○S ○C/P ○U ◉N/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
25	Weights for Rx balance	○S ○C/P ○U ◉N/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
26	Ointment tile	○S ○C/P ○U ◉N/A	R4-23-612(A)(7); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
27	Automated storage and distribution system (patient access)	○S ○C/P ○U ◉N/A	R4-23-614(A)(B)(1)(2)
28	Automated storage and distribution system (hospital)	○S ○C/P ○U ◉N/A	R4-23-614(A)(B)(1)(3); R4-23-654(D)
29	Mechanical storage and counting device Facility utilizes 800 cell Optum proprietary system / Additional compliance packaging system under construction for 2024 deployment	◉S ○C/P ○U ○N/A	R4-23-615
30	Mechanical counting device KL exactly units utilized for manual fill stations	◉S ○C/P ○U ○N/A	R4-23-616
31	Emergency drug supply units (LTC)	○S ○C/P ○U ◉N/A	R4-23-701.02
32	Automated emergency drug supply units (LTC)	○S ○C/P ○U ◉N/A	R4-23-701.02(E)
33	Automated dispensing system (LTC)	○S ○C/P ○U ◉N/A	R4-23-701.04

STERILE PRODUCT COMPOUNDING AREA/EQUIPMENT:

1	Size Pharmacy does not support this activity	○S ○C/P ○U ◉N/A	R4-23-670(A)
2	Dedicated to compounding sterile products	○S ○C/P ○U ◉N/A	R4-23-670(A)(1); R4-23-656(5)

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3	Isolated from other pharmacy functions	○S ○C/P ○U ◉N/A	R4-23-670(A)(2)
4	Restricts entry/access	○S ○C/P ○U ◉N/A	R4-23-670(A)(3)
5	Free from unnecessary disturbances airflow	○S ○C/P ○U ◉N/A	R4-23-670(A)(4)
6	Nonporous and cleanable floor	○S ○C/P ○U ◉N/A	R4-23-670(A)(5)
7	Nonporous and cleanable walls	○S ○C/P ○U ◉N/A	R4-23-670(A)(5)
8	Nonporous and cleanable ceiling	○S ○C/P ○U ◉N/A	R4-23-670(A)(5)
9	Environment ISO 7	○S ○C/P ○U ◉N/A	R4-23-670(A)(6)
10	Hood ISO 5	○S ○C/P ○U ◉N/A	R4-23-670(B)
11	Prep area ISO 7/ISO 8	○S ○C/P ○U ◉N/A	R4-23-110; R4-23-670(E)(F)

NOTES

Opening inspection for Optum Pharmacy 701, LLC conducted on 01/25/2023.

Facility will perform fulfillment operations for orders received under shared services from Optum Pharmacy front end processing locations.

Overall inspection - satisfactory

Open permit Y009110 issued to PIC on 1/26/2023.

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 08/11/2021
Receipt Number: 2021107973
Receipt Amount $: 480.00

Pharmacy - Limited Service

Mail Order

PERMIT NO
Y009110

EXPIRES
10/31/2024

Issued to : Optum Pharmacy 701, LLC
Optum Pharmacy 701, LLC
1830 SOUTH HORNE MESA, AZ 85204

Optum Pharmacy 701, LLC
1830 SOUTH HORNE
MESA, AZ 85204

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Optum Pharmacy 701, LLC
LICENSE NUMBER : Y009110
EXPIRES : 10/31/2024

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	Optum Pharmacy 701, LLC
Address :	1830 South Horne Mesa AZ 85204
License No :	Y009110
Permit Type :	Pharmacy
Sub Type :	Limited Service
Date Issued :	01/26/2023
Expiration Date :	10/31/2024
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 02/07/2023

Optum

Optum Pharmacy 701, LLC

1830 South Horne
Mesa, AZ 85204

Nevada Non-Resident Pharmacy Application

Request-Applicant Home State submit directly to Nevada BOP a license verification.

Response-The Home State of Arizona no longer completes permit verification forms and/or provide embossed verifications of licenses. The official license verification is obtained from the Arizona Board of Pharmacy website. (Email from Board for reference with license verification for Pharmacy attached).

Roberts, Stacy

From: Jennifer Mitchell <jmitchell@azpharmacy.gov>
Sent: Thursday, January 26, 2023 9:55 AM
To: Roberts, Stacy
Subject: Re: Original License Verification Process-Info Needed

Categories: External Email

No, we do not provide embossed verifications of licensure.

Thank you,
Jennifer Mitchell
Executive Assistant

Arizona State Board of Pharmacy
PO Box 18520
Phoenix, AZ 85005

CONFIDENTIALITY NOTICE: This communication and any attachments may contain confidential and/or privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments.
Pursuant to section 41-1093.01, Arizona Revised Statutes, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona Revised Statutes.

On Thu, Jan 26, 2023 at 10:52 AM Roberts, Stacy <stacy.roberts@optum.com> wrote:

Thank you, Jennifer, for the information.

Just to reconfirm, your office does not provide original stamped license verifications?

I need to confirm to show proof to other states asking for this stamped verification.

Thank you.

Stacy Roberts (she/her)

Licensing Specialist, Pharmacy Licensing | Optum

O 1-612-476-6321

F 1-866-942-7892

stacy.roberts@optum.com

Optum

From: Jennifer Mitchell <jmitchell@azpharmacy.gov>
Sent: Thursday, January 26, 2023 9:44 AM
To: Roberts, Stacy <stacy.roberts@optum.com>
Cc: jjimmy@azpharmacy.gov; Krystal Garcia <kgarcia@azpharmacy.gov>; bwilson@azpharmacy.gov
Subject: Re: Original License Verification Process-Info Needed

The Board no longer completes permit verification forms for permit holders. Please visit the Board's verification page to print a verification. https://azbop.igovsolution.net/online/Lookups/AZBusiness_Lookup.aspx

Thank you,

Jennifer Mitchell

Executive Assistant

Arizona State Board of Pharmacy

PO Box 18520

Phoenix, AZ 85005

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FO2436625	12-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY-COLLECTOR	01-27-2023

OPTUM PHARMACY 701, LLC
1830 S HORNE
MESA, AZ 852045771

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
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OPTUM PHARMACY 701, LLC
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Form DEA-223 (9/2016)

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Mallory C. Brown

Date: 12/06/2021
Amount:
License #: 22120

(ID Card)

Pharmacist

NEVADA STATE BOARD OF PHARMACY

Expires:10/31/2023

Mallory C. Brown

Trim ID Card to fit your wallet

License #
22120
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

NEVADA

STATE BOARD OF PHARMACY

Pharmacist

License Type: Pharmacist
License #: 22120

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Mallory C. Brown

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Y

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Optum Pharmacy 701, LLC

Pharmacy/Wholesaler License # (if applicable) Applying for NV. Pharmacy Home State License #Y009110

Physical Address 1830 South Horne

City Mesa State AZ Zip 85204

Mailing Address (if different from physical address) Same as Above

City _____ State _____ Zip _____

Telephone 480-477-3660 Website _____

Licensing Company Email orxpharmlic@optum.com

Section 2: Personal Information

First Mallory Middle Catherine Last Brown

Alias(es, nicknames, name changes, etc.) Mallory McGarry, Maiden name

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] W Park Avenue

City Chandler State AZ Zip 85225

Telephone [redacted] Email mallory.brown@optum.com, [redacted]@gmail.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	Address	City	State	Zip	From - To (MM/YY – MM/YY)	Diploma/Degree obtained, if any
Langham Creek High School	17610 FM 529	Houston	TX	77095	08/2003 - 05/2007	HS Diploma
Cy-fair community College - Lone Star	9191 Barker Cypress	Cypress	TX	77433	08/2006 - 05/2007	
Texas Tech University	2500 Broadway	Lubbock	TX	79409	08/2007 - 08/2010	
Texas Tech University Health Sciences Center-SOP	1300 Coulter St.	Amarillo	TX	79106	08/2010 - 05/2014	PharmD.
					From - To (MM/YY – MM/YY	

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/22 -	[redacted] W. Park Ave	Chandler	AZ	85225
10/21 - 06/22	[redacted] El Camino Ln.	Dallas	TX	75212
06/15 - 10/21	[redacted] McKinney Ave # [redacted]	Dallas	TX	75205
06/12 - 06/15	[redacted] Cole Ave # [redacted]	Dallas	TX	75204
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Optum RX			From - To (MM/YY – MM/YY): 08/21 -	
Business Address: 1830 S Horne	City: Mesa		State: AZ	Zip: 85225
Phone: (480) 477 3630	Title: Director of operations/PIC		Number of Employed Hours: 2,720	
Description of Duties: Director of Operations / PIC - Standing up new fulfillment site. Preparing space for licensing, hiring all necessary pharmacy staff.				

Business Name: CVS Health			From - To (MM/YY – MM/YY): 01/16 - 08/21	
Business Address: 4808 Davis Blvd.	City: North Richland Hills		State: TX	Zip: 76180
Phone: (817) 282-8808	Title: 01/16 - 02/18 Pharmacy Manager/PIC 02/18 - 08/21 District Leader		Number of Employed Hours: 9,408	
Description of Duties: Oversee Pharmacy operations of up to 28 pharmacies across North Texas. Hired pharmacists, Pharmacy Managers/PIC & Float RPh.				

Business Name: Target Pharmacy			From - To (MM/YY – MM/YY): 07/14 - 01/16	
Business Address: 1600 W Arbrook Blvd.	City: Arlington		State: TX	Zip: 76015
Phone: (817) 557 2177	Title: Pharmacy Manager / PIC		Number of Employed Hours: 2,856	
Description of Duties: Oversee Pharmacy Operation of 1 RPh and 5 techs				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	X	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/12/2012	10/31/2013	TX	Houston	Harris
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
1377648010l0	177th District Court Harris County			
Reason/Charge				
1st offense DWI felony reduced to misdemeanor				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below:

Case #13776480l010 was held in the 177th District Court in Harris County Houston, TX as first offense Driving While Intoxicated felony reduced to a misdemeanor. Offense occurred Dec 12, 2012. And plead guilty to DWI misdemeanor with 2 years probation on October 31, 2013. Probation was served and all other conditions of community supervision, including 80 hrs of community service, participate and complete approved alcohol/drug education program, operate a motor vehicle equipped with ignition interlock system and confinement of 72 hrs in Harris County Jail, were fulfilled from Oct. 31, 2013 through Oct. 31, 2015. I was released from probation on Oct. 31, 15 and case signed by Presiding Judge Nov. 24, 2015. All information was provided to all State Boards of Pharmacy of which I am licensed and no disciplinary actions have been taken on my licenses.

Original Signature (electronic, copies or stamps not accepted)

1/31/23
Date

I, Mallory Brown, **certify that as the designated representative for**

Optum Pharmacy 701, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MB I am at least 21 years of age;
3. MB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Mallory Brown
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/31/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mallory Brown
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/31/23
Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Mallory Brown, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/31/23
Date

Subscribed and Sworn to before me this 31 day of January, 2023.

Notary Public Signature

BRENDA FOURIE
Notary Public - Arizona
Maricopa County
Commission # 624209
My Comm. Expires Apr 15, 2026
(Seal)

From: Mallory Brown, PharmD, RPh

[redacted] W Park Ave. Chandler, AZ 85225

Date: February 2, 2023

To: Nevada State Board of Pharmacy

985 Damonte Ranch Pkwy #206

Reno, NV 89521

To Whom it May Concern,

This letter is to give requested description to the conviction included in my application for Pharmacist Licensure by Reciprocation. Case #137764801010 was held in the 177th District Court in Harris County Houston, Texas as first offense Driving While Intoxicated felony reduced to misdemeanor. Offense occurred on December 12, 2012 and plead guilty to DWI misdemeanor with 2 years' probation on October 31, 2013. Probation was served and all other conditions of community supervision, including 80 hours of community service, participate and complete approved alcohol/drug education program, operate a motor vehicle equipped with ignition interlock device, and confinement in Harris County Jail for 72 hours, were fulfilled in Dallas county from October 31, 2013 through October 31, 2015. I was released from probation on October 31, 2015 and case was signed as completed by presiding judge on November 24, 2015.

All information was provided to Texas State Board of Pharmacy, and it was determined by the board that no disciplinary actions would be warranted on either my pharmacy intern license or initial Pharmacist License by Exam.

Thank you,

Mallory Brown, PharmD, RPh Texas #55043

2/2/23
Date

Scanned with CamScanner

CASE NO. 137764801010
INCIDENT NO./TRN: 9168559232A001

THE STATE OF TEXAS	§	IN THE 177TH DISTRICT
	§	
V.	§	COURT
	§	
MCGARRY, MALLORY CATHERINE	§	HARRIS COUNTY, TEXAS
	§	
STATE ID NO.: TX50231166	§	

JUDGMENT OF CONVICTION BY COURT—WAIVER OF JURY TRIAL

Judge Presiding:	HON. RYAN PATRICK	Date Judgment Entered:	10/31/2013
Attorney for State:	MIA MAGNESS	Attorney for Defendant:	TRITICO, CHRISTOPHER L.

Offense for which Defendant Convicted:
DRIVING WHILE INTOXICATED BAC .08 (540421) (AEW)

Charging Instrument:	Statute for Offense:
INDICTMENT	N/A

Date of Offense:
12/22/2012

Degree of Offense:	Plea to Offense:	Findings on Deadly Weapon:
CLASS B MISDEMEANOR	GUILTY	N/A

Terms of Plea Bargain:
180 DAYS HCJ/ PROBATED 2 YEARS/ $500 FINE/ 3 DAYS HCJ COP- STATE MOVES TO REDUCE FROM A 3RD DEGREE FELONY.

Plea to 1st Enhancement Paragraph:	N/A	Plea to 2nd Enhancement/Habitual Paragraph:	N/A
Findings on 1st Enhancement Paragraph:	N/A	Findings on 2nd Enhancement/Habitual Paragraph:	N/A

Date Sentence Imposed:	10/31/2013	Date Sentence to Commence:	N/A

Punishment and Place of Confinement: 180 DAYS COUNTY JAIL

THIS SENTENCE SHALL RUN CONCURRENTLY.

(AW) ☒ SENTENCE OF CONFINEMENT SUSPENDED, DEFENDANT PLACED ON COMMUNITY SUPERVISION FOR 2 YEARS.

Fine:	Court Costs:	Restitution:	Restitution Payable to:
$ ~~N/A~~ 500.00 (AEW)	$ 429.50	$ N/A	☐ VICTIM (see below) ☐ AGENCY/AGENT (see below)

Sex Offender Registration Requirements do not apply to the Defendant. TEX. CODE CRIM. PROC. chapter 62

The age of the victim at the time of the offense was N/A .

Time Credited:
If Defendant is to serve sentence in TDCJ, enter incarceration periods in chronological order.

From ____ to ____	From ____ to ____
From ____ to ____	From ____ to ____
From ____ to ____	From ____ to ____

If Defendant is to serve sentence in county jail or is given credit toward fine and costs, enter days credited below.
N/A DAYS NOTES: N/A

All pertinent information, names and assessments indicated above are incorporated into the language of the judgment below by reference.

This cause was called for trial in **Harris County, Texas**. The State appeared by her District Attorney.

Counsel / Waiver of Counsel (select one)

☒ Defendant appeared in person with Counsel.
☐ Defendant knowingly, intelligently, and voluntarily waived the right to representation by counsel in writing in open court.

Both parties announced ready for trial. Defendant waived the right of trial by jury and entered the plea indicated above. The Court then admonished Defendant as required by law. It appeared to the Court that Defendant was mentally competent to stand trial, made the plea freely and voluntarily, and was aware of the consequences of this plea. The Court received the plea and

Certified Document Number: 58202 - Page 1 of 2

RECORDER'S MEMORANDUM
This instrument is of poor quality at the time of imaging

entered it of record. Having heard the evidence submitted, the Court found Defendant guilty of the offense indicated above. In the presence of Defendant, the Court pronounced sentence against Defendant.

The Court **FINDS** Defendant committed the above offense and **ORDERS, ADJUDGES AND DECREES** that Defendant is **GUILTY** of the above offense. The Court **FINDS** the Presentence Investigation, if so ordered, was done according to the applicable provisions of TEX. CODE CRIM. PROC. art. 42.12 § 9.

The Court **ORDERS** Defendant punished as indicated above. The Court **ORDERS** Defendant to pay all fines, court costs, and restitution as indicated above.

Punishment Options (select one)

☐ **Confinement in State Jail or Institutional Division.** The Court **ORDERS** the authorized agent of the State of Texas or the Sheriff of this County to take, safely convey, and deliver Defendant to the . The Court **ORDERS** Defendant to be confined for the period and in the manner indicated above. The Court **ORDERS** Defendant remanded to the custody of the Sheriff of this county until the Sheriff can obey the directions of this sentence. The Court **ORDERS** that upon release from confinement, Defendant proceed immediately to the **Harris County District Clerk's office**. Once there, the Court **ORDERS** Defendant to pay, or make arrangements to pay, any remaining unpaid fines, court costs, and restitution as ordered by the Court above.

☒ **County Jail—Confinement / Confinement in Lieu of Payment.** The Court **ORDERS** Defendant immediately committed to the custody of the **Sheriff of Harris County, Texas** on the date the sentence is to commence. Defendant shall be confined in the **Harris County Jail** for the period indicated above. The Court **ORDERS** that upon release from confinement, Defendant shall proceed immediately to the **Harris County District Clerk's office**. Once there, the Court **ORDERS** Defendant to pay, or make arrangements to pay, any remaining unpaid fines, court costs, and restitution as ordered by the Court above.

☐ **Fine Only Payment.** The punishment assessed against Defendant is for a **FINE ONLY**. The Court **ORDERS** Defendant to proceed immediately to the **Office of the Harris County District Clerk**. Once there, the Court **ORDERS** Defendant to pay or make arrangements to pay all fines and court costs as ordered by the Court in this cause.

Execution / Suspension of Sentence (select one)

☐ The Court **ORDERS** Defendant's sentence **EXECUTED**.

☒ The Court **ORDERS** Defendant's sentence of confinement **SUSPENDED**. The Court **ORDERS** Defendant placed on community supervision for the adjudged period (above) so long as Defendant abides by and does not violate the terms and conditions of community supervision. The order setting forth the terms and conditions of community supervision is incorporated into this judgment by reference.

The Court **ORDERS** that Defendant is given credit noted above on this sentence for the time spent incarcerated.

Furthermore, the following special findings or orders apply:

APPEAL WAIVED. NO PERMISSION TO APPEAL GRANTED.

defendant to serve 3 days hcj as cop.

Defendant will self- report 12/17/13 ~~by 6 pm~~ ~~8:45 AM~~ to the 177 Court ~~AT 8:45 AM~~.

Signed and entered on October 31, 2013

X _____

RYAN PATRICK
JUDGE PRESIDING

Notice of Appeal Filed: _____

Mandate Received: _____ Type of Mandate: _____

After Mandate Received, Sentence to Begin Date is: _____

Jail Credit: _____

Def. Received on _____ at _____ AM / PM

By: _____, Deputy Sheriff of Harris County

Right Thumbprint

Clerk: A VAUGHN

SID (CAS 20.10): _____ EN/KR04: 12/17/13 LCBT: _____ LCBU: _____ EN/KR18: _____

12/17/13 993 992 991

Certified Document Number: 62419078 - Page 2 of 2

CONDITIONS OF COMMUNITY SUPERVISION

THE STATE OF TEXAS
VS.
MALLORY CATHERINE MCGARRY

IN THE 177th DISTRICT COURT OF
HARRIS COUNTY, TEXAS
CAUSE NUMBER 137764801010

On this the 31st day of October, 2013, you are sentenced to 180 Days in the Texas Department of Criminal Justice-Institutional Division probated for 2 Years community supervision for the felony offense of DRIVING WHILE INTOXICATED 1ST OFFENDER in accordance with section 3 of Article 42.12, Texas Code of Criminal Procedure, in the 177th District Court of Harris County, Texas, by the Honorable RYAN PATRICK Judge Presiding. It is the order of this Court that you abide by the following Conditions of Community Supervision:

(1) **Commit no offense** against the laws of this or any other State or of the United States.

(2) **Avoid injurious or vicious habits**. You are forbidden to use, possess, or consume any controlled substance, dangerous drug, marijuana, alcohol or prescription drug not specifically prescribed to you by lawful prescription. **You are forbidden to use, consume, or possess alcoholic beverages**.

(3) **Avoid persons or places** of disreputable or harmful character.

(4) Report immediately in person, to the Community Supervision Officer for the **177** District Court on the **31st** day of **October, 2013** and continue to report to the Community Supervision Officer on the **31st** of each month thereafter or as directed by the Community Supervision Officer for the remainder of the supervision term unless so ordered differently by the Court.

(5) Permit a Community Supervision Officer to **visit you at your home, place of employment** or elsewhere.

(6) **Abide by the rules and regulations** of the Harris County Community Supervision and Corrections Department (hereinafter referred to as HCCS&CD). Refrain from disorderly conduct, abusive language or disturbing the peace while present at any HCCS&CD office or facility.

(7) **Work faithfully** at suitable employment and present written verification of employment (including all attempts to secure employment) to your Community Supervision Officer on each reporting date. You must notify HCCS&CD within 48 hours of any change in your employment status.

(8) **Remain within a specified place**, to wit: **Harris County, Dallas County, and Tarrant County, Texas**. You may not travel outside of **Harris County, Dallas County, and Tarrant County, Texas**, unless you receive prior written permission from the Court through your Community Supervision Officer. You must notify HCCS&CD within 48 hours of any change of residence.

(9) **Support your dependents** as required by law. Provide your Community Supervision Officer with a certified copy of all Court orders requiring payment of child support.

(10) Submit to **RANDOM drug/alcohol analysis** by authorized personnel of HCCS&CD, including any department having courtesy supervision jurisdiction. Provide proof of any medication legally prescribed to you prior to submitting a specimen.

(11) Participate in the HCCS&CD **Community Service Restitution Program (CSRP).** You shall perform a total of **80** hours, at the rate of **8** hours per **MONTH** beginning **03/30/2014**.

(12) Pay the following fees through HCCS&CD as specified herein. All payments MUST be in the form of a MONEY ORDER or Cashier 's Check. Write SPN and Cause # on Money Order or Cashier 's Check. Personal checks will not be accepted. **A $ 2.00 transaction fee will be charged each time you make a payment.**

12.1 Pay a **Supervision Fee** at the rate of **$ 60.00** per **month** for the **duration** of your community supervision beginning **12/30/2013** to HCCS&CD.

12.2 Pay a **Fine** of **$ 500.00** and **Court Costs** at the rate of **$ 50.00** per month beginning **12/30/2013** to Harris County through HCCS&CD.

12.3 Pay **$ 50.00** to **Crime Stoppers of Houston** in one lump sum on **11/30/2013** through HCCS&CD.

Certified Document Number: 58241902 - Page 3 of 6

CONDITIONS OF COMMUNITY SUPERVISION

For: MALLORY CATHERINE MCGARRY Cause: 137764801010

(13) Submit to an **alcohol/drug evaluation upon the submission of a positive drug test**, alcohol breath test, admission of alcohol or drug use and/or at anytime thereafter as directed by your Community Supervision Officer. Attend treatment and aftercare as recommended or as designated by the Court, including but not limited to **the STAR Drug Court Program**. Comply with all program rules, regulations and guidelines until successfully discharged or released by further order of the Court. On each reporting date, submit written verification of your enrollment, attendance and/or successful completion of the program to your Community Supervision Officer, to be retained in HCCS&CD's file.

(14) Participate in the HCCS&CD **Maximum Supervision Program** any time that you are assessed by HCCS&CD to require maximum supervision. Comply with all program rules, regulations and guidelines until successfully discharged or released by further order of the Court.

(15) Submit to an evaluation of your **educational skill level** by **11/30/2013**. If it is determined that you have not attained the average skill of students who have completed the sixth grade in public schools in this State, you shall participate in a program that teaches functionally illiterate persons to read. If you are non- English speaking, you will participate in English **as a Second Language (ESL) program, if it is determined there is a need in order for you to meet the state mandate beginning upon referral**. Comply with all program rules, regulations and guidelines until successfully discharged or released by further order of the Court. On each reporting date, submit written verification of your enrollment, attendance and/or successful completion of the program to your Community Supervision Officer, to be retained in HCCS&CD's file.

(16) Participate in the HCCSCD **Change Though Intervention (CTI) Program**, anytime you are assessed and deemed appropriate. Comply with all program rules, regulations, and guidelines until successfully completed or released by further order of the Court. You will be subject to a system of graduated sanctions and incentives. You may be placed on a special caseload, which includes periodic appearances in Court.

(17) You are not to enter a **nightclub, bar or establishment** where alcoholic beverages are primarily sold.

(18) Submit to a **hair follicle test** by an approved agency as directed by the community supervision officer or further order of the Court. Provide proof of any medication legally prescribed to you prior to submitting to a hair follicle test.

(19) Do not drive or operate a motor vehicle in Texas without a valid **Texas Driver's License and Insurance**.

(20) You are **forbidden to own or be in possession of any firearms** pursuant to the Federal Statute regarding a felon in possession of a firearm during the term of supervision.

(21) You are **not to lie or make false statements to any employee** of HCCS&CD beginning **10/31/2013**.

(22) You will not use, **ingest, or consume any substance that will alter or adulterate** any urinalysis results.

(23) **You must include HCCSCD as a creditor if at any time during the term of your supervision you file for bankruptcy**. You must provide verbal notification to HCCSCD of any bankruptcy filing during the term of your supervision, within 72 hours of filing for bankruptcy by contacting your Community Supervision Officer by telephone and providing written notification and documentation, including the "Notice of Bankruptcy Filing", to: Harris County Community Supervision Attention: General Counsel 49 San Jacinto, Suite 600 Houston, Texas 77002.

(24) Provide a breath specimen for **breathalyzer/intoxilyzer analysis** if requested by any community supervision officer or law enforcement officer.

(25) You are ordered to serve not less than and no more than **3 DAYS** in the **Harris County Jail** beginning **12/17/2013.REPORT TO THE 177TH DISTRICT COURT AT 08:45 AM. Failure to report will result in a warrant being issued for your arrest.**

(26) Participate in and complete, within 180 days from the date Community Supervision is granted **10/31/2013**, an **approved alcohol/drug education program** as required by V.A.C.C.P. Art. 42.12, Sec 13. Comply with all program rules, regulations, and guidelines until successfully discharged or released by further order of the Court.

Certified Document Number: 58241902 - Page 4 of 6

CONDITIONS OF COMMUNITY SUPERVISION

For: MALLORY CATHERINE MCGARRY Cause: 137764801010

(27) Your Community Supervision will be transferred to **DALLAS (DALLAS COUNTY)**, Texas until further order of the Court. You will mail- in to HCCS&CD monthly until you are contacted by **DALLAS COUNTY CSCD** to report in person.

(28) Upon receipt of a **Valid Texas or Occupational Driver 's License**, you are only to operate a motor vehicle, including your vehicle or any other vehicle, **equipped with a deep- lung analysis mechanism (ignition interlock) WITH PHOTOGRAPHIC CAPABILITIES,** to make impractical the operation of the motor vehicle if ethyl alcohol is detected in your breath beginning **11/08/2013** until released by further order of the Court. You may not operate a motor vehicle unless it is equipped with an above said device.

Certified Document Number: 58241902 - Page 5 of 6

CONDITIONS OF COMMUNITY SUPERVISION

For: MALLORY CATHERINE MCGARRY

Cause: 137764801010

I understand that under the laws of this State, the Court shall determine the terms and conditions of Community Supervision, and may alter or modify said conditions during the period of Community Supervision. I further understand that failure to abide by these Conditions of Community Supervision may result in the revocation of Community Supervision or an adjudication of guilt.

Community Supervision expires the ~~22nd~~ 30th DAR day of October A.D. 2015

MALLORY CATHERINE MCGARRY, DEFENDANT — October 31, 2013 DATE

Signed this 31st **day of** October **A.D.** 2013

RYAN PATRICK, PRESIDING JUDGE

LISA MCKINNIE- RICHARDSON, CLO/CSO OFFICER — October 31, 2013 DATE

SPN: 02661629

PLEA: GUILTY

Defendant's Right Thumbprint

Certified Document Number: 58241902 - Page 6 of 6

DISTRICT COURT OF HARRIS COUNTY TEXAS

I, Marilyn Burgess, District Clerk of Harris County, Texas certify that this is a true and correct copy of the original record filed and or recorded in my office, electronically or hard copy, as it appears on this date.
Witness my official hand and seal of office this September 15, 2021

Certified Document Number: 58241902 Total Pages: 6

Marilyn Burgess

Marilyn Burgess, DISTRICT CLERK
HARRIS COUNTY, TEXAS

In accordance with Texas Government Code 406.013 electronically transmitted authenticated documents are valid. If there is a question regarding the validity of this document and or seal please e-mail support@hcdistrictclerk.com

Cause No. 1377648

The State of Texas

v.

Mallory McGarry A/K/A Hoag

177 District Court

Harris County, Texas

ORDER AFFECTING COMMUNITY SUPERVISION

After considering the community supervision officer's recommendations and other evidence, the presiding judge FINDS that the Defendant:

☒ has satisfactory fulfilled the condition of supervision imposed by the court under the Texas Code of Criminal Procedure and/or Chapter 481 of the Texas Health and Safety Code.

☐ has **not** satisfactorily fulfilled the conditions of supervision imposed by the court under The Texas Code of Criminal Procedure and / or Chapter 481 of the Texas Health and Safety Code **(See Comment section below)**

Motion Denied ☐ The defendant has not satisfactorily fulfilled the conditions of community supervision imposed by the Court for the term of the supervision period to which he / she was sentenced.

Comments ☐ .....

Accordingly, the Court ORDERS defendant's motion to terminated community supervision **denied**.

Date signed: _____

Judge Presiding, Harris County, Texas — District Court 177

Motion Granted

Full Term ☒ The Defendant has satisfactorily fulfilled the conditions of supervision imposed by the Court for the full term of the supervision period to which he/she was sentenced.

Early Termination (Permissive review) ☐ The Defendant has satisfactorily fulfilled the conditions of supervision imposed by the Court for two (2) years or for more than one-third (1/3) of the time to which defendant was sentenced to community supervision.

Deferred Adjudication Early Termination ☐ The best interests of the defendant and society will be served by the early termination of defendant's supervision period. The Court has not proceeded to an adjudication of guilt during the period of supervision.

Deferred Adjudication Full Term ☐ The Defendant has satisfactorily fulfilled the condition of supervision imposed by the Court for the full term of the supervision period to which he/she was sentenced. The Court has not proceeded to an adjudication of guilt during the period of supervision.

Comments ☐ .....

Accordingly, the Court ORDERS defendant's community supervision terminated. The Court further ORDERS, ADJUDGES AND DECREES that the defendant is discharged according to law.

Date signed: 11·24·2015

Judge Presiding, Harris County, Texas — District Court 177

Certified Document Number: 68044447 - Page 1 of 1

DISTRICT COURT OF HARRIS COUNTY TEXAS

I, Marilyn Burgess, District Clerk of Harris County, Texas certify that this is a true and correct copy of the original record filed and or recorded in my office, electronically or hard copy, as it appears on this date.
Witness my official hand and seal of office this September 15, 2021

Certified Document Number: 68044447 Total Pages: 1

Marilyn Burgess

Marilyn Burgess, DISTRICT CLERK
HARRIS COUNTY, TEXAS

In accordance with Texas Government Code 406.013 electronically transmitted authenticated documents are valid. If there is a question regarding the validity of this document and or seal please e-mail support@hcdistrictclerk.com

4UU

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-State	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH 03428	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☑ Other: Specialty Pharmacy	☑ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: River Medical Pharmacy, LLC

Physical Address: 4752 Research Drive

City: San Antonio State: TX Zip: 78240

Mailing Address (if different from physical address): 376 Northlake Blvd, Suite 1008

City: Altamonte Springs State: FL Zip: 32701

Telephone: 800-617-1490 Toll Free # (NAC 639.708, NRS 639.23286): 800-617-1490

Fax: 833-670-2942 Contact Email: license@bioplusrx.com

Website: rivermedicalrx.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Heather Anne Mulvihill

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22184

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Heather Mulvihill	NV Pharmacist Registration #: 22184
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: FL

Parent Company (if any): BioPlus Parent LLC

Corporation/Organization Name: River Medical Pharmacy, LLC

Mailing Address: 376 Northlake Blvd, Suite 1008

City: Altamonte Springs State: FL Zip: 32701

Telephone: 888-292-0744 Email: license@bioplusrx.com

Contact Person Name: Kimberly Bourcier

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for River Medical Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Mark Montgomery

Print Name of Authorized Person

Mark Montgomery

Original signature of Authorized Person (copies or stamps not accepted)

1/5/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Heather Anne Mulvihill hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for River Medical Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 10th day of January, 2023

Notary Public

JEWBELE ROBINSON
Notary Public, State of Texas
Comm. Expires 05-05-2025
Notary ID 133084240

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Montgomery, President

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Mark Montgomery

Original signature of Authorized Person (copies or stamps not accepted)

1/5/2023

Date

Board Use Only	Date Received: 1.23.23	Amount: 500.00 CK-1000000445

1-CK for 5 CHOWs

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

BioPlus Ownership Information

NV License Numbers PH02179, PH03428, PH03386, PH03957, PH04455 and 1 pending application (BioPlus Specialty Pharmacy, LLC - Irvine CA Facility)

Officers of Applicant Entities
(entities include: BioPlus Specialty Pharmacy, LLC (operates the BioPlus FL and CA facilities), Dogwood Pharmacy, LLC dba MedScripts Medical Pharmacy, Raina Rx, LLC dba Route 300 Pharmacy, River Medical Pharmacy, LLC, and Santa Barbara Specialty Pharmacy, LLC). These entities are wholly owned (100%) by BioPlus Parent LLC.

Mark Montgomery, President
Kathleen Kiefer, Secretary
Vincent Scher, Treasurer
Eric Noble, Assistant Treasurer

Board of Managers for Applicant Entities:

Paul Marchetti
Danielle Swenson
Vincent Scher

Officers of BioPlus Parent, LLC

Paul Marchetti, President
Kathleen Kiefer, Secretary
Vincent Scher, Treasurer
Eric Noble, Assistant Treasurer

Board of Managers for BioPlus Parent, LLC:

Paul Marchetti
Danielle Swenson
Vincent Scher

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership of BioPlus Parent LLC

Upon the change of ownership transaction closing on or around February 15, 2023, BioPlus Parent, LLC will become a wholly owned subsidiary of ATH Holding Company, LLC. ATH Holding Company, LLC is wholly owned (100%) by Elevance Health, Inc., a publicly traded company.

Officers of ATH Holding Company, LLC

John Gallina, President, Chairperson, Manager
Kathleen Kiefer, Secretary
Vincent Scher, Treasurer
Jay Wagner, Assistant Secretary
Eric Noble, Assistant Treasurer

Board of Managers for ATH Holding Company, LLC:

John Gallina, President, Chairperson, Manager
Heather Chockley Steinmeyer, Manager
Jay Harry Wagner, Manager

List of Officers of Elevance Health, Inc.(publicly traded):

Gail Boudreaux, President and Chief Executive Officer, Director (Principal Executive Officer)
John Gallina, Executive Vice President and Chief Financial Officer (Principal Financial Officer)
Ronald Penczek, Senior Vice President and Chief Accounting Officer (Principal Accounting Officer)
Kathleen Kiefer, Secretary

List of Board of Directors of Elevance Health, Inc.

Elizabeth Tallett, Chair of the Board
R. Kerry Clark, Director
Robert L. Dixon, Jr. Director
Lewis Hay III, Director
Julie Hill, Director
Bahija Jallal, Director
Antonio Neri, Director
Ramiro Peru, Director
Ryan Schneider, Director

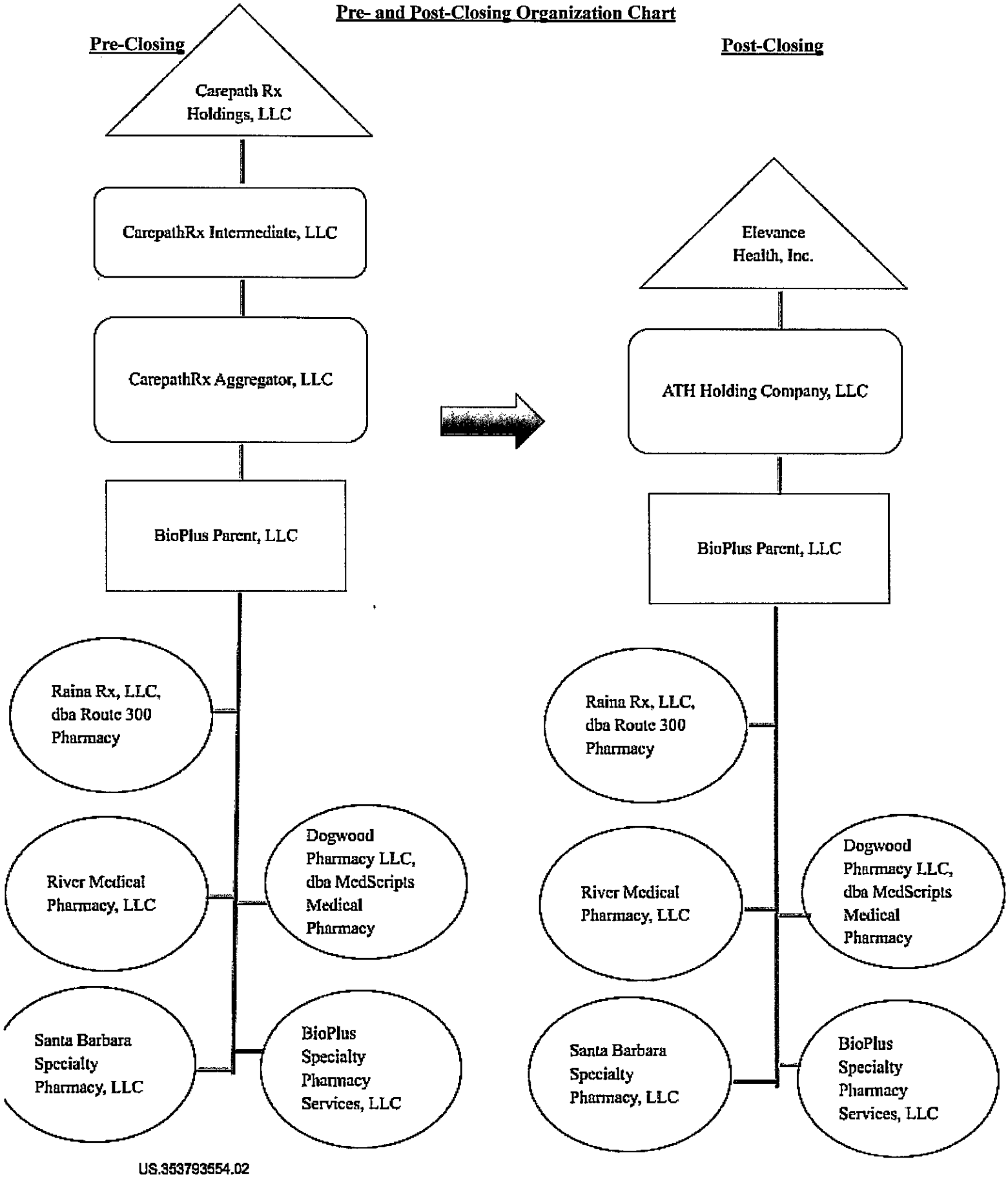
CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

List of Top 4 Shareholders of Elevance Health, Inc.

Parent Company	**Position**	**%**
Vanguard Group Holdings	21,446,037	8.90%
BlackRock, Inc.	21,069,513	8.80%
T. Rowe Price Group, Inc.	11,084,085	4.60%
State Street Corporation	11,075,762	4.60%

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Pre- and Post-Closing Organization Chart



US.353793554.02

State of Florida
Department of State

I certify from the records of this office that RIVER MEDICAL PHARMACY, LLC is a limited liability company organized under the laws of the State of Florida, filed on May 6, 2020, effective October 12, 2011.

The document number of this limited liability company is L20000120547.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022, that its most recent annual report was filed on April 19, 2022, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twentieth day of December, 2022

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 6909553834CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *RIVER MEDICAL PHARMACY LLC*
License Number: *29857*
Address: *4752 RESEARCH DR, SAN ANTONIO, TX 78240*
Phone: *(210) 877-6180*
Email:
Class of License: *A*
License Expiration: *03/31/2023*
DEA #: *FR5154959*
DEA Expiration: *04/30/2022*

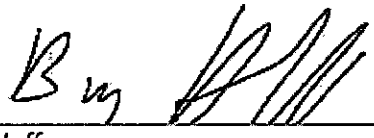
Inspection Information

Type: *Compliance*
Purpose: *Licensee Request*
Date: *06/07/2021*
Arrival Time: *9:00 AM*

Acknowledgment

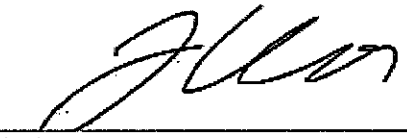
This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.



B Hoffman

Witnesses



J Clark

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *RIVER MEDICAL PHARMACY LLC* License Number: *29857*
Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Licensee Request*
Date: *06/07/2021* Arrival Time: *9:00 AM* Departure Time: *11:00 AM*
Action Taken: *Inspection*
General Comments: *C/S inventory 5/6/2021 (no c/s on hand)*

I

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Licenses not posted	*Satisfactory*
09: Delinquent licenses/certifications	*Satisfactory*
62: Aiding and abetting	*Satisfactory*
65: Improper registration procedures	*Satisfactory*
79: Nametags	*Satisfactory*

Inventory Records

15: No PIC inventory	*Satisfactory*
17: Incomplete inventory	*Satisfactory*
59: Improper drug destruction	*Satisfactory*
68: No change of ownership inventory	*Satisfactory*
69: No annual inventory	*Satisfactory*

Notifications

31: Closed Phcy/Change of owner improper	*Satisfactory*
34: Notification Violation	*Satisfactory*
76: No PIC	*Satisfactory*

Environment/Equipment/Security

02: Insufficient Equipment	*Satisfactory*
03: Orderly/Clean	*Satisfactory*
04: Balance Failed	*Satisfactory*
05: Equipment Inspection	*Satisfactory*
07: Improper security	*Satisfactory*

Comment — Due Date for Completed Correction: *07/07/2021*

Advised to keep pharmacy secured to prevent unauthorized access, keep all door to pharmacy locked at all times

08: Environment	*Satisfactory*
47: Out of date/mislabeled drug stock	*Satisfactory*
48: Improper drug storage	*Satisfactory*
66: Grey Market diversion/Samples	*Satisfactory*
78: Counseling area	*Satisfactory*
90: No complaint notification	*Satisfactory*

Controlled Substances

10: Rxs not separated	*Not Applicable*
19: Rx lacks proper information	*Satisfactory*
24: Theft/Loss not reported	*Satisfactory*
26: CII Rx Noncompliance	*Not Applicable*
30: Invoices not dated/initialed	*Satisfactory*
33: Rx records not in numerical order	*Satisfactory*
35: Invoices not separated	*Satisfactory*
40: Non emergency CII Rx	*Not Applicable*
44: Refill CIII-V over 5x/6mo	*Not Applicable*
46: Improper distribution	*Not Applicable*
50: Out of state verbal Rx for C/S	*Not Applicable*
53: Illegal possession of C/S	*Not Applicable*
57: Corresponding Responsibility	*Satisfactory*

Labeling/Prepackaging

32: Rx label is incorrect	*Satisfactory*
45: Improper dispensing/labeling	*Satisfactory*
54: Improper prepackaging procedures	*Satisfactory*

Library

06: Inadequate Library	*Satisfactory*

Training

60: Improper documentation of training	*Satisfactory*
61: Improper supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18: Records not available	*Satisfactory*
21: Computer records incomplete	*Satisfactory*
22: Computer system noncompliance	*Satisfactory*
25: No documentation of refill authorization	*Satisfactory*
36: No notification of substitution	*Satisfactory*
37: Illegal dispensing	*Satisfactory*
49: Substitution noncompliance	*Satisfactory*
56: Improper transfer of Rx	*Satisfactory*
67: No written information	*Satisfactory*
80: No counseling by RPh	*Satisfactory*
82: PMR Incomplete	*Satisfactory*
83: PMR Absent	*Satisfactory*
84: No drug regimen review	*Satisfactory*
86: Absence of RPh pick up records	*Satisfactory*

Policies & Procedures

92: Improper automated dispensing procedures	*Not Applicable*

Non-Sterile Compounding

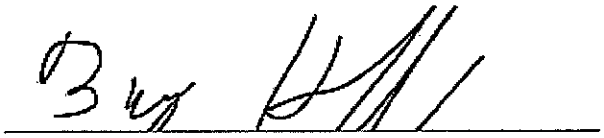
38: Area for non-sterile compounding *Not Applicable*

43: Records for non-sterile compounding *Not Applicable*

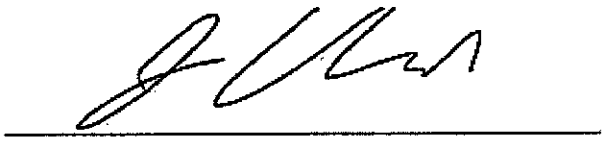
Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- **Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and**
- **Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).**



B Hoffman



James Clark

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

HM — I am the Pharmacist-in-Charge (PIC) of *RIVER MEDICAL PHARMACY LLC*, pharmacy license number *29857*, and I ☑ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *06/07/2021*.

HM — I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

HM — I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF (on the attestation printout).

HM — If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

HM — I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please mail, email, or fax this completed form to the Board office within 7 days of the date of the inspection:

Texas State Board of Pharmacy
Attn: Compliance Division
333 Guadalupe St. Suite 3-500
Austin. Texas 78701
Email: inspections@pharmacy.texas.gov
Fax: 512-305-8082

Signed: HMulvihill **Date:** *06/07/2021*

Printed Name: *H Mulvihill* **License No.(if applicable):** *34835*

Texas State Board of Pharmacy
"Red Flags" Checklist for Pharmacies
YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking • routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **29857** Expiration Date: **3/31/2023**

Balances: **1**

RIVER MEDICAL PHARMACY LLC
4752 RESEARCH DR
SAN ANTONIO TX 78240

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 29857

RIVER MEDICAL PHARMACY LLC

License Information

License Status Active
License # 29857
Expiration Date 03/31/2023
Date License Issued 03/17/2015

Address

4752 RESEARCH DR
SAN ANTONIO, TX 78240
County BEXAR
Phone (210) 877-6180

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership Corporation
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
MULVIHILL, HEATHER ANNE

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes

Translating services (Listed Below If Available)

Spanish
Vietnamese
Other

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

- 805216 29857 RIVERMEDICAL 2021-06 06-2026.pdf
- 805216 29857 RIVERMEDICALPHARM 2017-11 11-2022.pdf
- 805216 29857 RIVERMEDICALPHARM 2019-05 05-2024.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board anters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	Yes
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	No
Closed Door	No
Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No

In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment Information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
BENHAM, STACEY DENISE WUTHRICH	33636	10/22/1992	08/31/2024	Relief	Active
HOFFMANN, BRYAN LEE	33787	03/02/1993	01/31/2024	Staff	Active
MULVIHILL, HEATHER ANNE	34835	08/01/1994	12/31/2023	PIC	Active

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Texas Registered Technicians/Trainees Employment Information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
DE LA CRUZ, KRYSTAL MARIA	179068	01/14/2011	09/30/2024	Staff	Active
MULVIHILL, NATALIE	262852	11/01/2016	11/30/2024	Staff	Active
ROBINSON , JEWBELE	306955	03/30/2020	03/31/2024	Staff	Active

Page 1 of 1 20 View 1 - 3 of 3

Texas Remote Pharmacy Information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner Information

Owner Name	Owner Title	Address	City	State	Zipcode
RIVER MEDICAL PHARMACY, LLC	OWNER	4752 RESEARCH DR,	SAN ANTONIO	TX	78240
MONTANEZ, ELVIN MONTANEZ	OFFICER	,			
MONTGOMERY, MARK C.	OFFICER	,			
MACLEAY, MICHAEL R	OFFICER	,			

Page 1 of 1 20 View 1 - 4 of 4

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FR5154959	04-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	03-08-2021

RIVER MEDICAL PHARMACY LLC
4752 RESEARCH DR
SAN ANTONIO, TX 78240-5002

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: River Medical Pharmacy, LLC

Pharmacy/Wholesaler License # (if applicable): PH03428

Physical Address: 4752 Research Drive

City: San Antonio State: TX Zip: 78240

Mailing Address (if different from physical address): 376 Northlake Blvd, Suite 1008

City: Altamonte Springs State: FL Zip: 32701

Telephone: 800-617-1490 Website: rivermedicalrx.com

Licensing Company Email: license@bioplusrx.com

Section 2: Personal Information

First: Heather Middle: Anne Last: Mulvihill

Alias(es, nicknames, name changes, etc.): Heather Anne Hamling

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Steeple Drive

City: San Antonio State: TX Zip: 78256

Telephone: [redacted] Email: hmulvihill@rivermedicalrx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
North Pulaski High School		08/85 - 05/87	
Address	City	State	Zip
718 Harris RD	Jacksonville	AR	72076
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
University of Central Arkansas		08/87 - 05/90	
Address	City	State	Zip
201 Commerce DR	Conway	AR	72032
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
University of Arkansas for Medical Sciences		08/90-05/94	
Address	City	State	Zip
4301 W. Markham ST	Little Rock	AR	72205
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/01-01/23	[redacted]teeple DR	San Antonio	TX	78256
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
River Medical Pharmacy LLC			11/14-01/23	
Business Address		City	State	Zip
4752 Research DR		San Antonio	TX	78240
Phone	Title		Number of Employed Hours	
210-877-6180	Pharmacy Center Manager / Pharmacist in Charge		18,990	

Description of Duties

Designed and developed new Independent Retail Pharmacy with focus on managing chronic diseases.
Responsible for organization, coordination, direction, and evaluation of the provision of all pharmacy services, for supervising center staff and managing operating expenses of the pharmacy while providing high quality health care service. Ensures that all pharmacy staff are accountable to the organization and decisions made that effect the consumer. Serves as the Pharmacist-in-charge and is responsible for ensuring staff have appropriate licensing/certification/registration and adequate continuing education as well as developing competence assessment programs and ensuring staff perform duties and responsibilities with efficiency and safety. Assists in ensuring that all Policy and Procedures as well as accreditation standards are followed. Keeps current with all State and Federal regulations regarding the practice of pharmacy and recommends changes. Assists the VP and/or Corporate Director of Pharmacy programs in ensuring that the pharmacy provides optimal pharmaceutical services that meet all legal, accreditation, and certification requirements.

Business Name			From - To (MM/YY – MM/YY)	
Amerita Infusion			03/14-11/14	
Business Address		City	State	Zip
6015 Randolph Blvd		San Antonio	TX	78233
Phone	Title		Number of Employed Hours	
210-930-7200	Clinical Infusion Pharmacist		900	

Description of Duties

Clinical Pharmacist. Recommend and coordinate patient infusion therapies, facilitating best possible care for internal and external customers. Interpret daily laboratory results, recommend, manage and adjust TPN formulas. Perform pharmacokinetic analysis. Interface directly with Physicians and healthcare managers.

Business Name			From - To (MM/YY – MM/YY)	
AMD Infusion			03/12-03/14	
Business Address		City	State	Zip
1862 W Bitters RD		San Antonio	TX	78248
Phone	Title		Number of Employed Hours	
210-832-8300	Vice President Pharmacy Operations / Pharmacist in Charge		5,720	

Description of Duties

Designed and developed start-up ACHC accredited sterile pharmacy operation, reaching sustained profitability in under two years. Ground-up evolution of entire working pharmacy to include physical property, policies and procedures, safety and security, and operations development. Cultivated a motivated and efficient pharmacy staff focused on personal, high quality patient care. Additionally, developed complimentary non-sterile compounding pharmacy operations, facilitating the start-up of two additional pharmacy entities. Dynamic manager, maintaining clinical relationships with served physicians and nursing agencies as well as personal empathetic contact with patients. Broad understanding of the delicate balance between profitability and patient care.

Business Name			From - To (MM/YY – MM/YY)	
Pinnacle HealthCare / Walgreens Infusion / OptionCare			05/00-03/12	
Business Address		City	State	Zip
14220 Northbrook DR STE 100B		San Antonio	TX	78232
Phone	Title		Number of Employed Hours	
210-403-0429	Infusion Pharmacy Manager / Pharmacist in Charge / Interim Facility Manager		28,080	

Description of Duties

Clinical Pharmacist, facilitating rapid market expansion. Recommend and coordinate patient infusion therapies, facilitating best possible care for internal and external customers. Interpret daily laboratory results; recommend, manage and adjust TPN formulas. Perform pharmacokinetic analysis. Interface directly with Physicians and healthcare managers. Dedicated director for large hospital contract. Spearheaded JCAHO accreditation. Assumed management position in 2005 and 2009 to oversee daily operations of branch. Responsible for business development, operations and financial management; controlled expenses and inventory with strict formulary compliance.

Business Name			From - To (MM/YY – MM/YY)	
Abbey Pharmaceutical Services / American Pharmaceutical Services			06/94-05/00	
Business Address		City	State	Zip
12823 Wetmore RD		San Antonio	TX	78247
Phone	Title		Number of Employed Hours	
210-494-3070	Pharmacist in Charge		14,040	

Description of Duties

Manage daily operations of pharmacy staff; coordinate pharmacist's and technician workloads, and customer relations issues for several long-term care facilities. Member of formulary management team. Clinical experience as pharmacy's IV program manager. Addi-tional experience in Medicine-on-Time® and Auto-Med® systems.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

I, Heather Anne Mulvihill, **certify that as the designated representative for**

River Medical Pharmacy, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Heather Mulvihill

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/4/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Heather Anne Mulvihill

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/4/23

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Bexar

I, Jewbele Robinson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/4/23

Date

Subscribed and Sworn to before me this 4th day of January.

Notary Public Signature

JEWBELE ROBINSON
Notary Public, State of Texas
Comm. Expires 05-05-2025
Notary ID 133084240

(Seal)

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Heather A. Mulvihill

Date: 12/14/2021
Amount:
License #: 22184

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Heather A. Mulvihill

License #
22184
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 22184

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Heather A. Mulvihill

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

4VV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☒ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Roman Health Pharmacy LLC

Physical Address: 19210 Van Ness Ave.

City: Torrance State: CA Zip: 90501

Mailing Address (if different from physical address): 3602 Quantum Blvd

City: Boynton Beach State: FL Zip: 33426

Telephone: 888-798-8686 Toll Free # (NAC 639.708, NRS 639.23286): 888-798-8686

Fax: N/A Contact Email: rxlicensing@ro.co

Website: romanhealthpharmacy.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Julie Phan

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22707

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Julie Phan	NV Pharmacist Registration #: 22707
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.		

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Roman Health Ventures Inc.

Corporation/Organization Name: Roman Health Pharmacy LLC

Mailing Address: 3602 Quantum Blvd

City: Boynton Beach State: FL Zip: 33426

Telephone: 888-798-8686 Email: rxlicensing@ro.co

Contact Person Name: Christina Antoun

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President and Manager (title) for Roman Health Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Zachariah Reitano

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

1/11/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Zachariah Reitano hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President and Manager (title) for Roman Health Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 11th day of November, 2022

Stephanie Cushman
Notary Public

STEPHANIE M. CUSHMAN
Notary Public - State of New Jersey
Commission # 50178002
My Comm. Expires Nov. 15, 2026

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: N/A (not a NV pharmacy) Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

N/A

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Zachariah Reitano

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/11/22

Date

Board Use Only	Date Received: 1.26.23	Amount: 500.00 CK-1000000437

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Roman Health Pharmacy LLC

Pharmacy/Wholesaler License # (if applicable): PHY 58559 (CA)

Physical Address: 19210 Van Ness Ave.

City: Torrance State: CA Zip: 90501

Mailing Address (if different from physical address): 3602 Quantum Blvd.

City: Boynton Beach State: FL Zip: 33426

Telephone: 888-798-8686 Website: romanhealthpharmacy.com

Licensing Company Email: rxlicensing@ro.co

Section 2: Personal Information

First: Julie Middle: Mai Last: Phan

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: 19210 Van Ness Ave.

City: Torrance State: CA Zip: 90501

Telephone: 888-798-8686 Email: julie.phan@ro.co

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Roseman University of Health Sciences		09/13 - 06/16	
Address	**City**	**State**	**Zip**
10920 South River Front Parkway	South Jordan	UT	84095
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of California, Irvine		09/08 - 06/12	
Address	**City**	**State**	**Zip**
204 Aldrich Hall	Irvine	CA	92697
Diploma/Degree obtained, if any			
Bachelor of Science in Biological Sciences			

School Name		From - To (MM/YY – MM/YY)	
Marina High School		09/04 - 06/08	
Address	**City**	**State**	**Zip**
15871 Springdale St	Huntington Beach	CA	92649
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/19 - present	[redacted] Princeton Ave	Westminster	CA	92683
04/18 - 05/19	[redacted] 32nd St	Oakland	CA	94608
07/16 - 04/18	[redacted] West St	Oakland	CA	94608
06/15 - 07/16	[redacted] Rigi St SE	Lacey	WA	98503
08/13 - 06/15	[redacted] W Cadbury Dr Apt E[redacted]	South Jordan	UT	84095
09/95 - 08/13	[redacted] Princeton Ave	Westminster	CA	92683
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Roman Health Pharmacy LLC			01/22 - present	
Business Address		**City**	**State**	**Zip**
19210 Van Ness Ave.		Torrance	CA	90501
Phone	**Title**		**Number of Employed Hours**	
888-798-8686	Pharmacist		40 hours per week	
Description of Duties				
Provide comprehensive and accurate clinical utilization review and dispensing services, Review content and accuracy of drug packaging and labeling, Partner with doctors or care team members when clinical intervention is needed, Ensure proper handling, receiving, documentation, storage and inventory management				

Business Name			From - To (MM/YY – MM/YY)	
CVS Health			04/19 - 01/22	
Business Address		**City**	**State**	**Zip**
12100 Harbor Blvd		Garden Grove	CA	92840
Phone	**Title**		**Number of Employed Hours**	
714-971-0197	Pharmacy Manager		40 hours per week	
Description of Duties				
accountable for management, oversite, and operations of all aspects within the pharmacy; motivate, inspire, and develop pharmacy support staff; identify critical business opportunities and meaningful solutions				

Business Name			From - To (MM/YY – MM/YY)	
CVS Health			10/17 - 03/19	
Business Address		**City**	**State**	**Zip**
581 Market St		San Francisco	CA	94105
Phone	**Title**		**Number of Employed Hours**	
415-777-1654	Pharmacy Manager		40 hours per week	
Description of Duties				
accountable for management, oversite, and operations of all aspects within the pharmacy; motivate, inspire, and develop pharmacy support staff; identify critical business opportunities and meaningful solutions				

Business Name			From - To (MM/YY – MM/YY)	
CVS Health			07/16 - 09/17	
Business Address		**City**	**State**	**Zip**
4100 Redwood Rd		Oakland	CA	94619
Phone	**Title**		**Number of Employed Hours**	
510-531-0602	Pharmacist		40 hours per week	
Description of Duties				
manage all aspects of the pharmacy including patient safety, workflow management, quality assurance, inventory management, and regulatory requirement				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

I, Julie Phan, **certify that as the designated representative for**

Roman Health Pharmacy LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JP I am at least 21 years of age;
3. JP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Julie Phan

Print Name (First, Last)

Julie Phan

Original Signature (electronic, copies or stamps not accepted)

11/29/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Julie Phan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/29/2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Orange

I, Julie Mai Phan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/29/2022

Date

Subscribed and Sworn to before me this 29th day of November 2022

Notary Public Signature

JIM BALAAM
COMM...2340723
NOTARY PUBLIC-CALIFORNIA
ORANGE COUNTY
My Term Exp. Jan. 19, 2025

(Seal)

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 04/19/2022
Amount:
License #: 22707

Julie M. Phan

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:04/19/2022
Expires:10/31/2023

Julie M. Phan

License #
22707
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA

STATE BOARD OF PHARMACY

Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 22707
Effective Date:04/19/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Julie M. Phan

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROMAN HEALTH PHARMACY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6408659 8300

SR# 20230059922

Authentication: 202442867

Date: 01-06-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 58559

NAME: ROMAN HEALTH PHARMACY LLC

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

19210 VAN NESS AVE
TORRANCE CA 90501
LOS ANGELES COUNTY

ISSUANCE DATE

MARCH 24, 2022

EXPIRATION DATE

MARCH 1, 2024

CURRENT DATE / TIME

MARCH 7, 2023
11:40:52 AM

LICENSE RELATIONSHIPS

NAME: TRAN, JOHN NGOCLONG

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 80458 **PRIMARY STATUS:** CLEAR

Corporate Ownership Organizational Chart and Details

Parent Company:
Roman Health Ventures Inc.
FEIN 82-1285516
State of Incorporation: DE
Business Address:
116 W 23rd Street, 4th Floor, New York NY 10011
(888) 798-8686

Wholly Owned Subsidiary:
Roman Health Pharmacy LLC
FEIN 82-1743496
State of Incorporation: DE
Business Address:
116 W 23rd Street, 4th Floor, New York NY 10011
(888) 798-8686

Ownership: Roman Health Ventures Inc. owns 100% of Roman Health Pharmacy LLC.

Name, Title, Business Address, email and phone of officers of Roman Health Pharmacy LLC:

Name, Title	Business Address and Phone	Email
Zachariah Reitano, President	116 W 23rd Street, 4th Floor, New York NY 10011 888-798-8686	z@ro.co
Saman Rahmanian, Secretary and Treasurer	116 W 23rd Street, 4th Floor, New York NY 10011 888-798-8686	saman@ro.co

Name, Title, Business Address, Phone and Email of officers of Roman Health Ventures Inc. (RHVI):

Name, Title	Business Address, Phone	Email
Zachariah Reitano, Co-Founder, Chief Executive Officer	116 W 23rd Street, 4th Floor, New York NY 10011 888-798-8686	z@ro.co
Saman Rahmanian, Co-Founder, Secretary, Treasurer, Chairman	116 W 23rd Street, 4th Floor, New York NY 10011 888-798-8686	saman@ro.co

Top 4 Shareholders of RHVI:

Name	Ownership Percentage
General Catalyst Group	13.46%
Firstmark Capital	11.02%
Signal Fire	8.34%
Zachariah Reitano	6.35%

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Retail Pharmacy Permit

LICENSE NO. PHY 58559

ISSUE DATE MARCH 24, 2022

ROMAN HEALTH PHARMACY LLC
19210 VAN NESS AVE
TORRANCE CA 90501

The above is licensed with the State Board of Pharmacy as a Limited Liability Company.

LIMITED LIABILITY COMPANY
JOHN NGOCLONG TRAN — PHARMACIST IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL MARCH 01, 2023

RECEIPT NUMBER 00000000

This original license must be kept for the life of the license and posted in public view.

In accordance with the provisions of Chapter 9 of Division 2 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non transferable. Contact the California State Board of Pharmacy when there is change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change), administrator or pharmacist-in-charge.

09/07/22
09/07/22

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

			Inspection Information
Pharmacy e-Profile ID:	1656988		
Legal Business Name:	Roman Health Pharmacy, LLC	**Conference Call Date:**	N/A
Doing Business As (DBA):	N/A	**Start Time: 24-hour format (13:00)**	N/A
Address:	19210 Van Ness Ave	**End Time: 24-hour format (13:00)**	N/A
City:	Torrance	**Onsite Inspection Date:**	8/15/2022
State:	CA	**Start Time: 24-hour format (13:00)**	9:05
Zip Code:	90501	**End Time: 24-hour format (13:00)**	12:15
Telephone number:	888-798-8686	**Inspector Name:**	Marcella Gamero
Toll free number:	888-798-8686	**Inspection Performed by (NABP, State, etc.):**	NABP
Fax number:	N/A	**Observer Name/Affiliation (if applicable):**	N/A
Website:	romanhealthpharmacy.com	**Observer Name/Affiliation (if applicable):**	N/A

Pharmacy Hours of Operation	**Check if 24/7** ☐		
	Open		**Closed**
	Start Time: (24-hour format)	**End Time: (24-hour format)**	**(X)**
Sunday			x
Monday	9:00	17:00	
Tuesday	9:00	17:00	
Wednesday	9:00	17:00	
Thursday	9:00	17:00	
Friday	9:00	17:00	
Saturday			x

Key Pharmacy Personnel	**Name**	**Contact (e-mail)**	**e-Profile ID**
Pharmacist in Charge	John Tran	John.Tran@ro.co	1186627
Nonsterile Compounding Supervisor	N/A	N/A	N/A
Sterile Compounding Supervisor	N/A	N/A	N/A
Hazardous Compounding Supervisor	N/A	N/A	N/A

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Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Julie Phan	Pharmacist	Y
2	Alejandra Gonzalez	Pharmacy Technician	Y
3	Claudia Velasquez	Pharmacy Technician	Y
4			
5			
6			
7			
8			
9			
10			

If more than 10, list the first 10 below, then list the title and number (e.g.: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc.) for the additional personnel present.

Business Licensure Information for State of Residence and Federal (board of pharmacy, state controlled substance, DEA, FDA, etc.)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
Calif Dept of Consumer Affairs-State Board of Pharmacy	Roman Health Pharmacy, LLC	Pharmacy/PHY 58559	9/15/2022

Inspector Notes: List states in which Non-Resident licenses are held: AZ and HI.

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Attachments
(NO PHI, including prescription numbers)

Attachment Name	Description
Doc01_GEN47.04_RomanHealthPharmacy_Torrance_CA	3T records for TopRx, Safecor and Cambor.
Doc02_GEN78.00/79.00_RomanHealthPharmacy_Torrance_CA	Paper insert included with shipments intended to satisfy offer to counsel.

	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail	X	Telepharmacy	
Open to the Public	X	Central Fill/Processing/Shared Services	
Closed Door		Specialty Pharmacy	
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy		Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	
HMO/PBM only		Nonsterile Hazardous Drug Compounding	
Internet Pharmacy (New Rx)	X	Sterile Compounding	
Internet Pharmacy (Refill Rx)	X	Sterile Hazardous Drug Compounding	

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	16000	Total Pharmacists:	3 FT, 2 per diem
Nonsterile Compounding Room size:	N/A	Number of Compounding Pharmacists	0
Nonsterile Compounding powder hoods number:	N/A	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	N/A	Total Student Interns:	0
Nonsterile HD Compounding BSC/CACI hoods number:	N/A	Total Technicians:	6
Sterile Compounding Ante Room size:	N/A	Number of Compounding Technicians	0
Sterile Compounding Clean/Buffer Room size:	N/A	Of technicians, how many are certified?	0
Sterile Compounding Number LAFW hoods/areas:	N/A	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number BSC hoods:	N/A	Total Other Licensed Personnel:	0
Sterile Compounding Number CAI/CACI hoods:	N/A	Total Other Unlicensed Personnel:	0
Negative Pressure Sterile HD Room size:	N/A	Ratio #tech:#RPh present at time of inspection:	1:1; to 2:1
Sterile HD Compounding Number of BSC hoods:	N/A	Total Pharmacist Hours Per Week:	128
Sterile HD Compounding Number of CACI hoods:	N/A	Total Technician Hours Per Week:	216

Volume Dispensed		Volume Distributed	
Total Prescriptions Dispensed/day:	1200-1500	Total Orders Distributed/day:	0
% Veterinary Prescriptions	0%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	0%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	0%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	0%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	0%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Alabama (AL)			
Alaska (AK)			
Arizona (AZ)	6	0	month
Arkansas (AR)			
California (CA)	8648	0	month
Colorado (CO)			
Connecticut (CT)			
Delaware (DE)			
District of Columbia (DC)			
Florida (FL)			
Georgia (GA)			
Hawaii (HI)	3	0	month
Idaho (ID)			
Illinois (IL)			
Indiana (IN)			
Iowa (IA)			
Kansas (KS)			
Kentucky (KY)			
Louisiana (LA)			
Maine (ME)			
Maryland (MD)			
Massachusetts (MA)			
Michigan (MI)			
Minnesota (MN)			
Mississippi (MS)			
Missouri (MO)			
Montana (MT)			

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Nebraska (NE)			
Nevada (NV)			
New Hampshire (NH)			
New Jersey (NJ)			
New Mexico (NM)			
New York (NY)			
North Carolina (NC)			
North Dakota (ND)			
Ohio (OH)			
Oklahoma (OK)			
Oregon (OR)			
Pennsylvania (PA)			
Rhode Island (RI)			
South Carolina (SC)			
South Dakota (SD)			
Tennessee (TN)			
Texas (TX)			
Utah (UT)			
Vermont (VT)			
Virginia (VA)			
Washington (WA)			
West Virginia (WV)			
Wisconsin (WI)			
Wyoming (WY)			
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Roman Health Pharmacy, LLC
e-Profile ID: 1656988
Inspection Date: 8/15/2022

		Finding	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	No	
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	Yes	www.ro.co/pharmacy
4.01	Does the pharmacy hold .pharmacy verification?	Yes	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	Yes	www.ro.co
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	Yes	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	Yes	Website is the primary method utilized to order refills. Patients may sign up for refill text alerts that prompt them to order a refill.
8.00	Are photographs allowed during the inspection (no PHI)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		Julie Pham, RPh.
	Types of Practice Additional Questions **If any part of a question is no, enter "No" and explain the observation.**		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	No	
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	

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Facility Name: Roman Health Pharmacy, LLC
e-Profile ID: 1656988
Inspection Date: 8/15/2022

		Finding	Notes
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
	General Operations and Licensure **If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc.) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	Yes	
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	No	CA license issued 03/24/2022, Exp 09/15/2022; BOP has not conducted an inspection, a Community Pharmacy Self-Assessment was completed by PIC John Tran on 4/21/22022.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	No	No deficiencies noted.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc.)? *If yes, note the agency and additional item.*	No	
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Roman Health Pharmacy, LLC
e-Profile ID: 1656988
Inspection Date: 8/15/2022

		Finding	Notes
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Unknown	LegitScript Certification.
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc.? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	Pharmacy has been operational for 4 months and all pertinent records remain onsite. On-site retention period is 10 years, per policy.
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronically.
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	added period
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronically.
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	N/A	
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	Inspector reviewed and confirmed that the statement is included within the P&Ps.

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Facility Name: Roman Health Pharmacy, LLC
e-Profile ID: 1656988
Inspection Date: 8/15/2022

		Finding	Notes
	Personnel **If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	Tracked by the PIC monthly during the self-audit process.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	PIC reviews licenses monthly.
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	Yes	
	Facility and Security **If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	ADT camera and alarm security system in place. Pharmacy utilizes Kisi cloud-based app to monitor security and unlock doors. Kisi app allows users to utilize an iPhone to unlock doors.
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	N/A	No controlled substances on-site.
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	PIC/pharmacist would remain on-site until the building could be secured.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc.), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	No on-site destruction. Stericycle is the reverse distribution vendor.

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37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	Stericycle is reverse distribution vendor.
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	N/A	No hazardous medications are dispensed/stored on-site.
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	Yes	Consult room is available in the event a patient prefers to pick-up his/her medication(s).
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	74.5 degrees F.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	Pharmacy utilizes Immonit for continuous temperature monitoring. Excursion notifications are sent to the PIC and General Manager. Records are maintained indefinitely.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	Excursion plan is identified in the P&Ps.
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	There are no refrigerated medications at this time.
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	There are no refrigerated medications at this time.
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	N/A	There are no refrigerated medications at this time.
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	There are no frozen medications at this time.
42.01	Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	N/A	There are no frozen medications at this time.

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43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	Policy describes the process. However, no products requiring refrigeration are stocked.
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	Flow chart/decision tree is located in the P&P. P&P provides instruction to notify HVAC services and includes manual monitoring of temperatures every 2 hours until resolved.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	Flow chart outlined within the P&P.
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc.)? *List numbers and types.*	No	
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	N/A	
	Product Receipt and Inventory **If any part of a question is no, enter "No" and explain the observation.**		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	Policies are in place for establishing vendors, however, this is a corporate function.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	Auburn, Anda, TopRx
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	This is stated in P&Ps. Corporate/Supply chain verifies and pharmacy reviews 3T data for each order. See Doc01_Gen47.04_RomanHealthPharmacy_Torrance_CA.
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	No	Corporate compliance performs this review.
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	No	Corporate compliance performs this review.

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47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	Staff is trained on identification of illegitimate and suspect products. Products are moved to the quarantine area while under investigation. If a product is determined to be illegitimate, the pharmacy would report this to the FDA (using Form 3911).
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	None to date as this pharmacy has only been operational for 4 months.
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Yes	
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	N/A	
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	N/A	
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	N/A	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	N/A	
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc.).*	Yes	Weekly inventory is performed. On-hand quantity and cycle counts are reconciled via NetSuite.

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54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	BOP and local authorities are contacted and reported too.
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	N/A	
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	N/A	
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	N/A	Zero count documented 5/2022.
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc.)?	Yes	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	N/A	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	There are monthly checks for soon-to-expire medications.
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?		
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	No	
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	N/A	

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		Finding	Notes
	Prescription Processing **If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	Patients can create/edit demographic information on the patient portal. Prescriber enters medication, allergy, prescription information. Updated upon a new visit, a new prescription, and as needed for changes.
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	All prescriptions received are from a RO platform provider. In the event a prescription is received from a non-Ro platform provider, the pharmacy would follow processes outlined within its P&P to insure authenticity of a prescription. Roman Health is a cash-based service only (no insurance accepted) and operates with a limited medication inventory. Efforts would be made to transfer any prescription to a pharmacy with expanded services to meet the needs of the patient.
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	Policy describes the process for staff to follow for reporting fraudulent prescriptions. Authorities and the BOP would be notified.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Unknown	Only RO network providers can send prescriptions to Roman Health Pharmacy. Patient begins free online visit thru the RO website. Online questionnaire solicits the patient to provide his/her basic information, including medical history and description of his/her symptoms to which they are seeking treatment. A RO healthcare provider will use this information to evaluate the patient's symptoms and will create a treatment plan that may include a prescription medication. PIC stated video consults are required only in the states where synchronous telehealth is required.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Pharmacy dispenses non-controlled substances only.
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	N/A	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	Proprietary system "Pharmacy App" will extrapolate data from the prescriber's e-script and populate it to a prescription label. The pharmacist verifies that the patient's government issued photo ID matches the information entered into the patient's profile and verifies that the submitted photo "selfie" matches the photo on his/her government issued photo ID. The pharmacist verifies that the label information matches the prescription.

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67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	After the patient information and prescription information is verified, the pharmacist conducts and reviews DUR alerts and performs manual DUR as needed.
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	No	
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	N/A	
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	N/A	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	All DUR overrides must be reviewed and documented by a pharmacist in order to proceed with dispensing.
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	Yes	First Data Bank.
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	N/A	
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	N/A	

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68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	The pharmacist's verification screen includes an image and description of the product.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	Prescriptions follow California labeling requirements.
70.00	**Confidentiality**: Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	Pharmacy App requires two-factor authentication when logging in. Access is limited by job type. Off-boarding procedures are conducted for terminated staff, which includes revoking of privileges.
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc.? *Note types and locations.*	No	

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74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
	Patient Counseling and Communication **If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all <u>new</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	No	Majority of prescriptions are mailed directly to the patient.
75.01	Is an "offer" to counsel made for all <u>new</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	Yes	The pharmacist would offer to counsel if the patient came to the pharmacy.
76.00	Does the pharmacist provide counseling for all <u>refilled</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	No	
76.01	Is an "offer" to counsel made for all <u>refilled</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	Yes	The pharmacist would offer to counsel if the patient came to the pharmacy.
77.00	Does the pharmacist provide counseling for <u>refilled</u> prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	No	
77.01	Is an "offer" to counsel made for all <u>refilled</u> prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	Yes	The pharmacist would offer to counsel if the patient came to the pharmacy.

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78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc.? Describe how.*	Yes	Printed medication information is sent to the patient. Paper insert with toll-free number, instructs patients to call if they have questions about their prescription(s). Pharmacist hours of availability: Mon-Fri 0900-2000 ET and Sat 0800-1400 ET. See Doc02_GEN78.00/79.00_RomanHealthPharmacy_Torrance_CA
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc.? Describe how.*	Yes	Printed medication information is sent to the patient. Paper insert with toll-free number, instructs patients to call if they have questions about their prescription(s). Pharmacist hours of availability: Mon-Fri 0900-2000 ET and Sat 0800-1400 ET. See Doc02_GEN78.00/79.00_RomanHealthPharmacy_Torrance_CA
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc.)? *Describe how.*	Yes	All shipments include printed medication information.
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc.)? *Describe how.*	Yes	All shipments will include MedGuides, if required.
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	N/A	
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	No	
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	No	
85.00	Are processes in place to handle a drug recall?	Yes	
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	

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		Finding	Notes
	Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	Corporate Compliance Team, and locally by the PIC.
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Hard copy and electronic.
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	RCA forms are recorded online and sent to the corporate Quality Team for review.
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Roman Health Pharmacy, LLC
e-Profile ID: 1656988
Inspection Date: 8/15/2022

		Finding	Notes
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc.).*	Yes	
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	Yes	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	No	Per PIC, not required to report to a patient safety organization or to an outside peer review committee.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Roman Health Pharmacy, LLC
e-Profile ID: 1656988
Inspection Date: 8/15/2022

		Finding	Notes
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc.?	Yes	
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc.) are documented and reported to the manufacturer or distributor.	Yes	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

Acronym	Definition
ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ADA	Americans with Disabilities Act
ADR	Adverse Drug Reaction
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BOP	Board of Pharmacy
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CLIA	Clinical Laboratory Improvement Amendment
COA	Certificate of Analysis
C-PEC	Containment Primary Engineering Control
CQI	Continuous Quality Improvement
CS	Controlled substance
C-SCA	Containment Segregated Compounding Area
C-SEC	Containment Secondary Engineering Control
CSOS	Controlled Substance Ordering System
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DBA	Doing business as
DCA	Direct Compounding Area
DEA	Drug Enforcement Administration
DME	Durable medical equipment
DOT	Department of Transportation
DUR	Drug Utilization Review
EMT	Emergency medical technician

EPA	Environmental Protection Agency
FCC	Food Chemicals Codex
FDA	Food and Drug Administration
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	Hazardous Materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug
HEPA	High Efficiency Particulate Air (filter)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health maintenance organization
IPA	Isopropyl Alcohol
IV	Intravenous
LAFW	Laminar Air Flow Workbench
LOD	Line of Demarcation
MSDS	Material Safety Data Sheet
MTM	Medication Therapy Management
NF	National Formulary
NIOSH	National Institute for Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NSAID	Non-steroidal anti-inflammatory drug
NVLAP	National Voluntary Laboratory Accreditation Program
OIG	Office of the Inspector General
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
OTC	Over-the-Counter
P&P	Policies and Procedures
PBM	Pharmacy benefits manager
PDMP	Prescription drug monitoring program
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-charge
PMP	Prescription Monitoring Program
PPE	Personal Protective Equipment
PPI	Patient Package Insert
QA	Quality Assurance
QI	Quality Improvement
QRE	Quality Related Event
RAM	Radioactive Material

RCRA	Resource Conservation and Recovery Act
REMS	Risk evaluation mitigation strategy
RSO	Radiation Safety Officer
Rx	Prescription
SDS	Safety Data Sheet (formerly MSDS – Material Safety Data Sheet)
SOP	Standard Operating Procedure
ULPA	Ultra Low Particulate Air (filter)
USP	United States Pharmacopeia
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WD	Wholesale distributor

Term	Definition
Dispense/dispensing	Pursuant to a patient specific prescription, labeled with patient name at the pharmacy
Distribute/distributing	Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy.
Type of Practice: Central Fill/Processing/ Shared Services	Where part of the prescription processing and dispensing process occurs at another location
Type of Practice: Closed Door	Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent
Type of Practice: HMO/PBM only	Limited to only the beneficiaries of the specific insurance program - no cash patients
Type of Practice: Institutional	Such as a hospital or jail
Type of Practice: Internet Pharmacy	Pharmacy advertises on the internet, patients fill/refill prescriptions and revise patient profile information on-line.
Type of Practice: Investigational Drugs, Clinical Trials or Research	Approved to handle investigational drugs
Type of Practice: Long Term Care	Nursing Home pharmacy
Type of Practice: Manufacturer	Registered with the FDA as a manufacturer
Type of Practice: Open to the Public	Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist
Type of Practice: Outsourcing Facility	Registered with the FDA as an Outsourcing Facility
Type of Practice: Provides Office Use	Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy.
Type of Practice: Specialty Pharmacy	Business is primarily with specialty drugs and works with specific disease states
Type of Practice: Telepharmacy	Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility.
Type of Practice: Traditional retail	Also known as Community Pharmacy.
Type of Practice: Veterinary Pharmacy	Pharmacy business is primarily or exclusively for animals.
Type of Practice: Wholesale Distributor	Pharmacy is licensed or registered as a wholesale distributor

Pharmacy Name: Roman Health Pharmacy LLC

Pharmacy Address: 19210 Van Ness Avenue Torrance, CA 90501

NABP Facility e-Profile ID: 1656988

VPP Inspection Date: 8/15/2022

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)
Clarification or Further Explanation	3	Unnumbered Chart	The categorization of the pharmacy as an "internet pharmacy" is factually incorrect. The pharmacy is not an internet pharmacy. It has a website, https://www.romanhealthpharmacy.com. Merely having a website does not make a pharmacy an "internet pharmacy." The pharmacy services are very traditional, available by mail or retail, including community walk-ins. The pharmacy does not sell prescription drugs online, for example. As a result, the two internet pharmacy categories that are marked "X" on the inspection report should not be marked.	Not applicable	N	
Clarification or Further Explanation	8	21.00	The "No" answer to this question regarding whether the pharmacy operates with any approved waivers or variances is factually incorrect. As explained during the inspection, the pharmacy operates under waivers issued by other states related to controlled substance reporting. Specifically, the pharmacy has obtained waivers from state PDMP reporting because the pharmacy does not dispense controlled substances. As a result, this answer should be "Yes" on the inspection report.	Not applicable	N	
Clarification or Further Explanation	9	25.00	The "Unknown" answer to this question is factually incorrect. The answer itself states that the pharmacy is accredited by Legitscript, and the inspector should have marked this item "Yes." However, in addition to Legitscript, the pharmacy also has obtained the NABP dotPharmacy domain. This question should be answered "Yes."	Not applicable	N	

Clarification or Further Explanation	15	65.02	The "Unknown" answer to this question is factually incorrect. The pharmacists at the pharmacy are required to use professional judgment to determine if prescriptions are valid. All pharmacists are trained on best practices to detect and report illegitimate prescriptions, such as those written without a valid patient-practitioner relationship. The software system is set up to follow applicable laws and regulations for the state of residence of the patient. In addition, if the provider in not licensed in the patient's residence state, the computer system will alert the pharmacist of this fact. Clinical notes from the provider are also accessed and reviewed by the pharmacist as part of the DUR process, further supporting the pharmacy's view into the establishment of a valid provider-patient relationship.	Not applicable	N	
Clarification or Further Explanation	16	67.02	The "no" answer to this question regarding whether the pharmacist has access to any information other than the pharmacy DUR software for completing DUR is factually incorrect. As noted during the inspection, the verifying pharmacist also is able to access the provider's notes.	Not applicable	N	
Clarification or Further Explanation	18	75.00-77.01	The "yes" and "no" answers to the questions here are factually incorrect and do not reflect the pharmacy's counseling practices. First, counseling is given when patients pick up a prescription in person (75.00, 76.00, and 77.00). Second, counseling is provided for all fills (75.01, 76.01, and 77.01). Third, ALL prescriptions dispensed by the pharmacy, including those sent by mail, include written counseling information such as patient information and the pharmacy's toll-free number for contacting a pharmacist for counseling. Additionally, a verbal offer to counsel is provided to ALL prescriptions picked up in person, as detailed in the pharmacy's written policies and procedures.	Not applicable	N	
Clarification or Further Explanation	19	83.00	The "no" answer regarding whether counseling actions are documented is factually incorrect. Every prescription dispensed includes counseling information, and that is documented through the pharmacy's procedures. In addition, notes regarding counseling are added to the patient profiles when pharmacists deliver counseling over the phone. The offer and delivery of counseling are also documented in the patient profile when patients pick up medication in person.	Not applicable	N	

List of Permits in Other States
Roman Health Pharmacy LLC - California Facility

State	License Type & Number		Date Issued	Expiration Date	Was discipline ever imposed? Yes / No
AZ	Non-Resident Pharmacy	Y009326	06/22/2022	10/31/2023	No
CA	Resident Pharmacy	PHY 58559	03/24/2022	03/01/2023	No
HI	Non-Resident Pharmacy	PMP-1932	06/27/2022	12/31/2023	No

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application
(Only required if providing internet services)

GENERAL INFORMATION

Name of Nevada license pharmacy: Roman Health Pharmacy LLC

Nevada license number: not yet licensed in NV

Websites in use or intended to be used: romanhealthpharmacy.com

Affiliated websites (websites that link to or otherwise direct users to your website):
getroman.com, hellorory.com, and quitwithzero.com

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☑

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☑ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☑ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☑ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☑ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☑ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☑ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☑ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☑ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☑ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☑ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☑ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☑ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☑ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☑ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☑ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☑ No ☐

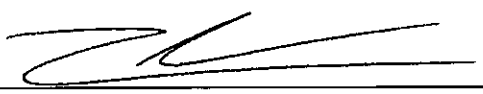
   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☑ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☑ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☑ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.



Signature of Owner

11/10/22

Date

Related Procedures

Establishing Policy and Procedure Control and Training

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-1.1-R0 Establishing Pharmacy Policies and Procedures

SOP-4.2-R0 Instructing Patients or Caregivers On Product Disposal

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

The proper disposal[1] of prescription medication by patients is ensured by adhering to proper policies and procedures for instructing patients on how to discard products that are unwanted, expired, damaged, or unusable

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.

Procedure

1. Pharmacists-only must counsel patients according to the procedure for Counseling Patients.
2. This procedure is activated when communication from a patient is received for one of the following reasons:
   - 2.1. Requesting information on how to discard prescription medication or over-the-counter (OTC) merchandise.
   - 2.2. Expressing they intend to stop using prescription medication or OTC merchandise in their possession.
   - 2.3. Expressing they have prescription medication or OTC merchandise in their possession that is expired, damaged, or unusable.
3. If for prescription medication, provide the following instructions to the patient:

   Your medicine may be safely discarded by: Using a Drug Take-Back Program. The U.S. Drug Enforcement Administration (DEA) sponsors a National Prescription Drug Take-Back Day in communities nationwide. Many communities also have their own drug take-back programs (check with local law enforcement to find a location).

[1] www.safe.pharmacy

- *Do not flush medication, since Roman Health Pharmacy does not currently dispense any prescription medications that appear on the Food and Drug Administration (FDA) Flush List[2].*

(If the prescription medication cannot be disposed of via a local Drug Take-Back Program[3], and it is not a drug that requires flushing for immediate disposal, provide the following instructions:)

1. *Remove the drug from its original container and mix it with something undesirable, such as used coffee grounds, dirt, laundry detergent, or cat litter. This makes the medicine less appealing to children and pets and unrecognizable to someone who might intentionally go through the trash looking for drugs.*
2. *Put the mixture in something you can close (for example, a resealable zipper storage bag, empty can, or another container) to prevent the drug from leaking or spilling out.*
   - *2.1. Place the closed bag, can, or container containing the mixture in the garbage*
3. *Scratch out all your personal information on the medicine packaging to protect your identity and privacy.*
   - *3.1. Place the medicine packaging in the garbage*
4. If for OTC merchandise, provide the following instructions to the patient:

   Your medicine may be safely discarded by:

   - *Removing any personal information from the packaging.*
   - *Putting it in a closed bag, can, or another container.*
   - *Placing the bag, can, or container containing the OTC merchandise in the trash.*
5. If for sharps (e.g. needles and syringes), provide the following instructions to the patient:

   Place all needles, syringes, and any other items containing bodily fluid into a Sharps Disposal Container. When full, mail the Sharps Disposal Container to the address listed on the return label.

Appendix Resources

None

Related Procedures

Counseling Patients

Training Pharmacy Employees

[2]https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-flush-potentially-dangerous-medicine#FlushList
[3] https://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-4.2-R0 Instructing Patients or Caregivers On Product Disposal

SOP-6.4-R0 Notifying Patients of Delivery Delays

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

Timely prescription delivery to patients is ensured by adhering to proper policies and procedures for notifying patients of delivery delays and preventing the interruption of prescription medication therapy.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.

Procedure

1. Ensure the patient is notified of delivery delays in a timely manner by taking the following steps:
   1.1. Contact the patient with their preferred contact method (e.g. email, text, or telephone) and document the interaction.
   1.2. If requested by the patient, transfer the prescription to be filled at a local pharmacy of the patient's choice.
2. The pharmacist on duty must use professional judgement to determine if it is appropriate to contact the prescribing practitioner in the following situations:
   2.1. The patient cannot be reached.
   2.2. An interruption of prescription medication therapy could occur.
   2.3. Patient harm could occur.

Appendix Resources

Document Retention Schedule

Related Procedures

Counseling Patients

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-6.4-R0 Notifying Patients of Delivery Delays

SOP-6.5-R0 Performing Verification and Drug Utilization Review

Approval Signatures

Title:	Name:	Signature:	Date:

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

Patient safety is ensured by adhering to proper policies and procedures for verifying that prescriptions are dispensed correctly and appropriately.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.
- Unless otherwise performed in accordance with applicable pharmacy laws and regulations, only pharmacists may perform drug utilization reviews and physical product checks.

Procedure

Drug Utilization Review

1. If applicable, take appropriate action to resolve and document each safety alert.
2. Confirm that each substitution of prescription medication is appropriate, according to the procedure for Substituting Generic and Therapeutic Equivalents.
3. Confirm that the prescription is associated with the correct patient profile, at a minimum checking for the following information:
   - 3.1. Name;
   - 3.2. Date of birth

4. Perform a drug utilization review of the following issues:
   - 4.1. Potential drug therapy problems
   - 4.2. Therapeutic duplication
   - 4.3. Interactions (e.g. drug-drug, drug-allergy, drug-disease, drug-age)
   - 4.4. Contraindications
   - 4.5. Allergies or sensitivities
   - 4.6. Inappropriate dosage or route
   - 4.7. Inappropriate directions for use
   - 4.8. Inappropriate duration of therapy
   - 4.9. Over- or under-utilization
   - 4.10. Abuse or misuse
5. If appropriate, document any concerns.
6. If there is an unresolved concern, take appropriate action to resolve and document the issue, including communicating directly with the patient or prescribing practitioner.

Physical Product Check

7. Perform a physical product check by determining that the prescription has been prepared so that it is free of the following issues:
   - 7.1. Errors of drug, strength, or quantity
   - 7.2. Errors in labeling (e.g. national drug code (NDC), manufacturer information, consumer medication information (CMI), medication guide, or auxiliary labels);
   - 7.3. Prescription medication that is expired, damaged, or otherwise unfit for dispensing;
   - 7.4. Adulteration;
   - 7.5. Misbranding
8. If appropriate, document any concerns.
9. If there is an unresolved concern, take appropriate action to resolve and document the issue, including communicating directly with the patient or prescribing practitioner.

Appendix Resources

None

Related Procedures

Fulfilling Prescriptions via Online Visit

Fulfilling Prescriptions via Ro Pharmacy

Substituting Generic and Therapeutic Equivalents

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-6.5-R0 Performing Verification and Drug Utilization Review

SOP-6.7-R0 Recognizing Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

Approval Signatures

Title:	Name:	Signature:	Date:

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

The fulfillment of illegitimate prescriptions is prevented by adhering to proper policies and procedures for recognizing illegitimate prescriptions and invalid patient-practitioner relationships.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.

Procedure

1. When receiving an oral prescription, pay attention to the following red flags or suspicious behavior from the caller:
    1.1. Sounds unprofessional, hesitant, or nervous
    1.2. Does not use standard medical terminology
    1.3. Provides medication quantities, directions, or other information that are unusual
    1.4. Provides pharmacy or practitioner information, such as National Provider Identifier (NPI) or Drug Enforcement Administration (DEA) number, that is invalid or incorrect
2. When processing a prescription, look for signs that indicate it may be illegitimate or forged:
    2.1. The practitioner's handwriting is too legible.
    2.2. The quantities, directions, or dosages differ from usual medical usage.
    2.3. The prescription appears to be photocopied.

2.4. Looks too good, or has a textbook appearance.

2.5. The prescription is written in the following manner:

2.5.1. With the directions in full, without abbreviations

2.5.2. With abbreviations that are not standard

2.5.3. In different color inks

2.5.4. In different handwriting styles

3. When processing a prescription, look for signs that indicate it may be issued based on an invalid patient-practitioner relationship:

3.1. The practitioner writes significantly more prescriptions (or in larger quantities) compared to other practitioners in your area.

3.2. The patient appears to be returning too frequently. A prescription that should have lasted for a month in legitimate use, is being refilled on a biweekly, weekly or even a daily basis.

3.3. The practitioner writes prescriptions for antagonistic drugs, such as depressants and stimulants, at the same time (drug abusers often request prescriptions for "uppers and downers" at the same time).

3.4. The patient appears presenting prescriptions written in the names of other people.

3.5. A number of people appear simultaneously, or within a short time, all bearing similar prescriptions from the same physician.

3.6. Numerous "strangers," people who are not regular patrons or residents of your community, suddenly show up with prescriptions from the same physician.

4. If a prescription is suspected of being illegitimate or fraudulent, or based on an invalid patient-practitioner relationship, take the following actions, if applicable:

4.1. Verify that the practitioner is in the pharmacy's database, and if not take the following steps:

4.1.1. Verify the practitioner's information with the NPI lookup tool, located on the National Plan & Provider Enumeration System (NPPES) website:

https://nppes.cms.hhs.gov/

Please Note: Issuance of an NPI does not ensure or validate that the practitioner is appropriately licensed or credentialed.

4.1.2. Confirm the DEA number is authentic, following the procedure described in the DEA Pharmacist's Manual, located in the appendix.

4.1.3. Verify the practitioner's information with the DEA Registration Validation tool, located on the DEA website:

https://apps.deadiversion.usdoj.gov/webforms/validateLogin.jsp

Please Note: The lookup tool is only available to DEA registrants.

4.2. Contact the practitioner by telephone using the contact number from the pharmacy's database or another reputable resource, other than from the prescription in question, and obtain the necessary information.

4.3. Verify the practitioner's license(s) and credential(s) with the appropriate agency (for example, the Board of Medicine).

5. If a prescription is confirmed to be illegitimate or fraudulent, or based on an invalid patient-practitioner relationship, take the following actions:

5.1. Notify the pharmacist-on-duty.

5.2. Notify the Pharmacy Compliance Team (see the List of Important Contacts, located in the appendix).

5.3. Notify local law enforcement (see the List of Local Authorities, located in the appendix).

5.4. Retain all illegitimate or fraudulent prescriptions as evidence and, if requested, release it to the appropriate law enforcement officials.

5.5. If applicable, notify the following entities:

5.5.1. The local DEA office (see the List of Local Authorities, located in the appendix)

5.5.2. The appropriate Board of Pharmacy(s) (see the List of Board of Pharmacy Contacts, located in the appendix)

5.5.3. Other pharmacies in the area

6. Appropriately document any investigations, findings, and actions.

Appendix Resources

DEA Pharmacist's Manual

Document Retention Schedule

List of Board of Pharmacy Contacts

List of Important Contacts

List of Local Authorities

Related Procedures

Fulfilling Prescriptions via Online Visit

Fulfilling Prescriptions via Ro Pharmacy

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-6.7-R0 Recognizing Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

POL-8-R0 Quality

Policy

- Roman Health Pharmacy designates a qualified person who is responsible for implementing a continuous quality improvement program that accomplishes the following:
    - Detects and appropriately resolves quality-related events
    - Modifies systems and processes to prevent quality-related events
- The Pharmacy Manager must ensure that a quality improvement meeting with pharmacists and pharmacy technicians occurs regularly and is appropriately documented. The meeting will cover, at a minimum, the following topics:
    - Quality-related events that occurred since the previous quality improvement meeting and any other applicable quality-related issues or topics
    - Corrective actions, if any
- Adverse events, side effects, and quality-related events reported to a Roman Health Pharmacy must be escalated to the appropriate pharmacist for resolution.

Document History	
Effective Date	**Description of Change**
Current	New document: POL-8-R0 Quality

POL-10-R0 Fulfillment

Policy

Prescriptions

- Each pharmacist must sign and date the daily log, attesting to the accuracy of the prescription information they processed for that date.
- Prescriptions must only be shipped into the states where the shipping pharmacy is appropriately permitted, registered, or licensed.
- Labels must be affixed to each prescription container and must include appropriate content that is properly formatted, in accordance with applicable pharmacy laws and regulations.

Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

- Pharmacists are responsible for recognizing and taking appropriate action for illegitimate prescriptions or invalid patient-practitioner relationships.

Delivery Delays

- Patients must be notified in a timely manner when prescription delivery is delayed.
    - Appropriate fulfillment arrangements must be made available to the patient, including the transfer of the prescription to a pharmacy of the patient's choice.

Document History	
Effective Date	**Description of Change**
Current	New document: POL-10-R0 Fulfillment

POL-1-R0 The Pharmacy Policies and Procedures Manual

Policy

- The Pharmacy Policies and Procedures Manual is established to accomplish the following at Roman Health Pharmacies:
  - Set minimum standards for safety, quality, and compliance
  - Serve as the principal training material for pharmacists and pharmacy technicians
- Pharmacy policies and procedures are created and revised in accordance with applicable pharmacy laws and regulations and maintained with appropriate document control.
- Management will take disciplinary action, up to and including termination of employment, against employees who violate the Pharmacy Policies and Procedures Manual.
- Employees must never act in any of the following ways:
  - Obstruct audits or investigations
  - Lie or make misleading statements
  - Alter business or pharmacy records to misrepresent information
- Roman Health Pharmacy designates a qualified person who is responsible for coordinating with management to ensure the training and enforcement of each pharmacy policy and procedure.

Document History	
Effective Date	**Description of Change**
Current	New document: POL-1-R0 The Pharmacy Policies and Procedures Manual

SOP-1.1-R0 Establishing Pharmacy Policies and Procedures

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

Roman Health Pharmacy (RHP) offers pharmacy services to patients throughout the United States. Patient safety, legal compliance, and ethical practices are ensured by establishing, maintaining, and adhering to proper policies and procedures that govern pharmacy operations.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training, implementation, maintenance, and enforcement of the Pharmacy Policies and Procedures Manual.
- The Licensing and Compliance Manager and Inventory and Safety Manager are responsible for final approval of pharmacy policies and procedures before they are implemented.
- Pharmacists are responsible for escalating any questions or concerns about pharmacy policies or procedures to the Pharmacy Manager.
- Employees are responsible for escalating any questions or concerns about compliance to their immediate manager, the Pharmacy Manager, or the Compliance Team.

Procedure

Creating And Maintaining Policies And Procedures

1. Pharmacy policies and procedures are written in accordance with applicable pharmacy laws and regulations for all states where RHP operates.
    1.1. Conflicts between laws or regulations will be evaluated by the Ro legal department on a case by case basis to ensure compliance.
2. Compliance with the pharmacy laws and regulations affecting RHP operations is maintained with several components, including but not limited to the following:
    2.1. Maintaining a qualified staff of attorneys with relevant expertise in telemedicine, pharmacy, medicine, and healthcare
    2.2. Consulting with qualified third-party legal services
    2.3. Appointing a qualified Pharmacy Compliance Team whose responsibilities include the following:
        2.3.1. Researching applicable pharmacy best practices, laws, and regulations

2.3.2. Implementing pharmacy policies and procedures to ensure quality, safety, ethics, and compliance standards at RHPs

2.3.3. Aligning RHP operations in accordance with the following:

2.3.3.1. Federal laws and regulations

2.3.3.2. State laws and regulations

2.3.3.3. Regulations and guidelines by the Food and Drug Administration, Boards of Pharmacies, Drug Enforcement Administration, and other applicable entities

2.4. Attending Board of Pharmacy meetings

2.5. Attending professional conferences related to the practice of telemedicine, medicine, pharmacy, and law

3. All pharmacy policies and procedures are reviewed and updated at least once yearly. This review is performed by qualified persons and takes into consideration the effectiveness of policies and procedures in reducing dispensing errors and other quality-related events.

3.1. The review is documented—noting any changes made or a statement that no changes were made—in the Policy and Procedure Review Schedule and History, located in the appendix.

Excursions From The Written Policies And Procedures

4. The pharmacist on duty is responsible for determining a plan of action for cases when written pharmacy policies and procedures are absent or cannot be followed due to unique circumstances. In these situations, the pharmacist must take the following steps:

4.1. Use professional judgement

4.2. Communicate the excursion to the Pharmacy Compliance Team in a timely manner

Documentation And Compliance

5. All pharmacy records are stored according to the procedure for Maintaining and Managing Records for a length of time according to the Document Retention Schedule.

6. The Pharmacy Compliance Team helps ensure that operations at RHPs are appropriately followed by taking the following steps:

6.1. Establishing the written Pharmacy Policies and Procedures Manual

6.2. Ensuring timely training, communication, and enforcement of the Pharmacy Policies and Procedures Manual and important revisions

6.3. Maintaining transparency in pharmacy operations

6.4. Conducting risk assessments

6.5. Performing internal audits

6.6. Exercising due diligence in verifying colleagues and prescription medication suppliers

6.7. Responding to detected problems with corrective actions in a timely manner

Limited Operations

7. Unless otherwise performed in accordance with applicable pharmacy laws and regulations, and in compliance with the Pharmacy Policies and Procedures Manual, the following business activities are restricted and must be immediately reported to the Pharmacy Compliance Team if discovered:

   7.1. Purchasing, storing, selling, or handling:

      7.1.1. Federal or state listed or scheduled controlled substances

      7.1.2. Biological products

      7.1.3. Prescription medication under a FDA mandated Risk Evaluation and Mitigation Strategy (REMS) program

   7.2. Purchasing, storing, selling, or handling List I Chemicals or precursors to List I Chemicals (e.g. iodine, ephedrine, pseudoephedrine, and red phosphorus). List I Chemicals are designated by the Drug Enforcement Agency, and a complete and updated list is maintained at its website: https://www.deadiversion.usdoj.gov/schedules/index.html

   7.3. Purchasing, storing, selling, or handling prescription medication that does not comply with the Food, Drug, and Cosmetic Act (FDCA)

   7.4. Dispensing prescription medication that was previously dispensed from a pharmacy

   7.5. Participating in federal or state Medicare or Medicaid programs

   7.6. Engaging in wholesale distribution of prescription medication

   7.7. Engaging in sterile compounding

   7.8. Dispensing for office-use

National Association Of Boards Of Pharmacy Reporting

8. The Licensing and Compliance Manager is responsible for providing the National Association of Boards of Pharmacy (NABP) with updated information about each RHP, according to the procedure for Reporting to the National Association of Boards of Pharmacy.

Appendix Resources

Document Retention Schedule

List of Board of Pharmacy Contacts

List of Important Contacts

Pharmacy Policies and Procedures Manual Review Schedule and History

Reporting to the National Association of Boards of Pharmacy

OPERATING AGREEMENT
OF
ROMAN HEALTH PHARMACY LLC

THIS OPERATING AGREEMENT (this "**Agreement**") of **ROMAN HEALTH PHARMACY LLC**, a Delaware limited liability company (the "**Company**"), dated as of May 11, 2017, is made and entered into by **ROMAN HEALTH VENTURES INC.**, a Delaware corporation (the "**Member**").

WHEREAS, the Member wishes to form a limited liability company pursuant to and in accordance with the Delaware Limited Liability Company Act (as amended from time to time, the "**Act**");

NOW, THEREFORE, the Member hereby agrees as follows:

ARTICLE I
THE COMPANY

Section 1.1 **Formation; Admission**. The Company was formed as a limited liability company under the provisions of the Act by the filing on May 11, 2017 of the Certificate of Formation with the Secretary of State of the State of Delaware (the "**Certificate**"). The filing of the Certificate is hereby ratified by the Member.

Section 1.2 **Name; Purpose**. The name of the Company shall be **ROMAN HEALTH PHARMACY LLC**. The Company may engage in any lawful business of every kind and character for which a limited liability company may be organized under the Act or any successor statute. The Company shall have all of the powers provided for a limited liability company under the Act.

Section 1.3 **Registered Agent; Offices**.

(a) The registered agent for the service of process and the registered office shall be that person and location reflected in the Certificate. The Board (as such term is defined below) may, from time to time, change the registered agent or office through appropriate filings with the Secretary of State of the State of Delaware. In the event the registered agent ceases to act as such for any reason or the registered office shall change, the Board shall promptly designate a replacement registered agent or file a notice of change of address as the case may be.

(b) The principal place of business of the Company shall be located in such location as the Board may from time to time determine. The Company may have, in addition to such office, such other offices and places of business at such locations, both within and without the State of Delaware, as the Board may from time to time determine or the business and affairs of the Company may require.

Section 1.4 **Filings and Foreign Qualification**. The Member, any Manager (as such term is defined below) or any authorized officer of the Company shall promptly execute and deliver all such certificates and other instruments conforming hereto as shall be necessary to accomplish all filing, recording, publishing and other acts appropriate to comply with all requirements for the formation and operation of a limited liability company under the laws of the State of Delaware and for the qualification and operation of a limited liability company in all other jurisdictions where the Company shall propose to conduct business.

Section 1.5 **Units**. The membership interests in the Company shall be denominated in units referred to as "**Units**". The total number of Units that the Company shall have authority to issue is 500 Units. The Member is the owner of 500 Units. The rights and liabilities of the Member shall be as provided in the Act, except as is otherwise expressly provided in this Agreement. All of the Units shall be in registered form, and the Company shall maintain a register in which the name and address of the then current holders of Units shall be recorded. Unless otherwise determined by the Board, Units shall not be certificated.

Section 1.6 **Limited Liability**. Except as otherwise provided by the Act, the debts, obligations and liabilities of the Company, whether arising in contract, tort or otherwise, shall be solely the debts, obligations and liabilities of the Company, and neither the Member nor any Manager or officer shall be obligated personally for any such debt, obligation or liability of the Company solely by reason of being a member, manager or officer of the Company.

ARTICLE II
CAPITAL CONTRIBUTIONS; PROFITS AND LOSSES; DISTRIBUTIONS

Section 2.1 **Capital Contributions**. The Member may, in its sole discretion, but shall not be required to, make contributions of the type permitted by the Act to the capital of the Company. Except as otherwise provided in this Agreement, the Member shall not be entitled to withdraw, or to receive a return of, any capital contribution or any portion thereof. No interest shall accrue on any capital contributions.

Section 2.2 **Profits and Losses**. All profits and losses of the Company shall be allocated and charged to the holder(s) of the Units on a pro rata basis. All items of Company taxable income, gain, loss, deduction or credit recognized or allocated for federal income tax purposes shall also be allocated and credited or charged to the holder(s) of the Units on a pro rata basis.

Section 2.3 **Distributions**. Subject to the Act and other applicable law, the Board shall cause the Company to distribute funds to the holder(s) of the Units on a pro rata basis at the Board's discretion.

ARTICLE III
MANAGEMENT

Section 3.1 **Board of Managers**. Except to the extent otherwise provided for in this Agreement, the powers of the Company shall be exercised by and under the authority of, and the business and affairs of the Company shall be managed under the direction of, a Board of Managers (the "**Board**"), which shall initially consist of two (2) managers (the "**Managers**"). Except as otherwise set forth in this Agreement, the Member shall not, by reason of its status as a member, have any authority to act for and bind the Company, but shall have only the right to vote on or approve: (a) the actions specified in this Agreement to be voted on or approved by the Member; and (b) except to the extent otherwise provided in this Agreement, the actions specified in the Act to be voted on or approved by the Member. The size of the Board may be increased or decreased by the Member in its sole discretion. The Member shall have the right to appoint and to remove, with or without cause, any or all of the Managers in its sole discretion. The Managers shall initially be Zachariah Reitano and Saman Rahmanian.

Section 3.2 **Meetings of the Board; Quorum; and Action by the Board**. Meetings of the Board shall be held at such times and places as may be decided by the Member. Notice of the time and place of a meeting shall be delivered personally or by telephone to each Manager and sent by first-class mail, facsimile, electronic mail or a nationally recognized overnight courier, charges prepaid, addressed to each Manager at that Manager's address as it is shown on the records of the Company. In case the notice is mailed, it shall be deposited in the United States mail at least five (5) calendar days before the time of the holding of the meeting. In case the notice is delivered personally or by telephone, facsimile, electronic mail or overnight courier, it shall be given at least two (2) calendar days before the time of the holding of the meeting. Any oral notice given personally or by telephone may be communicated either to the Manager or to a person at the office of the Manager whom the person giving the notice has reason to believe will promptly communicate it to the Manager. Attendance by any Manager at a meeting of the Board shall constitute a waiver of notice to such Manager of such meeting. The notice need not specify the purpose of the meeting. At all meetings of the Board, the presence of a majority of the total number of Managers shall be necessary and sufficient to constitute a quorum for the transaction of business. Unless otherwise specifically required by law or this Agreement, the act of a majority of Managers present at a meeting at which a quorum is present shall be the act of the Board. If a quorum shall not be present at any meeting of the Board, the Managers present may adjourn the meeting from time to time, without notice other than announcement at the meeting, until a quorum shall be present. At any such adjourned meeting, any business may be transacted that might have been transacted at the meeting as originally convened. Any action required or permitted to be taken at any meeting of the Board may be taken without a meeting if a majority of the Managers consent thereto in writing, and the writing is filed with the minutes of proceedings of the Board. A photographic, photo-static, facsimile, electronic (including in .pdf format) or similar reproduction of a writing signed by a Manager shall be regarded as signed by the Manager for purposes of this Section 3.2.

Section 3.3 **Authority of Managers**. Unless specifically authorized by a resolution duly adopted by the Board, no Manager, solely in his or her capacity as a Manager, shall have the authority or power to act as agent for or on behalf of the Company or any other Manager, to

do any act which would be binding on the Company or any other Manager, to incur any expenditures on behalf of or for the Company, or to execute, deliver and perform any agreements, acts, transactions or other matters on behalf of the Company.

Section 3.4 Officers.

(a) The Board may designate one or more individuals (who may or may not be Managers) to serve as officers of the Company. The Company shall have such officers as the Board may from time to time determine, which officers may (but need not) include a Chairman, Chief Executive Officer, President, Chief Operating Officer, Chief Financial Officer, one or more Vice Presidents (and in case of each such Vice President, with such descriptive title, if any, as the Board shall deem appropriate), Secretary and Treasurer. Unless the Board determines otherwise, if the title is one commonly used for officers of a business corporation formed under the Delaware General Corporation Law, the assignment of such title shall constitute the delegation to such person of the authorities and duties that are customarily associated with that office. Any delegation pursuant to this Section 3.4 may be revoked at any time by the Board.

(b) Each of the following persons is hereby appointed to serve as an officer of the Company, until removed by the Board, with or without cause, in its sole and absolute discretion, or the earlier death or resignation of such person:

Name	Office
Zachariah Reitano	President
Saman Rahmanian	Secretary and Treasurer
Rob Schutz	Vice President

ARTICLE IV
EXCULPATION AND INDEMNIFICATION

Neither the Member, any Manager nor any officer of the Company (each, an "**Indemnified Party**") shall be liable to the Company for any loss, damage or claim incurred by reason of any act or omission performed or omitted by the Indemnified Party in good faith on behalf of the Company and in a manner reasonably believed to be within the scope of the authority conferred on the Indemnified Party by this Agreement, except that the Indemnified Party shall be liable for any such loss, damage or claim incurred by reason of the Indemnified Party's willful misconduct or gross negligence. To the fullest extent permitted by applicable law, the Indemnified Party shall be entitled to indemnification from the Company for any loss, damage or claim incurred by the Indemnified Party by reason of any act or omission performed or omitted by the Indemnified Party in good faith on behalf of the Company and in a manner reasonably believed to be within the scope of the authority conferred on the Indemnified Party, except that the Indemnified Party shall not be entitled to be indemnified in respect of any loss, damage or claim incurred by the Indemnified Party by reason of willful misconduct or gross negligence with respect to such acts or omissions; provided, however, that any indemnity under this Article IV shall be provided out of and to the extent of Company assets only, and the

Member shall not have any liability on account thereof. Notwithstanding anything herein to the contrary, the indemnification afforded herein shall be subject to, and no broader than permitted by, the laws of Delaware, in the absence of the approval of the Member.

ARTICLE V
DISSOLUTION

Section 5.1 **Events of Dissolution**. The Company shall have a perpetual existence unless sooner dissolved by:

(a) the election of the Member; or

(b) the entry of a decree of judicial dissolution under Section 18-802 of the Act.

Section 5.2 **Bankruptcy of the Member**. The bankruptcy of the Member will not cause the Member to cease to be the member of the Company and upon the occurrence of such event, the business of the Company shall continue without dissolution.

Section 5.3 **Liquidation and Winding Up**. In the event of dissolution, the Company shall be wound up and its assets liquidated. In connection with the dissolution and winding up of the Company, the Board or such other person designated by the Board shall proceed with the sale, exchange or liquidation of all of the assets of the Company and shall conduct only such other activities as are necessary to wind up the Company's affairs, and the assets of the Company shall be applied in the manner, and in the order of priority, set forth in Section 18-804 of the Act.

ARTICLE VI
ACCOUNTS

All funds of the Company shall be deposited in the name of the Company in such account or accounts as shall be designated by the Board. All withdrawals from such account or accounts are to be made upon written bank instruments which must be signed by a Manager or a duly authorized officer.

ARTICLE VII
BOOKS

The Board shall cause to be kept, at the principal place of business of the Company, full and proper ledgers and other books of account in which shall be entered all matters relating to the Company, including all income, expenditures, assets and liabilities thereof. Such books shall be kept on a calendar-year basis in accordance with generally accepted accounting principles consistently applied, and shall be closed and balanced at the end of each tax year.

ARTICLE VIII
MISCELLANEOUS

Section 8.1 **Governing Law**. This Agreement, and any question, dispute or other matter related to or arising from this Agreement, will be governed by the laws of the State of Delaware without reference to conflict of laws principles.

Section 8.2 **Binding Effect**. This Agreement binds the Member and its respective distributees, successors and assigns and any other person claiming a right or benefit under or covered by this Agreement.

Section 8.3 **Amendments**. This Agreement may be amended upon the written consent of the Member.

Section 8.4 **Severability**. If any provision of this Agreement is held to be illegal, invalid or unenforceable:

(a) that provision will be fully severable and this Agreement will be construed and enforced as if the illegal, invalid or unenforceable provision had never been part of this Agreement;

(b) the remaining provisions of this Agreement will remain in full force and will not be affected by the illegal, invalid or unenforceable provision or by its severance from this Agreement; and

(c) in the place of the illegal, invalid, or unenforceable provision, there will be added automatically to this Agreement a legal, valid and enforceable provision that is as similar to the illegal, invalid or unenforceable provision as possible.

Section 8.5 **Entire Agreement**. This Agreement embodies the complete agreement and understanding among the parties hereto with respect to the subject matter hereof and supersedes and preempts any prior understandings, agreements or representations by or among the parties hereto, written or oral, which may have related to the subject matter hereof in any way.

[*Signature Page Follows*]

IN WITNESS WHEREOF, the Member has executed this Agreement as of the date first set forth above.

ROMAN HEALTH VENTURES INC.

By: _____

Name: Zachariah Reitano
Title: Co-Founder and Chief Executive Officer

4WW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-State	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH 03957	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☑ Other: Specialty Pharmacy	☑ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: RAINA RX, LLC dba ROUTE 300 PHARMACY

Physical Address: 1208 Route 300 Suite 103

City: Newburgh State: NY Zip: 12550

Mailing Address (if different from physical address): 376 Northlake Blvd, Suite 1008

City: Altamonte Springs State: FL Zip: 32701

Telephone: 800-810-9274 Toll Free # (NAC 639.708, NRS 639.23286): 800-810-9274

Fax: 844-358-4962 Contact Email: license@bioplusrx.com

Website: https://www.route300pharmacy.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Amar B. Patel

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21624

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Amar B. Patel	NV Pharmacist Registration #: 21624
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NY

Parent Company (if any): BioPlus Parent LLC

Corporation/Organization Name: RAINA RX, LLC dba ROUTE 300 PHARMACY

Mailing Address: 376 Northlake Blvd, Suite 1008

City: Altamonte Springs State: FL Zip: 32701

Telephone: 888-292-0744 Email: license@bioplusrx.com

Contact Person Name: Kimberly Bourcier

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for RAINA RX, LLC dba ROUTE 300 PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Mark Montgomery

Print Name of Authorized Person

Mark Montgomery

Original signature of Authorized Person (copies or stamps not accepted)

1/5/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Amar Patel hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for RAINA RX, LLC dba ROUTE 300 PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 9th day of January, 2023

Notary Public

BRADLEY T. UMBLE
Notary Public, State of New York
Reg. # 01UM6374016
Qualified in Orange County
Commission Expires April 23, 2026

BRADLEY T. UMBLE NOTARY PUBLIC NEW YORK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Montgomery, President

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Mark Montgomery

Original signature of Authorized Person (copies or stamps not accepted)

1/5/2023

Date

Board Use Only	Date Received: 1.23.23	Amount: 500.00 CK - 1000000445

1 CK - 5 CHOWS

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

BioPlus Ownership Information

NV License Numbers PH02179, PH03428, PH03386, PH03957, PH04455 and 1 pending application (BioPlus Specialty Pharmacy, LLC - Irvine CA Facility)

Officers of Applicant Entities
(entities include: BioPlus Specialty Pharmacy, LLC (operates the BioPlus FL and CA facilities), Dogwood Pharmacy, LLC dba MedScripts Medical Pharmacy, Raina Rx, LLC dba Route 300 Pharmacy, River Medical Pharmacy, LLC, and Santa Barbara Specialty Pharmacy, LLC). These entities are wholly owned (100%) by BioPlus Parent LLC.

Mark Montgomery, President
Kathleen Kiefer, Secretary
Vincent Scher, Treasurer
Eric Noble, Assistant Treasurer

Board of Managers for Applicant Entities:

Paul Marchetti
Danielle Swenson
Vincent Scher

Officers of BioPlus Parent, LLC

Paul Marchetti, President
Kathleen Kiefer, Secretary
Vincent Scher, Treasurer
Eric Noble, Assistant Treasurer

Board of Managers for BioPlus Parent, LLC:

Paul Marchetti
Danielle Swenson
Vincent Scher

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership of BioPlus Parent LLC

Upon the change of ownership transaction closing on or around February 15, 2023, BioPlus Parent, LLC will become a wholly owned subsidiary of ATH Holding Company, LLC. ATH Holding Company, LLC is wholly owned (100%) by Elevance Health, Inc., a publicly traded company.

Officers of ATH Holding Company, LLC

John Gallina, President, Chairperson, Manager
Kathleen Kiefer, Secretary
Vincent Scher, Treasurer
Jay Wagner, Assistant Secretary
Eric Noble, Assistant Treasurer

Board of Managers for ATH Holding Company, LLC:

John Gallina, President, Chairperson, Manager
Heather Chockley Steinmeyer, Manager
Jay Harry Wagner, Manager

List of Officers of Elevance Health, Inc.(publicly traded):

Gail Boudreaux, President and Chief Executive Officer, Director (Principal Executive Officer)
John Gallina, Executive Vice President and Chief Financial Officer (Principal Financial Officer)
Ronald Penczek, Senior Vice President and Chief Accounting Officer (Principal Accounting Officer)
Kathleen Kiefer, Secretary

List of Board of Directors of Elevance Health, Inc.

Elizabeth Tallett, Chair of the Board
R. Kerry Clark, Director
Robert L. Dixon, Jr. Director
Lewis Hay III, Director
Julie Hill, Director
Bahija Jallal, Director
Antonio Neri, Director
Ramiro Peru, Director
Ryan Schneider, Director

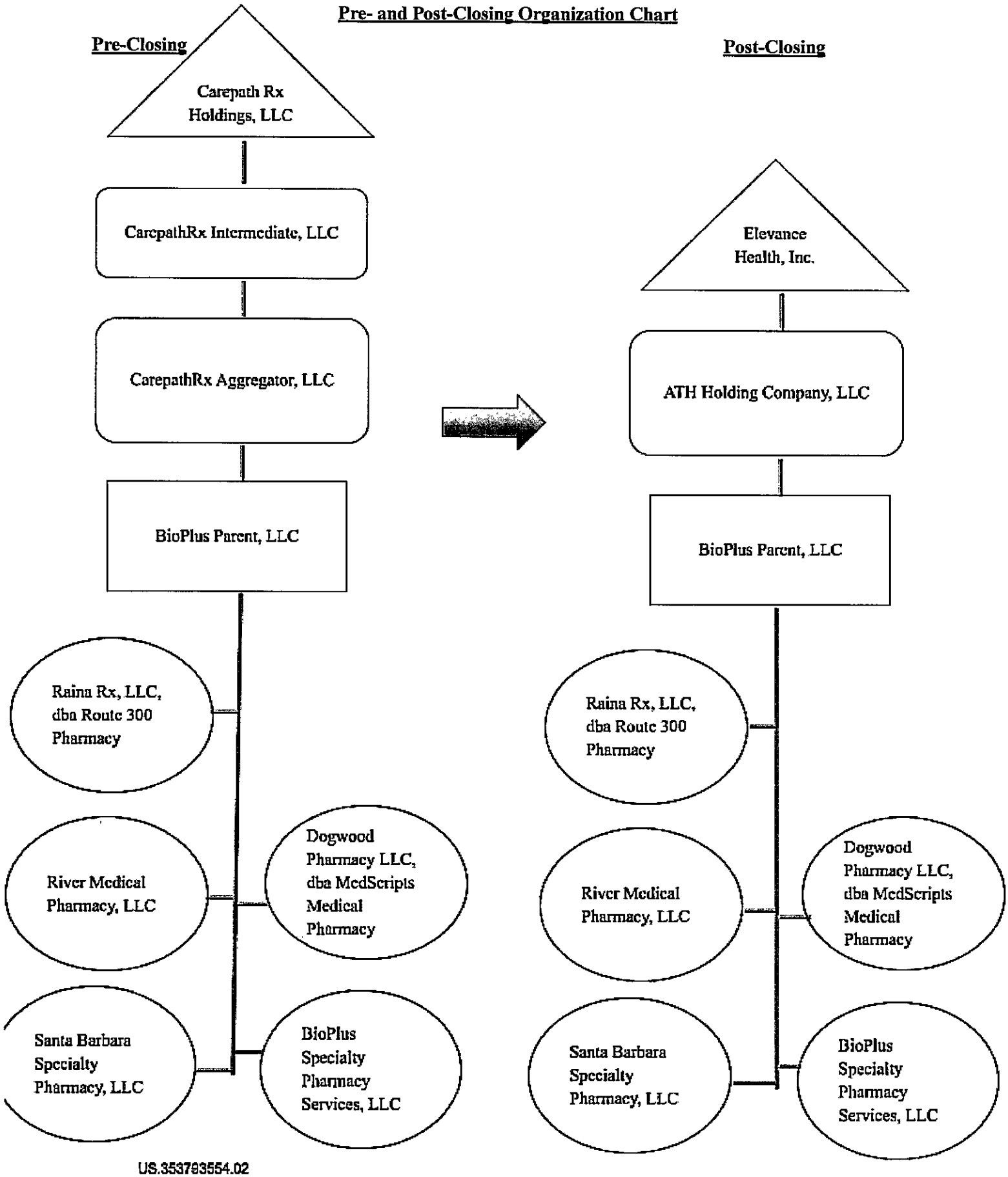
CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

List of Top 4 Shareholders of Elevance Health, Inc.

Parent Company	**Position**	**%**
Vanguard Group Holdings	21,446,037	8.90%
BlackRock, Inc.	21,069,513	8.80%
T. Rowe Price Group, Inc.	11,084,085	4.60%
State Street Corporation	11,075,762	4.60%

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Pre- and Post-Closing Organization Chart



STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	RAINA RX LLC
DOS ID Number:	4780204
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	06/25/2015
Statement Status:	CURRENT
Statement Due Date:	06/30/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on November 18, 2022 at 01:51 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100002522482 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Pharmacy e-Profile ID:	1499778		**Inspection Information**
Legal Business Name:	Raina Rx, LLC	**Conference Call Date:**	5/24/2021
Doing Business As (DBA):	Route 300 Pharmacy	**Start Time: 24-hour format (13:00)**	15:00
Address:	1208 New York 300, Ste 103	**End Time: 24-hour format (13:00)**	16:00
City:	Newburgh	**Onsite Inspection Date:**	5/25/2021
State:	NY	**Start Time: 24-hour format (13:00)**	10:00
Zip Code:	12550	**End Time: 24-hour format (13:00)**	12:00
Telephone number:	845-275-0816	**Inspector Name:**	Leo R. Blais, R.Ph
Toll free number:	800-810-9274	**Inspection Performed by (NABP, State, etc):**	NABP
Fax number:	1-844-3S8-4962	**Observer Name/Affiliation (if applicable):**	N/A
Website:	www.route300pharmacy.com	**Observer Name/Affiliation (if applicable):**	N/A

Pharmacy Hours of Operation	**Check if 24/7** ☐		
	Open		**Closed**
	Start Time: (24-hour format)	**End Time: (24-hour format)**	**(X)**
Sunday			X
Monday	8:00	17:00	
Tuesday	8:00	17:00	
Wednesday	8:00	17:00	
Thursday	8:00	17:00	
Friday	8:00	17:00	
Saturday			X

Key Pharmacy Personnel	**Name**	**Contact (e-mail)**	**e-Profile ID**
Pharmacist in Charge	Amar Patel	APATEL@ROUTE300PHAMACY.COM	225945
Nonsterile Compounding Supervisor	N/A	N/A	N/A
Sterile Compounding Supervisor	N/A	N/A	N/A
Hazardous Compounding Supervisor	N/A	N/A	N/A

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Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Amar Patel	PIC	Y
2			
3			
4			
5			
6			
7			
8			
9			
10			

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present.
Per comment in General Pharmacy 33.00 there are no employed technicians. There is one part-time pharmacist who works sometime, but not on the day of this NABP inspection.

Business Licensure Information for State of Residence and Federal (board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
New York Board of Pharmacy	Raina Rx, LLC	Pharmacy/034308	2/28/2022
U.S. Dept of Justice - Drug Enforcement Administration	Raina Rx, LLC DBA Route 300 Pharmacy	DEA Controlled Substance- Pharmacy/FR5852668	4/30/2022

Inspector Notes: Pharmacy issued non-resident pharmacy licenses by: AL, AZ, CO, CT, DC, DE, FL, GA, ID, IL, IN, IA, KS, KY, LA, MD, MI, MN, MS, MO, NE, NV, NH, NJ, NM, NC, OH, OK, OR, PA, RI, SC, SD, TN, TX, VT, WV, WI, WY.
Massachusetts does not require a non-resident pharmacy license. A renewal of a non-resident pharmacy license (that expired on 3/31/21 from Virginia is pending the outcome/completion of this NABP inspection).

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Attachments
(NO PHI, including prescription numbers)

Attachment Name	Description

	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail	X	Telepharmacy	
Open to the Public	X	Central Fill/Processing/Shared Services	
Closed Door		Specialty Pharmacy	X
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy		Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	
HMO/PBM only		Nonsterile Hazardous Drug Compounding	
Internet Pharmacy (New Rx)		Sterile Compounding	
Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	2276	Total Pharmacists:	2
Nonsterile Compounding Room size:	N/A	Number of Compounding Pharmacists	N/A
Nonsterile Compounding powder hoods number:	0	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	N/A	Total Student Interns:	0
Nonsterile HD Compounding BSC/CACI hoods number:	0	Total Technicians:	0
Sterile Compounding Ante Room size:	N/A	Number of Compounding Technicians	0
Sterile Compounding Clean/Buffer Room size:	N/A	Of technicians, how many are certified?	0
Sterile Compounding Number LAFW hoods/areas:	0	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number BSC hoods:	0	Total Other Licensed Personnel:	0
Sterile Compounding Number CAI/CACI hoods:	0	Total Other Unlicensed Personnel:	0
Negative Pressure Sterile HD Room size:	N/A	Ratio #tech:#RPh present at time of inspection:	0:1 (only 1 RPh during survey; No employed Techs)
Sterile HD Compounding Number of BSC hoods:	0	Total Pharmacist Hours Per Week:	50
Sterile HD Compounding Number of CACI hoods:	0	Total Technician Hours Per Week:	0
Volume Dispensed		**Volume Distributed**	
Total Prescriptions Dispensed/day:	12	Total Orders Distributed/day:	0
% Veterinary Prescriptions	0%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	0%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	0%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	0%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	0%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
AK			
AL	0	0	April 2021
AR			
AZ	0	0	April 2021
CA			
CO	0	0	April 2021
CT	0	0	April 2021
DC	0	0	April 2021
DE	0	0	April 2021
FL	0	0	April 2021
GA	3	0	April 2021
HI			
IA	0	0	April 2021
ID	0	0	April 2021
IL	0	0	April 2021
IN	4	0	April 2021
KS	0	0	April 2021
KY	0	0	April 2021
LA	0	0	April 2021
MA	1	0	April 2021
MD	2	0	April 2021
ME			
MI	0	0	April 2021
MN	0	0	April 2021
MO	0	0	April 2021
MS	0	0	April 2021
MT			

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
NC	0	0	April 2021
ND			
NE	0	0	April 2021
NH	0	0	April 2021
NJ	6	0	April 2021
NM	0	0	April 2021
NV	0	0	April 2021
NY	226	0	April 2021
OH	0	0	April 2021
OK	0	0	April 2021
OR	0	0	April 2021
PA	1	0	April 2021
RI	0	0	April 2021
SC	0	0	April 2021
SD	0	0	April 2021
TN	0	0	April 2021
TX	1	0	April 2021
UT			
VA			
VT	0	0	April 2021
WA			
WI	0	0	April 2021
WV	0	0	April 2021
WY	0	0	April 2021
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Raina Rx, LLC dba Route 300 Pharmacy
e-Profile ID: 1499778
Inspection Date: 05/24/2021 - 05/25/2021

		Finding	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	45 hours.
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	No	
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	No	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	No	
8.00	Are photographs allowed during the inspection **(no PHI)**?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		Not Applicable.
	Types of Practice Additional Questions **If any part of a question is no, enter "No" and explain the observation.**		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	Yes	10% - For teaching. Subsequent orders are sent to the patients home.
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	

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Facility Name: Raina Rx, LLC dba Route 300 Pharmacy
e-Profile ID: 1499778
Inspection Date: 05/24/2021 - 05/25/2021

		Finding	Notes
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
	General Operations and Licensure **If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	Yes	
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	March 2,2018 New York Board of Pharmacy - usually every 3 years.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	No	No deficiencies noted.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	Yes	Iowa Board of Pharmacy 03/04/2021 - Virtual Inspection.
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	

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Facility Name: Raina Rx, LLC dba Route 300 Pharmacy
e-Profile ID: 1499778
Inspection Date: 05/24/2021 - 05/25/2021

		Finding	Notes
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Yes	ACHC - 01/2021 URAC-12/2020.
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reosons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab directar named). If yes, record the Clinicol Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	Indefinitely.
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronically.
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronically.
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	CPR Plus- orders cannot be deleted after dispensing.
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	N/A	
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	Pharmacy has a policy for review of non-resident states.

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Facility Name: Raina Rx, LLC dba Route 300 Pharmacy
e-Profile ID: 1499778
Inspection Date: 05/24/2021 - 05/25/2021

		Finding	Notes
	Personnel **If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	In-house database that is updated and maintained by Corporate and the pharmacy.
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	Yes	Immunizations
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	N/A	No technicians employed.
	Facility and Security **If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	Glass Door Sensors; Panic Button; Motion Detectors; CCTV.
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	N/A	No schedule II substances.
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Staff would remain on-site until secured.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	Pharmalink.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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Facility Name: Raina Rx, LLC dba Route 300 Pharmacy
e-Profile ID: 1499778
Inspection Date: 05/24/2021 - 05/25/2021

		Finding	Notes
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	N/A	
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	Yes	Small area in Main entrance area.
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	Senso Scientific 24/7/365 Electronic Monitoring system that can be accessed online as well as on the detector. Current temp 71.6 F.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	Senso Scientific 24/7/365 Electronic Monitoring system that can be accessed online as well as on the detector.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	PIC would consult with the manufacturer(s).
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	Signs reading "No Food" are posted on the refrigerators.
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	Senso Scientific 24/7/365 Electronic Monitoring System sends texts to PIC and Staff Pharmacist when excursion above or below range is detected. System stores data indefinitely. Range is USP
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	Temperature 39.2 F.
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	Senso Scientific 24/7/365 Electronic Monitoring System sends texts to PIC and Staff Pharmacist when excursion above or below range are detected. System stores data indefinitely. Freezers are used only for ice paks - no frozen drugs are on-site. Range is UPS
42.01	Is the temperature in the freezer within the USP range (between –25° to –10°C or –13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	N/A	Temperature is -8.1 degrees F.
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	Pharmacy has an emergency generator.
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	PIC would contact vendor for emergency visit to restore system.

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		Finding	Notes
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	PIC would consult with the manufacturer(s).
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	No	
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	N/A	
	Product Receipt and Inventory **If any part of a question is no, enter "No" and explain the observation.**		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	Corporate Procurement Policy.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	Cardinal Health, Healthsource, Hercules Pharmaceuticals, Cardinal Specialty.
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	Corporate Procurement Policy.
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	Per the PIC - Advasur is a compliance partner for verification of DSCSA compliance.
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	Yes	Uses trackandtracerx.com is used to verify licensing.
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	No	While the pharmacy relies on its Corporate Procurement Policy and its compliance partner Advasur to remain compliant with DSCSA, the satellite pharmacy locations are not directly involved in the compliance process.
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	Any questionable products would be referred to Corporate.

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		Finding	Notes
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	There have been no incidents of suspect of illegitimate products.
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Yes	
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	N/A	No schedule II substances.
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can ploce orders in CSOS?*	N/A	No schedule II substances.
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicotes verification of receipt and staff performing verification.*	N/A	No schedule II substances.
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	N/A	No Schedule I-V Controlled drugs.
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetuol inventory in computer, etc).*	Yes	
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	N/A	No schedule II substances.

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		Finding	Notes
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	N/A	No schedule II substances.
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	N/A	No scheduled substances.
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	No activity with other OTC restricted products requiring ID and sales log.
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?		Every month-last business day of the month.
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	Yes	
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	Yes	

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		Finding	Notes
	Prescription Processing **If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	R.Ph. Only at site. Corporate can enter demographics and verify insurance coverage, then send a notification to pharmacy that the order is OK to ship.
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	No Veterinary orders are processed.
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Stoff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	All orders are for specialty drugs. No controlled substances are dispensed.
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	PIC would contact prescribers and verify authenticity.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	PIC is aware of the prescribers who use their services.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Both, but no controlled substances are stocked.
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	N/A	Pharmacy does not dispense controlled substances.
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	Pharmacist verifies via an image of the original order.
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	

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		Finding	Notes
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	Yes	Patient progress notes sent by prescriber that are entered into CPR Plus.
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	N/A	No controlled substances are dispensed.
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	N/A	No controlled substances are dispensed.
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	Documented in CPR Plus; only a pharmacist can override.
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	Yes	Medi-Span.
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	Yes	On occasion, the R.Ph. will use other references.
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	N/A	No Veterinary orders are processed.
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	Pharmacist is responsible for final verification.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	PIC stated labeling on all orders is consistent with State of NY regulations.

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		Finding	Notes
70.00	**Confidentiality:** Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	IT department implements functions by job title, all are password restricted.
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	Pharmacy uses Iron Mountain for PHI destruction.
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	

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		Finding	Notes
	Patient Counseling and Communication **If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no "offer")?	Yes	
75.01	Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
76.00	Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")?	No	
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	Yes	Pharmacist is responsible for counseling. The pharmacy does not employ pharmacy technicians.
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	Yes	
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Unknown	Pharmacist is responsible for counseling, but GEN 76.00 and GEN 77.01 is "No" for making an offer to counsel on refilled prescriptions picked up at the pharmacy, and not clear if the pharmacy utilizes a local delivery/courier service though it has not employed drivers of its own for making deliveries of prescriptions in NY.
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Welcome packet lists contact information to reach pharmacist in case of questions.
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	Yes	
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	No	No REMS drugs are dispensed.
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	In progress notes in CPR Plus.
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	24/7/365-contact number in the welcome packet for all new patients.
85.00	Are processes in place to handle a drug recall?	Yes	

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		Finding	Notes
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	No controlled substances are dispensed. No controlled drugs are taken back under a drug take-back program.
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	No controlled substances are dispensed. No controlled drugs are taken back under a drug take-back program.
	Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	Done through Corporate with all 5 pharmacies.
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or bath.*	Yes	Electronically - Poly Tech is the software.
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	Annual training.
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Electronically through CPR Plus.

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		Finding	Notes
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation includes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	Quarterly – pharmacist at Corporate.
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	No	Only for removal of drugs from formulary. Currently utilizes an open formulary.
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Raina Rx, LLC dba Route 300 Pharmacy
e-Profile ID: 1499778
Inspection Date: 05/24/2021 - 05/25/2021

		Finding	Notes
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the phormacy reports QREs to the board of pharmacy.*	No	
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	Yes	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

Acronym	Definition
ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ADA	Americans with Disabilities Act
ADR	Adverse Drug Reaction
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BOP	Board of Pharmacy
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CLIA	Clinical Laboratory Improvement Amendment
COA	Certificate of Analysis
C-PEC	Containment Primary Engineering Control
CQI	Continuous Quality Improvement
CS	Controlled substance
C-SCA	Containment Segregated Compounding Area
C-SEC	Containment Secondary Engineering Control
CSOS	Controlled Substance Ordering System
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DBA	Doing business as
DCA	Direct Compounding Area
DEA	Drug Enforcement Administration
DME	Durable medical equipment
DOT	Department of Transportation
DUR	Drug Utilization Review

EMT	Emergency medical technician
EPA	Environmental Protection Agency
FCC	Food Chemicals Codex
FDA	Food and Drug Administration
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	Hazardous Materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug
HEPA	High Efficiency Particulate Air (filter)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health maintenance organization
IPA	Isopropyl Alcohol
IV	Intravenous
LAFW	Laminar Air Flow Workbench
LOD	Line of Demarcation
MSDS	Material Safety Data Sheet
MTM	Medication Therapy Management
NF	National Formulary
NIOSH	National Institute for Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NSAID	Non-steroidal anti-inflammatory drug
NVLAP	National Voluntary Laboratory Accreditation Program
OIG	Office of the Inspector General
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
OTC	Over-the-Counter
P&P	Policies and Procedures
PBM	Pharmacy benefits manager
PDMP	Prescription drug monitoring program
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-charge
PMP	Prescription Monitoring Program
PPE	Personal Protective Equipment
PPI	Patient Package Insert
QA	Quality Assurance
QI	Quality Improvement

QRE	Quality Related Event
RAM	Radioactive Material
RCRA	Resource Conservation and Recovery Act
REMS	Risk evaluation mitigation strategy
RSO	Radiation Safety Officer
Rx	Prescription
SDS	Safety Data Sheet (formerly MSDS -- Material Safety Data Sheet)
SOP	Standard Operating Procedure
ULPA	Ultra Low Particulate Air (filter)
USP	United States Pharmacopeia
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WD	Wholesale distributor

Term	Definition
Dispense/dispensing	Pursuant to a patient specific prescription, labeled with patient name at the pharmacy
Distribute/distributing	Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy.
Type of Practice: Central Fill/Processing/ Shared Services	Where part of the prescription processing and dispensing process occurs at another location
Type of Practice: Closed Door	Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent
Type of Practice: HMO/PBM only	Limited to only the beneficiaries of the specific insurance program - no cash patients
Type of Practice: Institutional	Such as a hospital or jail
Type of Practice: Internet Pharmacy	Pharmacy advertises on the internet, patients fill/refill prescriptions and revise patient profile information on-line.
Type of Practice: Investigational Drugs, Clinical Trials or Research	Approved to handle investigational drugs
Type of Practice: Long Term Care	Nursing Home pharmacy
Type of Practice: Manufacturer	Registered with the FDA as a manufacturer
Type of Practice: Open to the Public	Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist
Type of Practice: Outsourcing Facility	Registered with the FDA as an Outsourcing Facility
Type of Practice: Provides Office Use	Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy.
Type of Practice: Specialty Pharmacy	Business is primarily with specialty drugs and works with specific disease states
Type of Practice: Telepharmacy	Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility.
Type of Practice: Traditional retail	Also known as Community Pharmacy.
Type of Practice: Veterinary Pharmacy	Pharmacy business is primarily or exclusively for animals.
Type of Practice: Wholesale Distributor	Pharmacy is licensed or registered as a wholesale distributor

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2022-25

SUPERVISING PHARMACIST
AMAR PATEL

THIS IS TO CERTIFY

RAINA RX LLC
1208 ROUTE 300
SUITE 103
NEWBURGH, NY 12550-5003

is duly recorded as a

REGISTERED PHARMACY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF MARCH, 2022.
THIS CERTIFICATE EXPIRES ON THE TWENTY-EIGHTH DAY OF FEBRUARY, 2025.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER
034308

EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

RAINA RX LLC

X

GENERAL INFO | ENFORCEMENT ACTIONS

Type	Pharmacy
Legal Name	RAINA RX LLC
Trade Name	ROUTE 300 PHARMACY
Street Address	1208 ROUTE 300 SUITE 103 NEWBURGH NY 12550-5003
Registration No	034308
Date First Registered	March 14, 2016
Registration Begins	March 01, 2022
Registered Through	February 28, 2025
Supervisor	053122 - PATEL AMAR
Establishment Status	Active
Successor	NONE

January 19, 2023 03:15 PM (ET)

https://www.op.nysed.gov/verification-search?pharmacyRegistrationNumber=034308&professionCode=020

RAINA RX LLC X

GENERAL INFO | ENFORCEMENT ACTIONS

Registration No: 034308

No Enforcement Actions Found

January 19, 2023 03:15 PM (ET)

https://www.op.nysed.gov/verification-search?pharmacyRegistrationNumber=034308&professionCode=020

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FR5852668	04-30-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-03-2022

RAINA RX LLC
DBA ROUTE 300 PHARMACY
1208 ROUTE 300
SUITE 103
NEWBURGH, NY 12550

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FR5852668	04-30-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-03-2022

RAINA RX LLC
DBA ROUTE 300 PHARMACY
1208 ROUTE 300
SUITE 103
NEWBURGH, NY 12550

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ROUTE 300 PHARMACY

Pharmacy/Wholesaler License # (if applicable) PH03957

Physical Address 1208 Route 300 Suite 103

City Newburgh State NY Zip 12550

Mailing Address (if different from physical address) 376 Northlake Blvd

City Altamonte Springs State FL Zip 32701

Telephone 800-810-9274 Website route300pharmacy.com

Licensing Company Email license@bioplusrx.com

Section 2: Personal Information

First Amar Middle B Last Patel

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Cherry Tree Way

City New Windsor State NY Zip 12553

Telephone [redacted] Email apatel@route300pharmacy.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Phoenix		05/02-02/04	
Address	City	State	Zip
online	online		
Diploma/Degree obtained, if any			
MBA			
School Name		From - To (MM/YY – MM/YY)	
Northeastern University		09/93-06/99	
Address	City	State	Zip
360 Huntington Ave	Boston	MA	02115
Diploma/Degree obtained, if any			
BS Pharmacy / BS Toxicology			
School Name		From - To (MM/YY – MM/YY)	
South Plainfield High School		09/89-06/93	
Address	City	State	Zip
200 Lake St	South Plainfield	NJ	07080
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/22-present	[redacted] Cherry Tree Way	New Windsor	NY	12553
From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/13-05/22	[redacted] Winding Brook Ct	New Windsor	NY	12553
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
RAINA RX LLC dba Route 300 Pharmacy			05/16-present	
Business Address		**City**	**State**	**Zip**
1208 Route 300 STE 103		Newburgh	NY	12550
Phone	**Title**		**Number of Employed Hours**	
800-810-9272	Pharmacy Manager		12,000+	
Description of Duties				
PIC responsibility of operations of Pharmacy including inventory, distribution, state licensure,etc.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

RB Pate

Original Signature (electronic, copies or stamps not accepted)

1/4/23

Date

I, Amar B. Patel, **certify that as the designated representative for**

ROUTE 300 PHARMACY,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ABP I am at least 21 years of age;
3. ABP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ABP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ABP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ABP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ABP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Amar B. Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/4/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amar B. Patel

Print Name (First, Last)

ABPatel

Original Signature (electronic, copies or stamps not accepted)

1/4/23

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Orange

I, Amar B. Patel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

ABPatel

Original Signature

1/4/23

Date

Subscribed and Sworn to before me this 4 day of Jan 2023.

MCAgor

Notary Public Signature

MATTHEW C. AGOR
Notary Public, State of New York
Reg. 01AG6235096
Qualified in Ulster County
Commission Expires January 31, 2023

MATTHEW C. AGOR NOTARY PUBLIC STATE OF NEW YORK (Seal)

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Amar B. Patel

Date: 12/06/2021
Amount:
License #: 21624

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Amar B. Patel

License #
21624
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21624

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Amar B. Patel

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

4XX

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-State	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH 04455	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☑ Other: Specialty Pharmacy	☑ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Santa Barbara Specialty Pharmacy, LLC

Physical Address: 4690 CARPINTERIA AVE STE B

City: CARPINTERIA State: CA Zip: 93013

Mailing Address (if different from physical address): 376 Northlake Blvd, Suite 1008

City: Altamonte Springs State: FL Zip: 32701

Telephone: 888-292-0744 Toll Free # (NAC 639.708, NRS 639.23286): 888-292-0744

Fax: 805-456-0416 Contact Email: license@bioplusrx.com

Website: https://www.santarx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Fady Habib

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22662

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Fady Habib	NV Pharmacist Registration #: 22662
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: CA

Parent Company (if any): BioPlus Parent LLC

Corporation/Organization Name: Santa Barbara Specialty Pharmacy, LLC

Mailing Address: 376 Northlake Blvd, Suite 1008

City: Altamonte Springs State: FL Zip: 32701

Telephone: 888-292-0744 Email: license@bioplusrx.com

Contact Person Name: Kimberly Bourcier

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Santa Barbara Specialty Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Mark Montgomery

Print Name of Authorized Person

Mark Montgomery

Original signature of Authorized Person (copies or stamps not accepted)

1/5/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Fady Habib hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Santa Barbara Specialty Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 12th day of January, 2023

Notary Public

ROOHI S ASIM
Notary Public - California
Santa Barbara County
Commission # 2295348
My Comm. Expires Jun 28, 2023

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: N/A Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	**Yes**	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	**State:**	**Date:**	**Case #:**

Criminal Action:	**State:**	**Date:**	**Case #:**	**County:**	**Court:**

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

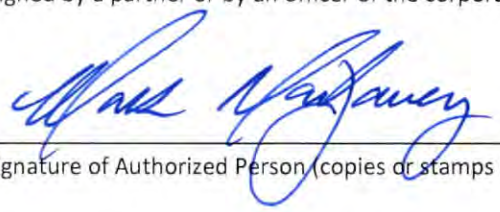
Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Montgomery, President

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

1/5/2023

Date

Board Use Only	Date Received: _____	Amount: 500- CK 1000000445

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	SANTA BARBARA SPECIALTY PHARMACY, LLC
Entity No.:	201310010103
Registration Date:	04/10/2013
Entity Type:	Limited Liability Company - CA
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 20, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 067602926

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 3/26/2021 Inspector: Mayta Vu

Firm: SANTA BARBARA SPECIALTY PHARMACY LLC Phone: (805) 770-2061

Address: 4690 CARPINTERIA AVE STE B City: CARPINTERIA Zip: 93013

Ownership: CORPORATION

Permit #: LSC101097 PHY55695 Permit Exp: 6/1/2021 DEA#: FS4133930 DEA Exp: 2/28/2022

Date of Self Assessment Form: 3/19/2021 Other Permit #: N/A Date of DEA Inventory: 3/19/2021

Hours M-F: 0900 to 1700 Hours Saturday on-call Hours Sunday: on-call

PIC MARCEL SASSOLA III RPH40870 Administrator

RPH Consultant

Staff RPH Name:	License #:	Staff Name:	License #:
JANNE LA	RPH83226		

Inspector Remarks:

Sterile Compounding Renewal Inspection
Assisted by PIC Sassola and RPh La
Closed-door, home infusion pharmacy that provides mainly specialty infusion services (e.g. hemophilia medications, IVIG)
Compounding and Pharmacy self-assessments - available
Sterile compounding: Sterile to sterile, non-hazardous preparations only, patient-specific
CSP Risk Level: Low risk and medium
Average number of CSPs compounded daily: 1-2 per month

Wholesaler: Cardinal
Reverse Distributor: Pharmalogistics
Pharmaceutical Waste Management: Stericycle
Quarterly Reconciliation: last biennial performed on 3/19/2021. Pharmacy does not carry controlled substances onsite.
Posted: Original pharmacy and sterile compounding licenses and current renewals, DEA registration, Notice to Consumers and Interpretive Services Poster

Several documents including but not limited to: certification reports, self-assessments, pharmacist and technician training records, environmental logs, end-product testing, compounding logs/labels, master formulas, and policies and procedures were collected via email and reviewed prior to inspection on or about March 22, 2021.

STERILE COMPOUNDING AREA
The compounding suite consists of an ISO 8 ante room and an ISO 7 non-HD buffer room. The ante room has a line of demarcation, a tacky mat on the dirty side of the LOD, a supply cart with garbing supplies, an eyewash station, and a sink. The non-HD buffer room has two ISO 5 laminar airflow workbenches, a Baxa repeater pump, and a small cart with supplies.

Last certification completed on November 12, 2020 by CleanRoom Services
Dynamic testing, HEPA filter leak testing, Non-viable air sampling

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Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Viable air and surface sampling – no growth detected on samples collected
Air changes – ante room at 92 acph, non-HD buffer room at 59 acph
Pressure differentials – ante room to main pharmacy at 0.053" w.c., non-HD buffer room to ante room at 0.065" w.c.
Smoke studies - viewed during inspection
Cleaning agents
Germicidal detergent: Cavicide
Disinfectant: Sterile 70% Isopropyl Alcohol
Sporicidal: Decon-Spore
Cleaning of walls and ceilings: done monthly

POLICIES AND PROCEDURES – spot checked prior to inspection
Annual review of Policies and Procedures by PIC. Last review performed on 1/4/2021
Staff notification of any changes in processes or to the policy and procedure manual
Aseptic Technique, Hand hygiene and garbing, Conduct in an ISO environment
Facility cleaning and disinfecting – available, *see comments below.*
QA program/policy and procedure: end-product testing, recalls
Environmental sampling: action levels for CFUs and actions to be taken when CFUs have been exceeded – available
Compounding, filling, and labeling; **BUDs;** storage of compounded preparations – available
Reference materials: USP 797, manufacturer's package insert
Policy SCL-004, pages 2-3 under "Routine use of Laminar Flow Hoods – Cleaning" states (1) cleaning is done with sterile water and (2) at least once weekly, cleaning is to be done with a quaternary ammonia solution, a phenolic solution, or Accel TB. CCR 1751.4(d) states cleaning daily cleaning must be done with a germicidal detergent.

LABELING REQUIREMENTS
Compounded by pharmacy – prints on patient label
Generic names of principal ingredients/ Instructions for storage and BUD
Rate of infusion for intravenous sterile preparations
Route of administration for injectable preparations

RECORDKEEPING – maintain for 3 years
Master formulas/ Patient specific compounding records
- Viewed for 3 prescriptions for Entyvio 300 mg in NS 250 ml. *Rx 103221, compounded 1/12/21, assigned a use by date of 1/31/22. Rx 103052, compounded 2/2/21, assigned a use by date of 1/31/2022. Rx 103197, compounded 3/8/21, assigned a use by date of 5/30/22. Pharmacy will hand write the BUD (date/time). Corrected during inspection.*

Refrigerator / room / freezer temperature logs – viewed for January 2021 and February 2021
Pressure logs – viewed for January 2021 and February 2021
Cleaning logs for room, PECs, shelving – viewed for January 2021 and February 2021
Log of looking for expired medications – viewed for January 2021 and February 2021; *on Maintenance Control Log*

TRAINING – viewed for both RPh Marcel Sassola and TCH Debbie Mooney; maintain for 3 years
Gloved fingertip and media fill testing; written documentation and process review by qualified pharmacy personnel
Didactic, pharmaceutical calculations
Observational skills assessments: hand hygiene and garbing, aseptic technique, cleaning and disinfecting

QUALITY ASSURANCE / PROCESS EVALUATION
End-product testing performed by Dynalabs
- 2 bags of Magnesium 1 gm in NS 50 ml, compounded, 6/8/20 tested for endotoxin, potency, and bag volume

No ADRs attributable to CSPs reported in the last 12 months

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Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

In house air (settling) and surface sampling done ~~very~~ every other quarter, alternating with certification company

PHARMACY LAW WAIVERS:
Waiver(s) implemented at this facility: None

Discussion:
1. Discussed CCR 1707.5 – patient centered labeling
2. Discussed CCR 1735.4 as related to rates of infusion on patient labels for admixed IVs.

Education:
1. COVID-19 CDPH/FDA Guidance Documents are available on the Board of Pharmacy's website
2. The March 2021 issue of *The Script Newsletter* is now available online on the Board of Pharmacy's website.

Mayta Vu, Inspector
Phone: (559) 753-1446
Fax: (559) 291-1013
Email: mayta.vu@dca.ca.gov

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) MARCOS SASSOLA

Inspector (sign) _____

Inspector (print) Mayta Vu

Owner(sign) _____

Owner(print) MARCOS SASSOLA

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Retail Pharmacy Permit

LICENSE NO. PHY 58666

ISSUE DATE APRIL 29, 2022

SANTA BARBARA SPECIALTY PHARMACY LLC
4690 CARPINTERIA AVE STE B
CARPINTERIA CA 93013

The above is licensed with the State Board of Pharmacy as a Limited Liability Company.

LIMITED LIABILITY COMPANY
MARCEL SASSOLA — PHARMACIST IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL APRIL 01, 2023

RECEIPT NUMBER 00000000

This original license must be kept for the life of the license and posted in public view.

In accordance with the provisions of Chapter 9 of Division 2 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non transferable. Contact the California State Board of Pharmacy when there is change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change), administrator or pharmacist-in-charge.

9/22
9/22

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 58666

NAME: SANTA BARBARA SPECIALTY PHARMACY LLC
LICENSE TYPE: PHARMACY (COMMUNITY)
LICENSE STATUS: CLEAR
ADDRESS
4690 CARPINTERIA AVE STE B
CARPINTERIA CA 93013
SANTA BARBARA COUNTY

ISSUANCE DATE
APRIL 29, 2022
EXPIRATION DATE
APRIL 1, 2023
CURRENT DATE / TIME
JANUARY 18, 2023
4:53:35 PM

LICENSE RELATIONSHIPS

NAME: SASSOLA, MARCEL III
ADDRESS NOT DISCLOSED
LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST
LICENSE NUMBER: 40870 **PRIMARY STATUS:** CLEAR

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

BioPlus Ownership Information

NV License Numbers PH02179, PH03428, PH03386, PH03957, PH04455 and 1 pending application (BioPlus Specialty Pharmacy, LLC - Irvine CA Facility)

Officers of Applicant Entities
(entities include: BioPlus Specialty Pharmacy, LLC (operates the BioPlus FL and CA facilities), Dogwood Pharmacy, LLC dba MedScripts Medical Pharmacy, Raina Rx, LLC dba Route 300 Pharmacy, River Medical Pharmacy, LLC, and Santa Barbara Specialty Pharmacy, LLC). These entities are wholly owned (100%) by BioPlus Parent LLC.

Mark Montgomery, President
Kathleen Kiefer, Secretary
Vincent Scher, Treasurer
Eric Noble, Assistant Treasurer

Board of Managers for Applicant Entities:

Paul Marchetti
Danielle Swenson
Vincent Scher

Officers of BioPlus Parent, LLC

Paul Marchetti, President
Kathleen Kiefer, Secretary
Vincent Scher, Treasurer
Eric Noble, Assistant Treasurer

Board of Managers for BioPlus Parent, LLC:

Paul Marchetti
Danielle Swenson
Vincent Scher

CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

Ownership of BioPlus Parent LLC

Upon the change of ownership transaction closing on or around February 15, 2023, BioPlus Parent, LLC will become a wholly owned subsidiary of ATH Holding Company, LLC. ATH Holding Company, LLC is wholly owned (100%) by Elevance Health, Inc., a publicly traded company.

Officers of ATH Holding Company, LLC

John Gallina, President, Chairperson, Manager
Kathleen Kiefer, Secretary
Vincent Scher, Treasurer
Jay Wagner, Assistant Secretary
Eric Noble, Assistant Treasurer

Board of Managers for ATH Holding Company, LLC:

John Gallina, President, Chairperson, Manager
Heather Chockley Steinmeyer, Manager
Jay Harry Wagner, Manager

List of Officers of Elevance Health, Inc.(publicly traded):

Gail Boudreaux, President and Chief Executive Officer, Director (Principal Executive Officer)
John Gallina, Executive Vice President and Chief Financial Officer (Principal Financial Officer)
Ronald Penczek, Senior Vice President and Chief Accounting Officer (Principal Accounting Officer)
Kathleen Kiefer, Secretary

List of Board of Directors of Elevance Health, Inc.

Elizabeth Tallett, Chair of the Board
R. Kerry Clark, Director
Robert L. Dixon, Jr. Director
Lewis Hay III, Director
Julie Hill, Director
Bahija Jallal, Director
Antonio Neri, Director
Ramiro Peru, Director
Ryan Schneider, Director

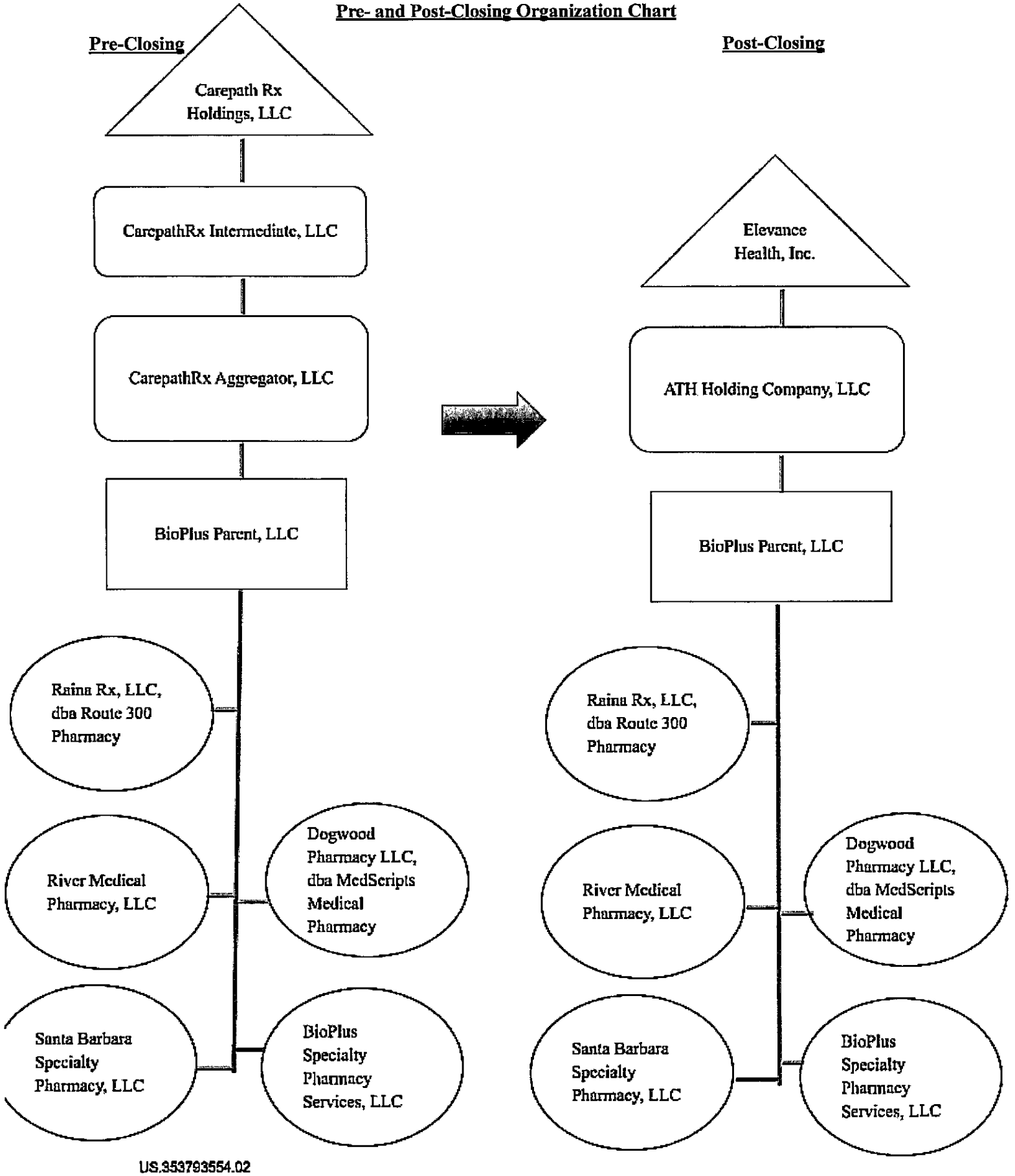
CONFIDENTIAL/EXEMPT FROM FREEDOM OF INFORMATION ACT AND SIMILAR STATE REQUESTS

List of Top 4 Shareholders of Elevance Health, Inc.

Parent Company	**Position**	**%**
Vanguard Group Holdings	21,446,037	8.90%
BlackRock, Inc.	21,069,513	8.80%
T. Rowe Price Group, Inc.	11,084,085	4.60%
State Street Corporation	11,075,762	4.60%

Please see the attached pre- and post-closing Corporate Organization chart for reference.

Pre- and Post-Closing Organization Chart



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Santa Barbara Specialty Pharmacy LLC

Pharmacy/Wholesaler License # (if applicable): PH04455

Physical Address: 4690 CARPINTERIA AVE STE B

City: CARPINTERIA State: CA Zip: 93013

Mailing Address (if different from physical address): 376 Northlake Blvd, Suite 1008

City: Altamonte Springs State: FL Zip: 32701

Telephone: 888-292-0744 Website: https://www.santarx.com

Licensing Company Email: license@bioplusrx.com

Section 2: Personal Information

First: Fady Middle: Last: Habib

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Sherman Way, Unit [redacted]

City: Reseda State: CA Zip: 91335

Telephone: [redacted] Email: Fady@santarx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The German University in Cairo, EG		10/07-10/12	
Address	**City**	**State**	**Zip**
El Tagamoa El Khames	New Cairo City, Egypt		
Diploma/Degree obtained, if any			
Bachelor of Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
College De La Salle High School		10/05-06/07	
Address	**City**	**State**	**Zip**
6 El Beshnini Street	Berket AZ Zaiti,Daher,Cairo		
Diploma/Degree obtained, if any			
General			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/21-07/22	[redacted] Sherman Way, Unit [redacted]	Reseda	CA	91335
02/20-05/21	[redacted] Lost Hills Road, Unit [redacted]	Calabasas	CA	91301
01/18-02/20	[redacted] Wellspring Street	Carlsbad	CA	92010
01/16-01/18	[redacted] Cartier Aisle	Irvine	CA	94565
05/13-01/16	[redacted] Summerfield Drive	Bay Point	CA	94565
11/12-05/13	[redacted] Ligon Road	Ellicott City	MD	21042
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Santa Barbara Specialty Pharmacy, LLC			06/22 - current	
Business Address		**City**	**State**	**Zip**
4690 Carpinteria Avenue, Suite B		Carpinteria	CA	93013
Phone	**Title**		**Number of Employed Hours**	
844-726-8279	Pharmacist		680	
Description of Duties				
Pharmacist				

Business Name			From - To (MM/YY – MM/YY)	
BioMatrix Specialty Pharmacy			02/20-06/22	
Business Address		**City**	**State**	**Zip**
7959 Deering Avenue		Canoga Park	CA	91304
Phone	**Title**		**Number of Employed Hours**	
	Clinical Pharmacist		4320	
Description of Duties				
Pharmacist, home infusion/ specialty pharmacy; specialties, immunoglobins, transplant, & hemophilia therapies				

Business Name			From - To (MM/YY – MM/YY)	
Diplomat Specialty Infusion Pharmacy			10/18-02/20	
Business Address		**City**	**State**	**Zip**
1819 Aston Avenue		Carlsbad	CA	92008
Phone	**Title**		**Number of Employed Hours**	
760-603-8482	Clinical Pharmacist		2240	
Description of Duties				
Pharmacist, home infusion/ specialty pharmacy; specialties, total parenteral nutrition, immunoglobins, Aphap 1 antitysin deficiency, hereditary angioedema, TNF alpha-inbitors, enzyme replacement therapy				

Business Name			From - To (MM/YY – MM/YY)	
Walgreens			12/14-10/18	
Business Address		**City**	**State**	**Zip**
13052 Newport Avenue		Tustin	CA	92780
Phone	**Title**		**Number of Employed Hours**	
714-505-6021	Retail Pharmacist		6400	
Description of Duties				
Retail pharmacist, community pharmacy, patient education, team leadership, inventory control				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

N/A

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Fady Habib, **certify that as the designated representative for**

Santa Barbara Specialty Pharmacy, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. FH I am at least 21 years of age;
3. FH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. FH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. FH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. FH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. FH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Fady Habib

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/05/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Fady Habib

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/05/2023

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Santa Barbara

I, Fady Habib, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

01/12/2023

Date

Subscribed and Sworn to before me this 12th day of January 2023

Notary Public Signature

ROOHI S ASIM
Notary Public - California
Santa Barbara County
Commission # 2295348
My Comm. Expires Jun 28, 2023

(Seal)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS1526790	02-28-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	05-23-2022

SANTA BARBARA SPECIALTY PHARMACY LLC
4690 CARPINTERIA AVE.
STE. B
CARPINTERIA, CA 93013

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
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SANTA BARBARA SPECIALTY PHARMACY LLC
4690 CARPINTERIA AVE.
STE. B
CARPINTERIA, CA 93013

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Form DEA-223 (9/2016)

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 04/11/2022
Amount:
License #: 22662

Fady A. Habib

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:04/11/2022
Expires:10/31/2023

Fady A. Habib

License #
22662
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA

STATE BOARD OF PHARMACY

Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 22662
Effective Date:04/11/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Fady A. Habib

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

REAL
Solutions Group

January 19, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521
Phone: 775-850-1440

Re: BioPlus Parent, LLC Change of Ownership Applications for NV License Numbers PH02179, PH03428, PH03386, PH03957, PH04455 and 1 pending application (BioPlus Specialty Pharmacy, LLC - Irvine CA Facility)

VIA UPS

To The Nevada State Board of Pharmacy,

On behalf of BioPlus Parent, LLC, we are submitting the enclosed Pharmacy Applications for the following Nevada non-resident pharmacies ("Pharmacies"):

BioPlus Specialty Pharmacy, LLC (Florida Facility) - NV License # PH02179
River Medical Pharmacy, LLC - NV License # PH03428
Dogwood Pharmacy, LLC, dba MedScripts Medical Pharmacy - NV License # PH03386
Raina RX, LLC, dba Route 300 Pharmacy - NV License # PH03957
Santa Barbara Specialty Pharmacy, LLC - NV License # PH04455 orig app scanned

The Pharmacies are undergoing a change of ownership in a transaction at the **grandparent entity level** that is expected to **close on February 15, 2023**. The Pharmacies are currently wholly owned by BioPlus Parent, LLC. After the transaction closes, BioPlus Parent, LLC will remain the sole owner of the Pharmacies, but the equity will be acquired by ATH Holding Company, LLC, which is a subsidiary of Elevance Health, Inc. (f/k/a Anthem, Inc.).

We request that these applications be placed on the Nevada State Board of Pharmacy agenda as soon as possible, if necessary.

The following Applications and Supporting Documentation are executed and enclosed:

1. One check in the amount of $2,500 (5 applications x $500.00 per application).
2. Five Pharmacy Applications for the Pharmacies listed above.
3. BioPlus Ownership Disclosure, listing Officers, Directors and top 4 Shareholders, and including pre- and post-close corporate organization charts.
4. Certificates of Good Standing for each Pharmacy entity.
5. Completed and executed Designated Representative Application forms for the Pharmacists-in-Charge of each licensed facility
6. Most recent pharmacy inspection for each Pharmacy.

info@realsolutionsgroup.co
847-261-4004

7. Copy of each current resident Pharmacy license
8. Copy of Primary Source Verification from each Licensee's home state.
9. Executed License Verification Forms.
10. Copy of DEA Registration for each Pharmacy.

Please note we are not submitting any **Personal History Record Applications** as there are no individuals within the corporate structure that hold 10% or more of the beneficial interest in any of the relevant entities. In addition, the top level entity in the ownership structure, Elevance Health, Inc., is a publicly traded corporation. See post-close Corporate Organization Chart enclosed.

Pending Application

BioPlus Specialty Pharmacy, LLC (Irvine CA Facility) currently has a non-resident Pharmacy application pending before the Nevada State Board of Pharmacy. Per the direction of Mark Sedar, via email on 1/12/2023, we are not submitting a new application for this pharmacy. Instead, we are supplementing the existing pending application with the revised ownership information enclosed and an updated page 4 of the application to reflect updated contact information.

Please feel free to contact me with any questions regarding these applications at licensing@realsolutionsgroup.co or 602-690-2043. Thank you for your attention to this matter.

Sincerely,

Jill Bonnin
Director of Licensing and Regulatory Affairs
REAL SOLUTIONS GROUP

4YY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-State	■ Ownership Change*	☐ Hospital (# beds _____)	☐ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	■ Mail-Order Service
		■ Other: SPECIALTY	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH 04422		■ Other: SPECIALTY

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: SOUTH WALTON PHARMACY, LLC dba SANTA ROSA PHARMACY

Physical Address: 2050 W COUNTY HWY 30a, UNIT M1-106

City: SANTA ROSA BEACH State: FL Zip: 32459

Mailing Address (if different from physical address): SAME AS PHYSICAL ADDRESS

City: _____ State: _____ Zip: _____

Telephone: (850) 622-3313 Toll Free # (NAC 639.708, NRS 639.23286): (855) 957-6220

Fax: (850) 622-3255 Contact Email: ABERCEY@SANTAROSARX.COM

Website: WWW.SANTAROSARX.COM

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): AMANDA S. BERCEY, PHARM.D.

Supervising/Managing Pharmacist NV Pharmacist Registration #: N/A

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: NHAN T. NGUYEN, PHARM.D.	NV Pharmacist Registration #: 19172
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A - NO HEALTH PROFESSIONAL OWNERS	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: FLORIDA

Parent Company (if any): N/A

Corporation/Organization Name: SOUTH WALTON PHARMACY, LLC dba SANTA ROSA PHARMACY

Mailing Address: 2050 W COUNTY HWY 30a, UNIT M1-106

City: SANTA ROSA BEACH State: FL Zip: 32459

Telephone: (850) 622-3313 Email: OPS@SANTAROSARX.COM

Contact Person Name: ELIZABETH ZIMSKI

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

HAROLD E. CANNON, PRESIDENT & SOLE MEMBER

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Harold E. Cannon

Original signature of Authorized Person (copies or stamps not accepted)

1/31/23

Date

Board Use Only	Date Received: 2-8-23	Amount: 500.00 CK-1566

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the PHARMACIST-IN-CHARGE (title) for South Walton Pharmacy, LLC dba SANTA ROSA PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

AMANDA S. BERCEY

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2/14/2023

Date

Section 10 - Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, AMANDA S. BERCEY, PHARM.D. hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PHARMACIST-IN-CHARGE (title) for South Walton Pharmacy, LLC dba SANTA ROSA PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 7 day of February, 2023

Kristin Sipos
Notary Public

KRISTIN SIPOS
Notary Public - State of Florida
Commission # HH 257307
My Comm. Expires Apr 25, 2026
Bonded through National Notary Assn.

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): ○ All General Partners; ○ All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative Form http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• Personal History Record Application http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. For Non-publicly traded - The top 4 shareholder/stockholders. b. For Partnerships - All general partners; all limited partners who hold 10% or more of the interest. c. For Sole Owner - The owner.		✓	✓	✓
• Sterile Compounding Questionnaire must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• Submit a copy of your most recent pharmacy inspection from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(f)	✓	✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your pharmacy from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(a)	✓	✓	✓	✓
• License Verification by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2238(2)(g)	✓	✓	✓	✓
• Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)	✓	✓	✓	✓
• Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)	✓	✓	✓	✓
• Transmit Controlled Substance Prescription Data- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

South Walton Pharmacy, LLC dba
SANTA ROSA PHARMACY

OWNERSHIP

South Walton Pharmacy, LLC,
A Florida Limited Liability Company
2050 W County Hwy 30a, Unit M1-106
Santa Rosa Beach, FL 32459
EIN: 45-0907542

Harold E. Cannon,
President & Sole Member
(100%)
[redacted]S. Main Street
Taylor, PA 18517
DOB: [redacted]// SSN: [redacted]

State of Florida
Department of State

I certify from the records of this office that SOUTH WALTON PHARMACY LLC is a limited liability company organized under the laws of the State of Florida, filed on March 18, 2011, effective March 18, 2011.

The document number of this limited liability company is L11000033039.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022, that its most recent annual report was filed on January 11, 2022, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-first day of December, 2022

Secretary of State

Tracking Number: 8727398235CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/15/2022	PH 25428	131403

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Community Pharmacy
Schedule II & III
3:1 Pharmacy Technician Ratio Approved

Expiration Date: **FEBRUARY 28, 2025**
SOUTH WALTON PHARMACY LLC
SANTA ROSA PHARMACY
2050 WEST COUNTY HWY 30A
UNIT M1-106
SANTA ROSA BEACH, 32459

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **FEBRUARY 28, 2025**

ACs# 113063
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
DATE | LICENSE NO. | CONTROL NO.
11/15/2022 | PH 25428 | 131403
THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.
QUALIFICATION(S): Community Pharmacy Schedule II & III 3:1 Pharmacy Technician Ratio Approved
Expiration Date: FEBRUARY 28, 2025

Your license number is PH 25428. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name change request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at http://flhealthsource.gov/. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage M License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/AYRR

GROUNDS FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Vision: To be the **Healthiest State** in the Nation

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

January 30, 2023

South Walton Pharmacy Llc Dba Santa Rosa Phar
2050 W County Hwy 30A
Unit M1-106
Santa Rosa Beach, FL 32459

RE: License Certification for South Walton Pharmacy Llc

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH25428
ORIGINAL CERTIFICATION:	04/25/2011
EXPIRATION DATE:	02/28/2025
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
LICENSE GRANTED BY:	N/A
OTHER CERTIFICATIONS:	Community Pharmacy, Schedule Ii & Iii

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Gwendolyn B. Freeman

Gwendolyn B. Freeman
Operations and Management Consultant Manager

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

February 1, 2023

South Walton Pharmacy Llc Dba Santa Rosa Phar
2050 W County Hwy 30A
M1-106
Santa Rosa Beach, FL 32459

RE: License Certification for Dr. Amanda Bercey

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacist
LICENSE NUMBER:	PS62301
ORIGINAL CERTIFICATION:	04/22/2021
EXPIRATION DATE:	09/30/2023
CURRENT STATUS OF LICENSE:	CLEAR, ACTIVE
AGENCY ACTION:	No
LICENSE GRANTED BY:	N/A
OTHER CERTIFICATIONS:	

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Gwendolyn B. Freeman

Gwendolyn B. Freeman
Operations and Management Consultant Manager

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

Florida HEALTH
www.flhealthgov

File # 18374
Insp # 167400

NAME South Walton Pharmacy LLC	PERMIT NUMBER 25428	DATE OF INSPECTION 6-9-21
DOING BUSINESS AS Santa Rosa Pharmacy		
STREET ADDRESS 2050 County Hwy 30-A, Unit M1-106	TELEPHONE # 850-622-3313	EXT
CITY Santa Rosa Beach	COUNTY Walton	STATE/ZIP FL/32459

Additional Information

Basic License Data - PSD

DEA Reg # BS5667350	

Optional Information

Business Operation Hours

M-T-W-TH-F	Weekly Hours
Monday 9-6	Tuesday 9-6
Wednesday 9-6	Thursday 9-6
Friday 9-6	Saturday 9-1
Saturday Hours 9-1	Sunday Closed
Sunday Hours Closed	

License Relations

Pharmacy Affiliate

Joan Lesley Ellison	License # PS 38992
Tammy Berger	License # RPT 22996
Mariel Odom	License # RPT 70203
	License #
	License #
	License #

RX DPT MGR/COR/POR

	License #

INV 369 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.]	yes
"Prescription Department Closed" sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons. [64B16-28.109 F.A.C.]	yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] [64B16-28.1035, F.A.C.]	yes

Community Requirements General Section

Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	yes
Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081 (1) F.A.C.]	yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	yes
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) & F.A.C]	yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	yes

INV359 - Community Requirements

Insp #

File #

Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.].	yes
Legend drugs properly stored. [64B16-28.118 F.A.C.]; [64B16-28.120 F.A.C.]	yes
Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.]	N/A
Generic equivalent sign is posted. [465.025(7), F.S]	yes

Additional Community Requirements

Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.]	yes
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	yes
When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.	yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.]	yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.]	yes
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.]	yes
Pharmacy licenses are current. [465.015(1)(a) F.S.]	yes
Private consultation area available [6416-28.1035 F.A.C.]	yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	yes
Medication properly labeled. [499 F.S.]; [64B16-28.108 F.A.C.]; [893.04(1)(a) F.S.] [21CFR1306.24]; [21CFR1306.14]	yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(i) F.S.]	yes
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	yes
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	yes
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.]	yes
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11]	yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	N/A
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	yes
Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.]	yes
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11) (b) F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	yes
Compounding records properly maintained. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	N/A
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.]	yes
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek follow-up care from his or her primary care physician. [465.1895 (9) F.S.]	N/A
Pharmacist has a written collaborative practice agreement. [465.1865, F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S]	yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	N/A
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	N/A

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	N/A
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	N/A
The originating pharmacy is identified with pharmacy name and address on the prescription container label.	N/A
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	N/A
If a controlled substance, the word "central fill" appears on the face of the original prescription.	N/A
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	N/A

Automated Pharmacy System [465.0235, F.S.]

INV359 - Community Requirements

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File #

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	N/A
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	N/A

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	N/A
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.]	N/A
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	N/A

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature

Date: 6/9/21

Representative:

Date: 6-9-2021

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS5667350	02-28-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	01-18-2022

SOUTH WALTON PHARMACY, LLC
SANTA ROSA PHARMACY
2050 W COUNTY HIGHWAY 30A UNIT M1-106
SANTA ROSA BEACH, FL 32459-0187

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT CHANGES PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at deadiversion.usdoj.gov ; or
2. call our customer Service Center at 1-(800) 882-9539 ; or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: South Walton Pharmacy, LLC dba SANTA ROSA PHARMACY

Pharmacy/Wholesaler License # (if applicable): PH04422

Physical Address: 2050 W COUNTY HWY 30a, UNIT M1-106

City: SANTA ROSA BEACH State: FL Zip: 32459

Mailing Address (if different from physical address): SAME AS PHYSICAL ADDRESS

City: State: Zip:

Telephone: (850) 622-3313 Website: WWW.SANTAROSARX.COM

Licensing Company Email: OPS@SANTAROSARX.COM

Section 2: Personal Information

First: AMANDA Middle: SHIRLEY Last: BERCEY

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] N SAND PALM ROAD

City: FREEPORT State: FL Zip: 32439

Telephone: [redacted] Email: ABERCEY@SANTAROSARX.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
XAVIER UNIVERSITY			08/2003 TO 05/2011	
Address	City	State	Zip	
1 DREXEL DRIVE	SANTA ROSA BEACH	FL	32459	
Diploma/Degree obtained, if any				
PHARMACY DOCTORATE				
School Name			From - To (MM/YY – MM/YY)	
ST MARY'S ACADEMY			08/1999 TO 05/2003	
Address	City	State	Zip	
6905 CHEF MENTUER HWY	NEW ORLEANS	LA	70126	
Diploma/Degree obtained, if any				
HS DIPLOMA				
School Name			From - To (MM/YY – MM/YY)	
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City	State	Zip	
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2021-PRESENT	[redacted] N. SAND PALM ROAD	FREEPORT	FL	32439
05/2019-07/2021	[redacted] TANYA DRIVE	GONZALEZ	LA	70737
06/2013-05/2019	[redacted] WINCHESTER PARK DRIVE	NEW ORLEANS	LA	70129
06/2009- 06/2013	[redacted] I-10 Service Road, Apt [redacted]	NEW ORLEANS	LA	70127
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
South Walton Pharmacy, LLC dba SANTA ROSA PHARMACY			06/2021-PRESENT
Business Address	**City**	**State**	**Zip**
2050 W COUNTY HWY 30a, UNIT M1-106	SANTA ROSA BEACH	FL	32459
Phone	**Title**	**Number of Employed Hours**	
(850) 622-3313	PHARMACY MANAGER/PHARMACIS-IN-CHARGE	40+WK	
Description of Duties			
SUPERVIST ALL PHARMACISTS/PHARMACY STAFF; RESPONSIBLE FOR OVERSIGHT OF ALL PHARMACY ACTIVIIES TO INCLUDE DRUG PREPARATION/DISPENSING/CLINICAL PHARMACY SERVICES			

Business Name			From - To (MM/YY – MM/YY)
FAST ACCESS SPECIALTY THERAPEUTICS, LLC dba INFUCARE RX OF LA			06/2019-06/2021
Business Address	**City**	**State**	**Zip**
2400 VETERANS MEMORIAL BLVD, STE 480	KENNER	LA	70062
Phone	**Title**	**Number of Employed Hours**	
(877) 327-8881	PHARMACY MANAGER - PHARMACISTIN-CHARGE	40+WK	
Description of Duties			
RESPONSIBLE FOR PATIENT ASSESSMENT & CARE PLAN DEVELOPMENT; RESP FOR OVERSIGHT OF PATIENT CARE TEAM. SUPERVISE ALL PHARMACY STAFF/RESP FOR OVERSIGHT OF PHARMACY SERVICES			

Business Name			From - To (MM/YY – MM/YY)
FAST ACCESS SPECIALTY THERAPEUTICS, LLC dba INFUCARE RX of LA			06/2018-06/2019
Business Address	**City**	**State**	**Zip**
2400 VETERANS MEMORIAL BLVD, STE 480	KENNER	LA	70062
Phone	**Title**	**Number of Employed Hours**	
(877) 327-8881	CLINICAL PHARMACIST	40+WK	
Description of Duties			
DEVELOP CLINICAL PROGRAMS PER POLICIES & REGULATIONS; COLLABORAT WITH HEALTHCARE PROVIDERS TO DEVELOPE EFFECTIVE MEDICATION PLANS & ASSESS RESULTS			

Business Name			From - To (MM/YY – MM/YY)
CVS PHARMACY			04/2017-05/2018
Business Address	**City**	**State**	**Zip**
20 W 10 STREET	NEW ORLEANS	LA	70349
Phone	**Title**	**Number of Employed Hours**	
(225) 473-8132	PHARMACY MANAGER	40+WK	
Description of Duties			
MANAGEMENT OF TECHNICIANS/DISPENSING/PATIENT COUNSELING			

Business Name			From - To (MM/YY – MM/YY)
RITE AID PHARMACY			04/2016-04/2017
Business Address	**City**	**State**	**Zip**
3810 JEWELLA AVENUE	SHREVEPORT	LA	71109
Phone	**Title**	**Number of Employed Hours**	
(318) 631-9010	DISTRICT MANAGER	40+WK	
Description of Duties			
MANAGE 24 SURROUNDING AREA STORES, SALES GROUP AND PROFITABILITY FOR MY DISTRICT			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
RITE AID			05/2013-04/2016	
Business Address		City	State	Zip
4115 JEFFERSON HIGHWAY		JEFFERSON	LA	70121
Phone	Title		Number of Employed Hours	
(504) 834-3232	PHARMACY MANAGER		40+WK	
Description of Duties				
MANAGEMENT/OVERSIGHT OF TECHS, DISPENSING & PATIENT COUNSELING				

Business Name			From - To (MM/YY – MM/YY)	
RITE AID			08/2011-05/2013	
Business Address		City	State	Zip
1238 ST CHARLES STREET		HOUMA	LA	70360
Phone	Title		Number of Employed Hours	
(985),873-3613	STAFF PHARMACIST		40+WK	
Description of Duties				
PATIENT COUNSELING/DISPENSING PRESCRIPTIONS/MANAGING TECHS & MEDICATION THERAPY MANAGEMENT WITH OUTCOMES				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A - NO NEGATIVE RESPONSES

Original Signature (electronic, copies or stamps not accepted)

2/6/2023

Date

I, AMANDA S. BERCEY, PHARM.D., **certify that as the designated representative for**

SOUTH WALTON PHARMACY, LLC dba SANTA ROSA PHARMACY,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ___ I am at least 21 years of age;
3. ___ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ___ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ___ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ___ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ___ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

AMANDA S. BERCEY, PHARM.D.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/14/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

AMANDA S. BERCEY

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/6/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Walton

I, Amanda Bercey, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/6/2023

Date

Subscribed and Sworn to before me this 7 day of February

Kristen Sipos

Notary Public Signature

KRISTIN SIPOS
Notary Public - State of Florida
Commission # HH 257307
My Comm. Expires Apr 25, 2026
Bonded through National Notary Assn.

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler SOUTH WALTON PHARMACY, LLC dba SANTA ROSA PHARMACY

Pharmacy/MDEG/Wholesaler License # (if applicable) PH0442

Physical Address 2050 W COUNTY HWY 30a, UNIT M1-106

City SANTA ROSA BEACH State FL Zip 32459

Mailing Address (if different from physical address) SAME AS PHYSICAL ADDRESS

City _____ State _____ Zip _____

Telephone (850) 622-3313 Website WWW.SANTAROSARX.COM

Licensing Company Email OPS@SANTAROSARX.COM

Section 2: Personal Information

First HAROLD Middle EUGENE Last CANNON

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] S. MAIN STREET

City TAYLOR State PA Zip 18517

Telephone [redacted] Email OPS@SANTAROSARX.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
BLOOMSBURG UNIVERSITY		08/1983 - 06/1985	
Address	**City**	**State**	**Zip**
400 EAST 2ND STREET	BLOOMSBURG	PA	17815
Diploma/Degree obtained, if any			
BACHELOR'S DEGREE			

School Name		From - To (MM/YY – MM/YY)	
WILLIAMSPORT AREA COMMUNITY COLLEGE		08/1981 - 6/1983	
Address	**City**	**State**	**Zip**
1 COLLEGE AVENUE	WILLIAMSPORT	PA	17701
Diploma/Degree obtained, if any			
ASSOCIATES DEGREE			

School Name		From - To (MM/YY – MM/YY)	
MIFFLINBURG AREA H.S.		9/1977 - 06/1981	
Address	**City**	**State**	**Zip**
75 MARKET STREET	MIFFLINBURG	PA	17844
Diploma/Degree obtained, if any			
H.S. DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2018-PRESENT	[redacted]S MAIN STREET	TAYLOR	PA	18517
01/2013-12/2017	[redacted]W 6TH STREET	WEST WYOMING	PA	18644

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
HEC ACCOUNTING			01/1994-PRESENT
Business Address	**City**	**State**	**Zip**
131 SOUTH MAIN STREET	TAYLOR	PA	18517
Phone	**Title**		
570-606-0704	OWNER		
Description of Duties			
PROVIDING TAX & FINANCIAL CONSULTING SERVICES FOR INDIVIDUALS/BUSINESSES			

Business Name			From - To (MM/YY – MM/YY)
ETHICAL FACTOR RX			10/2019-PRESENT
Business Address	**City**	**State**	**Zip**
4213 BIRNEY AVENUE, SUITE 4	MOOSIC	PA	18507
Phone	**Title**		
570-606-3622	CHIEF FINANCIAL OFFICER		
Description of Duties			
MANAGING PROFITABILITY, FORECASTING, CORPORATE FINANCE, BUDGET DEVELOPMENT & PREPARATION OF FINANCIAL STATEMENTS			

Business Name			From - To (MM/YY – MM/YY)
PROVIDER EXPANDED CONTRACT & SERVICE ACCREDITATION, INC			12/2020-PRESENT
Business Address	**City**	**State**	**Zip**
7207 RISING SUN AVENUE	PHILADELPHIA	PA	19111
Phone	**Title**		
570-331-1691	PRESIDENT		
Description of Duties			
DESIGN AND REVIEW OF AUTOMATED PATIENT MANAGEMENT PROGRAMS WHICH INTEGRATE WITH ACCREDITATION AGENCIES & THIRD-PARTY CONTRACTING			

Business Name			From - To (MM/YY – MM/YY)
LUSTRUM MARKETING & ADMINISTRATIVE SERVICES			01/2014-12/31/2019
Business Address	**City**	**State**	**Zip**
223 W 6TH STREET	WEST WYOMING	PA	18644
Phone	**Title**		
215-278-9871	PRESIDENT		
Description of Duties			
DEVELOPMENT OF MARKETING STRATEGIES TO ENABLE BUSINESSES TO INCREASE REVENUE & STREAMLINE OR AUTOMATE CLERICAL PROCESSES			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

NOT APPLICABLE - NO YES RESPONSE

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Harold E. Cannon
Original Signature (electronic, copies or stamps not accepted)
HAROLD E. CANNON

1/31/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

HAROLD E. CANNON
Print Name (First, Last)

Harold E. Cannon
Original Signature (electronic, copies or stamps not accepted)

1/31/23
Date

Please have this section completed in the presence of a Notary Public.

State of PA, ss. County of LACKAWANNA

I, Harold E Cannon, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Harold E. Cannon
Original Signature

1/31/23
Date

Subscribed and Sworn to before me this 31st day of January, 2023

Melissa Peralta
Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
MELISSA PERALTA - Notary Public
Lackawanna County
My Commission Expires April 6, 2026
Commission Number 1251355

(Seal)

4ZZ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR NEVADA WAREHOUSE LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Warehouse ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: WA_____)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6,6a
☒ Non Publicly Traded Corporation – Page 1,2,3,5,5a,5b ☐ Sole Owner – Page 1,2,3,7,7a
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Renown Health

Physical Address: 640 Maestro Drive Suite 100 Reno, NV 89511

Mailing Address: 1155 Mill Street, Z1

City: Reno State: NV Zip Code: 89502

Telephone: 775-982-4124 Fax: N/A

Toll Free Number: N/A

E-mail: scba@renown.org Website: www.renown.org

Facility Manager: Mary Shipley

Professional qualifications and experience of facility manager: Director of Supply Chain

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Manufacturer ☐ Chain Warehouse ☐ Wholesalers
☒ Other: Integrated Health Network – overstock supplies

Type of Products to be handled or wholesaled be firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Non Controlled Substances – Saline/Solutions, syringes (prefilled and sharps)

APPLICATION FOR NEVADA WAREHOUSE LICENSE

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) Cardinal Health 3238 Dwight Road Elk Gove, CA 95758
Name Address
Pharmaceutical Distributor
Business

2) _____
Name Address
Business

3) _____
Name Address
Business

4) _____
Name Address
Business

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

APPLICATION FOR NEVADA WAREHOUSE LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized warehouse may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Mary B. Shipley

Original Signature of Person Authorized to Submit Application, no copies or stamps

Mary Shipley

Print Name of Authorized Person

1/24/2023

Date

Board Use Only	Received: 1.24.23	Amount: 500.00 CC 1/31/23

APPLICATION FOR NEVADA WAREHOUSE LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Not for Profit Integrated Health Network

Parent Company if any: None

Corporation Name: Renown Health

Mailing Address: 1155 Mill Street, Z1

City: Reno State: NV Zip: 89502

Telephone: 775-982-4124 Fax: N/A

Contact Person: Mary Shipley, Director of Supply Chain

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) None
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses.*

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

Application for Nevada Warehouse License

Include with the application for a non-publicly traded corporation

List of officers and directors.
Dermody, Tammy
Deveny, (Thomas) Cliff
Doshi, Bijel
Erling, Brian
Knobel, Mark
Kramer, Adam
Lepori, Stephanie
Mora, Marc
Resnik, Jeff
Sandoval, Brian

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

See attached.

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **RENOWN HEALTH**, as a DOMESTIC NONPROFIT CORPORATION (82) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/29/1985, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/13/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202301133308626
You may verify this certificate online at http://www.nvsos.gov

5

ANNUAL DISCIPLINE CASES Reporting Period: January – March 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
YE failed to recognize the incorrect filling of the prescription upon data entry and final verification resulting in the sale of the prescription and failed to provide counseling to patient.	N/A	Fined $1,000.00; assessed $500.00 in attorney's fees and costs.	CVS fined $2,000.00; assessed $1,000.00 in attorney's fees and costs.
AV made false representation(s) to the Board in two of her PTT applications submitted to the Board.	N/A	Revoked two years; $358.36 in attorney's fees and costs.	N/A
JLW prescribed controlled substances to Nevada patients during the period where his controlled substance registration was expired.	N/A	Fined $5,000.00 and $500.00 in attorney's fees and costs.	N/A
JG: NSBME imposed discipline on JG's license to practice medicine for allowing unlicensed persons to act under his authority to unlawfully operate Image Med Spa and to access, possess, administer, dispense, and/or prescribe dangerous drugs and hypodermic devices to perform cosmetic injections and topical administration of dangerous drugs onsite to patients who had not been examined by a practitioner and without direct practitioner supervision. Some of the drug products and devices purchased are intended for distribution in foreign markets and are not approved for marketing, distribution or use in the U.S.	N/A	Fined $5,000.00; assessed $1,000.00 in recoverable attorney's fees and costs.	N/A
MR: NSBME placed MR's license to practice medicine on probation for engaging in conduct in violation of standards of practice related to writing prescriptions for controlled substances.	N/A	2 year suspension; suspension is stayed and MR is placed on probation; fined $5,000.00; $1,000.00 in attorney's fees and costs; establish policies	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January – March 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		and procedures related to controlled substance prescriptions issued for the treatment of acute or chronic pain.	
DL disciplined by the NSBME on DL's license to practice medicine for failure to maintain medical records related to prescribing controlled substances.	N/A	1 year suspension; suspension is stayed; fined $2,000.00; $500.00 attorney's fees and costs; establish policies and procedures to ensure that any controlled substance prescription complies with all applicable federal and state statutes and regulations.	N/A
JS surrendered her NSBME to practice medicine and no longer qualifies for a controlled substance registration.	N/A	Revoked 1 year.	N/A
ES stipulated to responsibility, and the CA Board disciplined ES for violations related to compounding pharmacy regulations.	N/A	5 hours CE in pharmacy operations and pharmacy law and 5 hours CE in USP 797 in addition to CEs required for renewal; not own, have any legal or beneficial interest nor serve as manager, administrator, trustee, associate, or partner of any pharmacy and/or business licensed by the Board for 3; not compound any drugs that are intended to/or result in the shipment into Nevada for 3 years; assessed $750.00 in attorney's fees and costs.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January – March 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
HM diverted controlled substances for personal use from his employer.	N/A	Revoked; fined $5,000; assessed $500 in recoverable attorney's fees and costs.	N/A
JLS failed to disclose that she was subject to a Board citation or administrative action on her pharmaceutical technician-in-training application.	N/A	Revoked; fined $5,000; assessed $446.23 in recoverable attorney's fees and costs.	N/A
Z, Inc. failed to disclose that they were subject to a Board citation or administrative action on their renewal pharmacy application.	N/A	Fined $5,000.00; assessed $500.00 in recoverable attorney's fees and costs.	N/A
GT surrendered her DEA Registration for Cause; unlawfully diverted and self-administered controlled substances during work hours.	N/A	Revoked; fined $5,000; assessed $1,000 in recoverable attorney's fees and costs; must submit an evaluation for substance use disorder and comply with any an all recommendations set forth by evaluation/ practitioner.	N/A
CH failed to disclose charges pending in US district court on his 2020 renewal application.	N/A	Fined $5,000; assessed $500 in recoverable attorney's fees and costs.	N/A

5A

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RYAN P. ZELLER, D.O.,** **Certificate of Registration No. CS11127,** **Respondent.**	**Case No. 23-013-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Ryan P. Zeller, D.O. (Respondent), because Respondent holds a certificate of registration issued by the Board pursuant to NRS 453.231, authorizing him to dispense controlled substances.

2. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the unregistered dispensing of controlled substances. *See* NRS 639.070. Under Nevada law, the term "dispense" is defined to include the act of prescribing controlled substances. *See* NRS 453.056(1); NRS 639.0065(1).

FACTUAL ALLEGATIONS

3. At all times relevant to this accusation, Respondent was licensed to practice osteopathic medicine in Nevada. At the time of the violations alleged herein, Respondent was a "practitioner" as that term is defined at NRS 639.0125(1) and NRS 453.126(1).

4. Between November 1, 2020, and October 31, 2022, Respondent held a certificate of registration issued by the Board pursuant to NRS 453.226, authorizing him to prescribe controlled substances.

5. Pursuant to NRS 453.226, Respondent was required to renew his certificate of registration for the period from November 1, 2022, to October 31, 2024. Although the renewal was due on or before November 1, 2022, Respondent did not renew his certificate of registration until January 20, 2023.

6. Between November 1, 2022, and January 19, 2023, during which time Respondent did not hold a valid certificate of registration to prescribe controlled substances, Respondent issued one hundred thirty-three (133) prescriptions for controlled substances. Respondent issued these prescriptions to seventy-nine (79) patients.

7. Between October 9 and October 29, 2022, Board staff sent to Respondent, via email, four (4) separate notices reminding Respondent to renew his certificate of registration. On November 29, 2022, Board staff sent to Respondent, via email, a notice advising him that he had failed to timely renew his certificate of registration.

8. On January 19, 2023, Respondent discovered that he was unable to access Nevada's prescription monitoring program (PMP) database. When Respondent telephoned Board staff to inquire about his inability to access the database, he was told that his certificate of registration had expired. At that point, Respondent renewed his certificate of registration.

9. On February 8, 2023, Respondent responded to an inquiry from Board Investigator Monica Segedy regarding allegations that he had prescribed controlled substances without a certificate of registration. Respondent stated that because renewal notices were delivered to the spam folder on his email browser, he did not see them.

10. In his response to Investigator Segedy, Respondent noted that he had timely renewed his registration with the Drug Enforcement Administration (DEA) of the U.S. Department of Justice. Respondent explained that the DEA had mailed him a letter, as opposed to sending him email correspondence. Respondent stated that had he been mailed a letter, he would have timely renewed his certificate of registration with the Board.

APPLICABLE LAW

11. In Nevada, it is unlawful to dispense a controlled substance except as authorized by NRS Chapter 453. *See* NRS 453.321(1)(a). "Dispense" is defined to include the act of prescribing a controlled substance. *See* NRS 453.056.

12. Every practitioner who intends to prescribe controlled substances in Nevada must first apply for and obtain a certificate of registration from the Board. NRS 453.226(1); NRS 453.231(3). Such a practitioner must renew the certificate of registration on a biennial basis. *Id.* A practitioner who fails to so register or renew may be subject to criminal and/or civil penalties for prescribing controlled substances without a registration. *See* NRS 453.232; NRS 453.553; NRS 453.5531.

13. In addition to any criminal or civil penalties that may apply, the Board may revoke or suspend the registration of any practitioner who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4).

14. A practitioner's conduct is deemed unprofessional and/or contrary to the public interest if the practitioner performs, without the required registration, any task or operation for which registration is required, or performs his or her duties in an incompetent, unskillful or negligent manner. *See* NAC 639.945(1)(i) and (k).

15. A practitioner's conduct is deemed unprofessional and/or contrary to the public interest if the practitioner performs or is in any way a party to any fraudulent or deceitful practice or transaction. See NAC 639.945(1)(h).

16. The Board may revoke or suspend the registration of any practitioner who has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs, *see* NRS 639.210(11), or who has violated any Nevada statute or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, *see* NRS 639.210(12).

17. In addition to or in lieu of revoking or suspending a practitioner's certificate of registration due to any violation described herein, the Board may impose an administrative fine upon such practitioner. The fine may not exceed $10,000 for each offense. *See* NRS 639.255(1)(f) and (3).

COUNT ONE
Prescribing Without a Valid Registration

18. Between November 1, 2022, and January 19, 2023, Respondent prescribed controlled substances in Nevada without having renewed his certificate of registration to prescribe controlled substances. This constitutes a violation of Nevada law for which the Board may impose administrative discipline. *See* NRS 453.321(1)(a); NRS 639.210(12). It also constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(k).

COUNT TWO
False Representations Regarding Authority to Prescribe

19. By prescribing controlled substances without a valid certificate of registration, Respondent represented to dispensing pharmacists and/or patients that he was authorized by the Board to write prescriptions for controlled substances. Having been notified that his certificate of registration was due to expire and/or had expired, Respondent knew or should have known that such representation was untrue.

20. By falsely representing to dispensing pharmacists and/or patients that he was a practitioner authorized to prescribe controlled substances, Respondent violated NRS 638.2813. This constitutes a violation of state law for which the Board may impose administrative discipline. See NRS 639.210(12). It also constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(h).

COUNT THREE
Performing Duties in Negligent Manner

21. By prescribing controlled substances without a valid registration as alleged herein, Respondent exposed patients and/or dispensing pharmacists to potential criminal and/or civil liability for violating state and/or federal laws governing the distribution, use, and/or possession of controlled

substances. For this reason, Respondent performed his duties as the holder of a certificate issued by the Board in an incompetent, unskillful or negligent manner. This constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 2nd day of MARCH 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RYAN P. ZELLER, D.O.,** **Certificate of Registration No. CS11127,** **Respondent.**	**Case No. 23-013-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 12, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 2nd day of MARCH, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 2nd day of March 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Ryan P. Zeller, DO
411 E. Taylor St. #A
Reno, NV 89502

SHIRLEY HUNTING

FILED
MAR 10 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RYAN P. ZELLER, D.O.,** **Certificate of Registration No. CS11127,** **Respondent.**	**Case No. 23-013-CS-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

None.

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

Please see Response

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 8 day of March, 2023.

RYAN P. ZELLER, D.O.

Ryan P. Zeller D.O.
Certificate of Registration No. CS1127
Case No. 23-014-CN-N

Response:

COUNT ONE

I admit to the fact that I did not renew my license with The Nevada State Board of Pharmacy (NSBOP) until I was made aware that it had expired. At which time I renewed it immediately.

COUNT TWO

The false representation allegation hinges on the claim "Having been notified that his certification of registration was due to expire, Respondent knew or should have known that such representation was untrue." I have looked through my "junk folder" and have recovered and moved all emails from the NSBOP to my priority inbox. There were numerous attempts from the NSBOP to communicate the expiring status of my certification. But those emails were attempts to notify me. I did not see those attempts and therefore I was not notified. Since I was not notified, I could not have known any representations were untrue. Furthermore, an unanswered email does not qualify as legal notification.

As the NSBOP understands, I learned that I was not certified through the blocked access to the state PMP site. That site prompted me to contact NSBOP, that was when I was actually notified. That was when I took immediate action to restore my license.

COUNT THREE

Count three claims that I am prescribing controlled substances without a valid registration. Then claims that "Respondent performed his duties as the holder of a certificate issued by the Board in an incompetent, unskillful or negligent manner." I could not use a certificate issued by the NSBOP in an incompetent, unskilled or negligent manner if I did not have a certificate.

Also, my skill as a physician, level of competence and the manner in which I practice do not deteriorate based on the status of the process of the renewal of my certification with NSBOP.

DATED this 8th of March, 2023

Ryan P. Zeller D.O

APPENDIX OF EXHIBITS
Board of Pharmacy v. Ryan P. Zeller, D.O.

Ex No.	Description	Corresponding Documents	Pages
1	Dr. Ryan P. Zeller Certificate of Registration for 2020/2022	Decl. of Mark Sedar	1
2	Copy of Correspondence Log for Dr. Ryan P. Zeller	Decl. of Mark Sedar	2
3	Copes of E-Mail Notices to Dr. Ryan P. Zeller	Decl. of Mark Sedar	5
4	Payment Confirmation for Renewal of CS Registration for 2022/2024	Decl. of Mark Sedar	2
5	Redacted Prescription from Safeway Pharmacy, Reno, Nevada	Decl. of Monica Segedy	1
	Declaration of Mark Sedar	See Exhibits 1 through 4	3
	Declaration of Monica Segedy	See Exhibit 5	2

EXHIBIT 1

CERTIFICATE OF REGISTRATION FOR 2020/2022

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 10/21/2020
Amount: $ 210.00
License #: CS11127

RYAN P. ZELLER
Family Quick Care Clinic
411 E TAYLOR ST #A
RENO NV 89502

(ID Card)

NEVADA STATE BOARD OF PHARMACY

License # CS11127
Active

Controlled Substance
Expires:10/31/2022

RYAN P. ZELLER
Family Quick Care Clinic
411 E TAYLOR ST #A
RENO NV 89502

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Controlled Substance

License Type: Controlled Substance
License #: CS11127
DEA #: BZ7847138/22N33N4&5

Expires: 10/31/2022
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

RYAN P. ZELLER
Family Quick Care Clinic
411 E TAYLOR ST #A
RENO NV 89502

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

EXHIBIT 2

COPY OF CORRESPONDENCE LOG

Nevada State Board of Pharmacy

Search Results

Last Name	First Name	License#	
[redacted]	[redacted]	[redacted]	○
ZELLER	RYAN	CS11127	○
[redacted]			○
[redacted]			○

First () Previous () 1 () Next ()
Last ()

Archive Delete

Individual Details

Personal () Address/Contact () Financial () Name () Education () Exam () DEA () Primary Board () Legal Info () NV Business ()
Child Support () Military () Acknowledgement () Employment () Application Data () License () Comment () Log () Correspondence ()
Document () Compliance () Fingerprints ()

Search

Date Sent	Subject	Type	Email	Action
02/06/2023	Removal of DATA Waiver Requirement for Opioid Use Disorder Prescriptions	E		👁
01/19/2023	License Renewal Payment Process Confirmation Email	E		👁
01/19/2023	NV Pharmacy Board Renewal Submission	S		👁
01/19/2023	License Renewal Submission Email	E		👁
01/19/2023	NV Pharmacy Board License Approval	S		👁
01/19/2023	License Renewal Approval	E		👁
11/29/2022	Late Renewal Notice	E		👁
10/31/2022	The Nevada State Board of Pharmacy will be closed on Friday October 28th	E		👁

Date Sent	Subject	Type	Email	Action
10/29/2022	The Nevada State Board of Pharmacy will be closed on Friday October 28th	E		
10/24/2022	7 Days Left To Renew - Please note that Nevada does not have a grace period.	E		
10/21/2022	10 Day Left To Renew - Please note that Nevada does not have a grace period.	E		
10/09/2022	Registrations Expire 10/31/2022 - Please note that Nevada does not have a grace period.	E		
09/27/2022	Governor Sisolak launches free prescription discount card for all Nevadans	E		
09/25/2022	Registrations Expire 10/31/2022 - Please note that Nevada does not have a grace period.	E		
08/31/2022	Nevada State Board of Pharmacy Renewal Portal Opens on 9/1/2022	E		
08/25/2022	2022 Board of Pharmacy Registration Reminder	E		
06/27/2022	Notice to Pharmacists and Practitioners	E		
03/29/2022	Nevada State Board of Pharmacy Warning: Scammers Impersonating Board Personnel	E		
03/21/2022	Free State-Supported Therapeutics for COVID-19 Prevention and Treatment	E		
11/17/2021	Electronic Prescribing Mandate for Controlled Substances	E		
09/29/2021	Technical Bulletin - Pfizer-BioNTech COVID-19 Vaccine Booster Recommendations	E		
07/27/2021	PrEP (Pre-Exposure Prophylaxis) and PEP (Post-Exposure Prophylaxis)	E		
12/28/2020	Electronic Prescribing Mandate for Controlled Substances and Exemption Form	E		
12/08/2020	NV Pharmacy Board License Approval	E		
12/07/2020	NV Pharmacy Board License Approval	E		
10/27/2020	NV Pharmacy Board License Approval	S		
10/27/2020	License Renewal Approval	E		
10/21/2020	License Renewal Payment Process Confirmation Email	E		
10/21/2020	NV Pharmacy Board Renewal Submission	S		
10/21/2020	License Renewal Submission Email	E		
10/13/2020	Expiration Reminder	E		
07/16/2020	COVID-19 Provider Interest Survey	E		
03/25/2020	BOP Emergency Regulation 3-24-2020	E		
09/13/2018	NV Pharmacy Board Renewal Approval	E		
09/13/2018	License Renewal Approval	E		
09/11/2018	NV Pharmacy Board Licensee Registration	E		
09/11/2018	NV Pharmacy Board Licensee Registration	E		
09/11/2018	NV Pharmacy Board Licensee Registration	S		
09/11/2018	NV Pharmacy Board Online Portal Change Password	E		
09/11/2018	NV Pharmacy Board Online Portal Change Password	E		
09/11/2018	NV Pharmacy Board Online Portal Change Password	E		
09/11/2018	License Renewal Payment Process Confirmation Email	E		
09/11/2018	NV Pharmacy Board Renewal Submission	E		
09/11/2018	License Renewal Submission Email	E		

EXHIBIT 3

COPIES OF E-MAIL RENEWAL NOTICES

Nevada State Board of Pharmacy

985 Damonte Ranch Pkwy, Ste #206 - Reno, NV 89521
(775) 850-1440 - Fax: (775) 850-1444
http://bop.nv.gov

RE: CS11127

Dear RYAN ZELLER

Please note that your Nevada Board of Pharmacy registration expired on 10/31/2022 and is eligible for late renewal with a penalty if you choose to renew no later than 10/31/2023. Starting Thursday, December 1st, 2022, you must contact our board office at 775-850-1440 or via email at pharmacy@pharmacy.nv.gov if you wish to renew your registration.

Nevada State Board of Pharmacy

985 Damonte Ranch Pkwy, Ste #206 - Reno, NV 89521
(775) 850-1440 - Fax: (775) 850-1444
http://bop.nv.gov

RE: CS11127

Dear RYAN ZELLER

Reminder, your Nevada State Board of Pharmacy, license will expire in **7 Days**, on October 31, 2022. Please note that if you have multiple registrations with our board, you must renew each registration separately. All registrations are viewable in your dashboard inside of the Renewal Detail Box.

Please note that Nevada Does not have a grace period for renewals and you must renew before the expiration date to avoid late fees.

If this is your **first time** renewing your registration using the online portal, complete the following to renew your registration:

1. **Use Google Chrome (PC or Mac) or Safari (Mac).**
2. Disable all Pop-Up Blockers on your computer or device.
3. Visit https://online.nvbop.org/#/.
4. Select “Personal License Information/Renewal”.
5. Select the “Click here to Register”.
6. Enter all required information and click “Submit Registration”.
7. You will receive a temporary password in an email with instructions to change the temporary password before you can log in and complete your on-line renewal of your registration.
8. Once you have completed steps 1-7, log onto your portal.
9. Click on “Renew” and complete all requirements of the renewal.
10. After you complete steps 1-9, you will receive an email with your new registration.

If you have renewed using the online portal in the past, complete the following to renew your registration:

1. **Use Google Chrome (PC or Mac) or Safari (Mac).**
2. Disable all Pop-Up Blockers on your computer or device.

3. Visit https://online.nvbop.org/#/.
4. Select “Personal License Information/Renewal”.
5. Log onto your portal.
6. Click on “Renew” and complete all requirements of the renewal.
7. After you complete steps 1-6, you will receive an email with your new registration.

If you have forgotten your Username or Password, click on “Forgot Username” or Forgot Password” on the log-in page, respectively, for instructions on how to recover or change your Username or Password.

Please contact the Board Office at pharmacy@pharmacy.nv.gov if you have any questions or experience any issues with the registration or renewal process.

Nevada State Board of Pharmacy

985 Damonte Ranch Pkwy, Ste #206 - Reno, NV 89521
(775) 850-1440 - Fax: (775) 850-1444
http://bop.nv.gov

RE: CS11127

Dear RYAN ZELLER

Reminder, your Nevada State Board of Pharmacy, license will expire in **10 Days**, on October 31, 2022. Please note that if you have multiple registrations with our board, you must renew each registration separately. All registrations are viewable in your dashboard inside of the Renewal Detail Box.

Please note that Nevada Does not have a grace period for renewals.

If this is your **first time** renewing your registration using the online portal, complete the following to renew your registration:

1. **Use Google Chrome (PC or Mac) or Safari (Mac).**
2. Disable all Pop-Up Blockers on your computer or device.
3. Visit https://online.nvbop.org/#/.
4. Select “Personal License Information/Renewal”.
5. Select the “Click here to Register”.
6. Enter all required information and click “Submit Registration”.
7. You will receive a temporary password in an email with instructions to change the temporary password before you can log in and complete your on-line renewal of your registration.
8. Once you have completed steps 1-7, log onto your portal.
9. Click on “Renew” and complete all requirements of the renewal.
10. After you complete steps 1-9, you will receive an email with your new registration.

If you have renewed using the online portal in the past, complete the following to renew your registration:

1. **Use Google Chrome (PC or Mac) or Safari (Mac).**
2. Disable all Pop-Up Blockers on your computer or device.
3. Visit https://online.nvbop.org/#/.

4. Select “Personal License Information/Renewal”.
5. Log onto your portal.
6. Click on “Renew” and complete all requirements of the renewal.
7. After you complete steps 1-6, you will receive an email with your new registration.

If you have forgotten your Username or Password, click on “Forgot Username” or Forgot Password” on the log-in page, respectively, for instructions on how to recover or change your Username or Password.

Please contact the Board Office at pharmacy@pharmacy.nv.gov if you have any questions or experience any issues with the registration or renewal process.

EXHIBIT 4

PAYMENT CONFIRMATION FOR CS RENEWAL

Nevada State Board Of Pharmacy

Payment Confirmation

Dear RYAN ZELLER,

Your payment has been processed successfully. Below are the details:

Applicant ID#:	**35306**	Reference#:	**64162549391**
Payment Method:	**Credit Card**	Invoice#:	**508307**
Transaction Date:	**01/19/23**	Total Fees:	**$310.00**
Transaction Time:	**02:48:03 PM**		

Total amount paid: **$310.00**

Fee Details

Description	Fee Type	Fees
Renewal Application Fee	Application Fees	$200.00
	Convenience Fees	$10.00
	Late Fees	$100.00
	Total	**$310.00**

This email is an automated notification, which is unable to receive replies. We are happy to help you with any questions or concerns you may have. If you have questions mail to pharmacy@pharmacy.nv.gov.

Thank you,

Nevada State Board Of Pharmacy

http://bop.nv.gov/

EXHIBIT 5

COPY OF PRESCRIPTION FROM SAFEWAY PHARMACY

RX# 4326515

Rx Image

Safeway Pharmacy #1210-14
5150 Mae Anne Avenue
Reno, NV. 89523
775-746-9010
Fax 775-746-9004

TO: Monica

Message ID: 1N20221115170545671SE0D2B
Patient: [redacted]
Address:
DOB: [redacted] Gender: [redacted] MRN:
Phone: (PRIMARY)
DAW: NO PRODUCT SELECTION INDICATED
DAW Reason:
Prescribed Drug:
buprenorphine HCl 8 mg sublingual tablet

Prescribed NDC: 00054-0177-13
Strength: Qty: 42.0
Form: Unit: Tablet
Days Supply: 14.0 Refills Auth: 1
DEA Schedule: C-III Digital Signature: Y
Diagnosis Codes:
1 tablet under the tongue three times a day

Prior Auth:
Start Date:
Written Date: 11-15-2022
Received Date: 11-15-2022
Received Time: 03:05 PM
Sent Date: 11-15-2022
Sent Time: 03:05 PM
Expiry Date:
Delivery Due:

Message:
M54.5, XZ7847138

Authorizing Agent:
Prescriber: RYAN ZELLER
Address: 411 East Taylor St RENO NV 89502
Phone: 775-786-3330
Phone: 775-786-3311 (PRIMARY)
DEA BZ7847138 NPI 1346372760
STATE 1262 (FAX)

Supervising Prescriber:
Address:
Phone:
Phone:

Electronically Signed by: RYAN ZELLER DO
From ID: 8397827265002

Rx electronically transmitted to:
Safeway Pharmacy #1210
5150 MAE ANNERENONV89523
2904147

AG1900110954

Time	User	Image Note

23-013 Rx written by Zeller

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RYAN P. ZELLER, D.O.,** **Certificate of Registration No. CS11127,** **Respondent.**	**Case No. 23-013-CS-N** **DECLARATION OF MARK SEDAR**

I, Mark Sedar, hereby state the following:

1. Since January of 2020, I have held the position of Chief Operating Officer for the Nevada State Board of Pharmacy ("Board"). Pursuant to NRS 53.045, I have made this declaration at the request of Gregory L. Zunino, Senior General Counsel, for his use in the above-entitled administrative action. At Mr. Zunino's request, I have examined Exhibits 1 through 4 that he assembled with my assistance for the hearing in the above-entitled action. I make this declaration for the purpose of authenticating Exhibits 1 through 4, each of which is identified and discussed below.

2. In my capacity as the Board's Chief Operating Officer, I am responsible for licensing and/or registering all persons who are subject to the Board's regulatory jurisdiction. I am knowledgeable about the Board's business processes and information systems as they pertain to the licensure and/or registration of persons who are subject to the Board's regulatory jurisdiction.

3. Persons subject to the Board's regulatory jurisdiction include physicians, advance practice registered nurses, pharmacists, pharmacy technicians, dispensing technicians, pharmacies, wholesalers, manufacturers, and other persons who prescribe, dispense, sell, and/or distribute dangerous drugs and/or controlled substances.

4. Pursuant to the NRS 453.226, the Board issues certificates of registration to physicians and advance practice registered nurses who prescribe and/or dispense controlled substances to their patients (hereinafter "prescribing practitioners"). The Board issues certificates of registration to prescribing practitioners on a biennial basis. The current two-year registration period runs from

November 1, 2022, to October 31, 2024. The previous registration period ran from November 1, 2020, to October 31, 2022. Every prescribing practitioner must renew his or her certificate of registration on or before October 31 of the year in which it expires. There is no grace period for renewals.

5. The Board maintains a database containing licensure and registration information, as well as records pertaining to prescribing practitioners and other persons who are subject to the Board's regulatory jurisdiction. I regularly use and retrieve information and records from this database.

6. The Board also maintains an on-line portal through which the Board's licensees and registrants may obtain, renew, and/or update their licenses and/or registrations. The system generates a record of all on-line transactions and stores it in the database. I am familiar with operation of this system and the way in which the Board's registrants and licensees may access the system's portal to conduct business with the Board.

7. I am also familiar with the way in which the Board's employees upload, input, maintain, update, and/or retrieve records and information from the database. Records and information are entered in the regular course of the Board's business at or near the time by, or from information transmitted by, persons with knowledge of such information and/or the contents of such records.

8. As relevant to this case, I have examined the records and registration information pertaining to Dr. Ryan P. Zeller. The Board's records indicate that Dr. Zeller is a Nevada physician who currently holds a certificate of registration issued by the Board authorizing Dr. Zeller to prescribe controlled substances in the State of Nevada. Dr. Zeller held a certificate of registration that was effective from November 1, 2020, to October 31, 2022. **Exhibit 1** is a true and correct copy of Dr. Zeller's expired certificate of registration for the 2020/2022 biennial registration period.

9. Prior to the expiration of Dr. Zeller's certificate of registration on October 31, 2022, the Board's automated system sent several electronic renewal notices to Dr. Zeller's last-known e-mail address. This e-mail address is listed in the Board's system as ryanzeller@hotmail.com. **Exhibit 2** is a screenshot of the correspondence log that was generated by the Board's automated renewal system between August 31, 2022, and November 29, 2022. The correspondence log indicates that automated

renewal notices were sent to Dr. Zeller's e-mail address on August 31, 2022, September 25, 2022, October 9, 2022, October 21, 2022, and October 24, 2022. Additionally, a late renewal notice was sent to Dr. Zeller's e-mail address on November 29, 2022. **Exhibit 3** contains true and correct copies of the renewal notices that relate to the correspondence log entries dated October 21, 2022 (10-Day Notice), October 24, 2022 (7-Day Notice), and November 29, 2022 (Late Renewal Notice).

10. The biennial registration period beginning November 1, 2022, was the first registration period for which the Board did not send renewal notices using regular mail. In 2022, the Board made the decision to send renewal notices via e-mail as opposed to regular mail because, in 2020, too many renewal notices were returned by the U.S. Postal Service as undeliverable. This occurred because many practitioners did not update their mailing addresses when they moved to a new address. In 2022, the Board changed the method of delivery to e-mail with the expectation that practitioners would retain their e-mail address even if they changed their physical address.

11. For the registration period beginning November 1, 2022, the Board's records show that Dr. Zeller did not renew his certificate of registration until January 19, 2023. The Board's automated system contemporaneously generated a record of that transaction together with a current certificate of registration for Dr. Zeller. **Exhibit 4** is a true and correct copy of the record of the transaction with the corresponding certificate of registration assigned to Dr. Zeller.

12. I have searched the Board's registration records and have found no record that Dr. Zeller attempted to renew his certificate of registration for the 2022/2024 biennial registration period at any time prior to January 19, 2023.

I, Mark Sedar, declare under penalty of perjury that the foregoing is true and correct.

Executed this 21 day of March 2023.

Mark Sedar, Chief Operating Officer
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RYAN P. ZELLER, D.O.,** **Certificate of Registration No. CS11127,** **Respondent.**	**Case No. 23-013-CS-N** **DECLARATION OF MONICA SEGEDY**

I, Monica Segedy, hereby state the following:

1. I am an investigator employed by the Nevada State Board of Pharmacy ("Board"). Pursuant to NRS 53.045, I have made this declaration at the request of Gregory L. Zunino, Senior General Counsel, for his use in the above-entitled administrative action. At Mr. Zunino's request, I have examined Exhibit 5 that he identified with my assistance for use in the hearing in the above-entitled action. I make this declaration for the purpose of summarizing my investigation of Dr. Ryan P. Zeller, and for the additional purpose of authenticating Exhibit 5 as discussed below.

2. As an investigator for the Board, I am responsible for investigating administrative disciplinary cases involving alleged violations of chapters 453 and 639 of the Nevada Revised Statutes (NRS). In this regard, I investigate persons who are subject to the Board's regulatory jurisdiction, including physicians, advance practice registered nurses, pharmacists, pharmacy technicians, dispensing technicians, pharmacies, wholesalers, manufacturers, and other persons who prescribe, dispense, sell, and/or distribute dangerous drugs and/or controlled substances.

3. I have access to information contained within the database established by the Board pursuant to NRS 453.162. The database is part of the Board's Prescription Monitoring Program (PMP). Pharmacists and dispensing practitioners must report prescribing activity to the database in accordance with NRS 453.163. Additionally, each physician who prescribes controlled substances in Nevada must establish an account with the PMP pursuant to NRS 453.164. An account with the PMP enables the

physician to access the PMP database for the purpose of monitoring the physician's prescribing activity and that of other practitioners relative to the physician's patients.

4. On or about January 19, 2023, I learned that Dr. Zeller had telephoned Jenine Davis, the PMP administrator, to inquire why his access to the PMP database had been terminated. Ms. Davis advised me that Dr. Zeller's access to the PMP database had been terminated because he did not have a current certificate of registration to prescribe controlled substances. Based upon my conversation with Ms. Davis, I opened an investigation of Dr. Zeller relative to the period from November 1, 2022, through January 19, 2023. The purpose of my investigation was to determine whether Dr. Zeller had prescribed controlled substances during that time frame.

5. A query of the PMP database indicated that between November 1, 2022, and January 19, 2023, Dr. Zeller wrote one hundred thirty-three (133) prescriptions for controlled substances. The query further indicated that Dr. Zeller had written these prescriptions for seventy-nine (79) different patients, who filled them at thirty-five (35) different pharmacies in Nevada.

6. Based upon the PMP query as described above, I contacted the Safeway Pharmacy, located at 5150 Mae Anne Avenue in Reno, Nevada. My objective was to obtain a documentary sample of a prescription that had been written by Dr. Zeller between November 1, 2022, and January 19, 2023. In response to my inquiry, a Safeway pharmacist provided a copy of a prescription written by Dr. Zeller on November 15, 2022. **Exhibit 5** is a true and correct copy of that prescription. The prescription has been redacted to protect the identity of the patient.

I, Monica Segedy, declare under penalty of perjury that the foregoing is true and correct.

Executed this 22nd day of March 2023.

Monica Segedy

Monica Segedy, Investigator
Nevada State Board of Pharmacy

5B

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WESLEY ROBERTSON, MD,** **Certificate of Registration No. CS07810,** **Respondent.**	**Case No. 21-063-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Wesley Robertson, MD ("Robertson"), held a controlled substance registration, Certificate of Registration No. CS07810 issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Robertson owned and operated a medical practice called Sunshine Valley Pediatrics located at 9091 W. Post Road, Las Vegas, Nevada during the relevant timeframes.

3. On or about May 1, 2021, the Board received a complaint that Dr. Robertson was unlawfully prescribing controlled substances and/or dangerous drugs, by allowing his medical assistant ("MA") K.S. to possess and utilize his secondary authenticator for his e-prescribing system. Board staff investigated this complaint.

4. On June 17, 2021, Dr. Robertson submitted a written statement indicating that he gave his secondary authenticator or hard token to his MA K.S. to electronically "sign" the

controlled substance prescriptions on his behalf because he was uncertain of the technical requirements.

APPLICABLE LAW

5. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

6. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

7. It is unlawful for a practitioner to prescribe a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 454.215; NRS 639.100(1).

8. A practitioner must retain sole possession of the hard token, and must not share password or other knowledge factor, biometric information with another person or allow any other person to enter knowledge factor or other identification means to sign controlled substance prescriptions. 21 CFR § 1311.102.

9. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).

10. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

11. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct

contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

12. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

14. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any state law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

15. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d), NRS 453.241(1), NRS 639.210, and/or NRS 639.255.

COUNT ONE
Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

16. By permitting MA K.S., who did not have prescribing authority to sign controlled substances prescriptions, to access Respondent's hard token or secondary authenticator to electronically sign for controlled substance prescriptions in violation of 21 CFR § 1311.102, or provide log-on information to e-scribing systems to MA K.S., and/or failing to secure secondary authenticator for e-prescribing controlled substance medications, Respondent Robertson was a party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct

and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

COUNT TWO
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

17. By permitting MA K.S., who did not have prescribing authority to electronically sign controlled substances prescriptions, to access Respondent's hard token or secondary authenticator to digitally sign controlled substance prescriptions in violation of 21 CFR § 1311.102, or provide log-on information to e-scribing systems to MA K.S., and/or failing to secure secondary authenticator for e-scribing controlled substance medications, Respondent Robertson performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

COUNT THREE
Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

18. By permitting MA K.S., who did not have prescribing authority to sign controlled substances prescriptions, to access Respondent's hard token or secondary authenticator to electronically sign controlled substance prescriptions in violation of 21 CFR § 1311.102, or provide log-on information to e-scribing systems to MA K.S., and/or failing to secure secondary authenticator for e-prescribing controlled substance medications, Respondent Robertson aided or abetted a person not licensed to practice pharmacy in the State of Nevada and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(j), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

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COUNT FOUR
Violations of Federal Controlled Substances Act

19. By permitting MA K.S., who did not have prescribing authority to sign controlled substances prescriptions, to access Respondent's hard token or secondary authenticator to electronically sign controlled substance prescriptions in violation of 21 CFR § 1311.102, or provide log-on information to e-scribing systems to MA K.S., and/or failing to secure secondary authenticator for e-scribing controlled substance medications, Respondent Robertson violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 846 and 21 CFR § 1306.03, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

COUNT FIVE
Commission of Acts that Render Registration Inconsistent with the Public Interest

20. By his actions as set forth herein, Robertson has committed acts that render his registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231, and are subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

DATED this 2nd day of May, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WESLEY ROBERTSON, MD,** **Certificate of Registration No. CS07810,** **Respondent.**	**CASE NO. 21-063-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, September 7, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 2nd day of May 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25Th day of May, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Wesley Robertson
7455 W WASHINGTON AVE #300
LAS VEGAS, NV 89128

Darlene Nases
DARLENE NASES

FILED
OCT 03 2022
NEVADA STATE BOARD
OF PHARMACY

ANS
Patricia Egan Daehnke
Nevada Bar No. 4976
Patricia.Daehnke@cdiglaw.com
Brigette E. Foley
Nevada Bar No. 12965
Brigette.Foley@cdiglaw.com
COLLINSON, DAEHNKE, INLOW & GRECO
2110 E. Flamingo Road, Suite 212
Las Vegas, Nevada 89119
(702) 979-2132 Telephone
(702) 979-2133 Facsimile
Attorneys for Respondent

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY Petitioner, vs. WESLEY ROBERTSON, MD, Respondent.	CASE NO.: 21-063-CS-S **DR. ROBERTSON'S ANSWER TO THE PHARMACY BOARD'S NOTICE OF INTENDED ACTION AND ACCUSATION**

COLLINSON, DAEHNKE, INLOW & GRECO
2110 E. Flamingo Road, Suite 212
LAS VEGAS, NEVADA 89119
TEL (702) 979-2132 | FAX (702) 979-2133

COMES NOW, Respondent WESLEY ROBERTSON, M.D. ("Dr. Robertson"), as a licensed Medical Doctor and holder of a controlled substance registration, subject to the jurisdiction of the Nevada State Board of Pharmacy ("Board"), based upon information, belief, and personal knowledge, by and through his counsel of record, and responds the Board's Notice of Intended Action and Accusation ("Complaint"), as follows:

JURISDICTION

1. Dr. Robertson admits that at all times relative to the Complaint he was a medical doctor holding a controlled substance registration issued by the Board (Cert. of Registration No. CS07810);

FACTUAL ALLEGATIONS

2. Dr. Robertson admits that he owned and operated Sunshine Valley Pediatrics located at 9091 W. Post Road, Las Vegas, Nevada during the relevant time period.

3. Dr. Robertson does not have actual knowledge or possession of the May 1,

2021, complaint received by the Board against him, and on that basis denies the allegations contained in Paragraph 3 of the Board's Complaint.

4. Dr. Robertson admits that he submitted a written statement on June 17, 2021, to the Board indicating that he gave his secondary authenticator token to his MA K.S. However, Dr. Robertson denies that he delegated his signing authority to his MA K.S. Rather, he only provided her with the secondary authenticator token so MA K.S. could electronically enter the prescriptions that were prescribed and signed by Dr. Robertson only. Dr. Robertson denies any remaining allegations contained in Paragraph 4 of the Board's Complaint against Him.

APPLICABLE LAW

5. Dr. Robertson presently lacks sufficient information to determine the veracity of the allegations contained in Paragraphs 5-15 of the Board's Complaint, and on that basis denies the same.

COUNT ONE
(Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction)

6. Dr. Robertson denies the allegations contained in Paragraph 16 of the Board's Complaint.

COUNT TWO
(Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties)

7. Dr. Robertson denies the allegations contained in Paragraph 17 of the Board's Complaint.

COUNT THREE
(Unprofessional Conduct – Aiding and Abetting Unlicensed Practice)

8. Dr. Robertson denies the allegations contained in Paragraph 18 of the Board's Complaint.

COUNT FOUR
(Violations of Federal Controlled Substances Act)

7. Dr. Robertson denies the allegations contained in Paragraph 18 of the Board's Complaint.

COUNT FIVE
(Commission of Acts that Render Registration Inconsistent with the Public Interest)

8. Dr. Robertson denies the allegations contained in Paragraph 20 of the Board's Complaint.

AFFIRMATIVE DEFENSES

1. Respondent denies he committed malpractice as defined in Nevada Administrative Code Section 630.040.

2. Respondent denies that he violated any other state or federal statute or regulation, including but not limited to NRS Chapters 453, 454, 639, 21 U.S.C. §§ 822, 823, 846, and 21 CFR §§ 1306, 1311.

3. Respondent contends that in all professional services rendered by Respondent, Respondent possessed and exercised that degree of skill ordinarily possessed and exercised by reasonably well-qualified pediatricians practicing in the same field and acting under the same or similar conditions. At no time was Respondent guilty of negligence or improper treatment.

4. The allegations in the Complaint with respect to Respondent and each and every purported cause for discipline fail to allege facts sufficient, or facts at all, to constitute a cause or causes for discipline against the Respondent.

5. By responding to this Complaint, Respondent does not stipulate to the authenticity or admissibility of any medical records as they are hearsay.

6. The Complaint, or portions thereof, should be dismissed on grounds of due process and equal protection, including the right to an unbiased investigation. *See Mishler v. Clift, M.D. et al*, 191 F.3d 998 (9th Cir. 1999).

7. Any scope of practice allegations should be dismissed, as the statutes and regulations are unconstitutionally vague and ambiguous as applied to the subject matter of this case, and do not clearly prohibit the conduct which the Board seeks to discipline.

8. Respondent objects to the Complaint on the ground that it does not state acts or omissions upon which the agency may proceed.

9. NRS 622.400 is unconstitutional on due process and/or equal protection grounds. Alternatively, if such provision is constitutional, the statute should be interpreted as mutual and reciprocal, and Respondent is entitled to and hereby prays for an award against the Complainant of the Respondent's costs and/or fees in his investigation, preparation and defense to the Board's charges herein, to the extent that he prevails. If not reciprocal, then Complainant should receive a cost recovery, if at all, proportionate to the extent it prevails.

10. The Nevada State Board of Pharmacy exceeded its regulatory function by proceeding to file a Complaint prior to meeting the statutory requirements.

11. This Complaint does not further the goal of public protection or protection of the public health, safety or morals as there is no allegation or evidence of injury to the patients.

12. The Complaint, or portions thereof, should be dismissed on grounds of equitable estoppel.

Based on the above, Respondent Dr. Robertson respectfully requests that he be assessed no administrative penalty or any sanctions.

Dated: October 3, 2022

COLLINSON. DAEHNKE. INLOW & GRECO

BY: /s/ Brigette E. Foley
PATRICIA EGAN DAEHNKE
Nevada Bar No. 4976
BRIGETTE E. FOLEY
Nevada Bar No. 12965
2110 E. Flamingo Road, Suite 212
Las Vegas, Nevada 89119
Tel. (702) 979-2132
Fax (702) 979-2133
Attorneys forRespondent

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2110 E. Flamingo Road, Suite 212
LAS VEGAS, NEVADA 89119
TEL. (702) 979-2132 | FAX (702) 979-2133

5C

This matter is continued to a future Board Meeting.

5D

FILED
OCT 20 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SHERELLEN BROOKS GERHART, M.D.** **Certificate of Registration No. CS25926,** **Respondent.**	**Case No. 22-106-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Sherellen Brooks Gerhart, MD, ("Respondent"), held Certificate of Registration to Dispense Controlled Substances, Registration No. CS25926, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about June 8, 2017, Respondent was issued her initial Certificate to Dispense Controlled Substances, Certificate of Registration No. CS25296.

3. Respondent's Certificate of Registration No. CS25296 expired on October 31, 2018.

4. Between November 1, 2018, and July 25, 2022, Respondent authorized one or more controlled substance prescriptions for Nevada patients without a valid Nevada Controlled Substance Registration.

5. As the time of the events alleged herein, Respondent was employed as an internal medicine and palliative care physician at Barton Health located at 155 US-Highway 50, Stateline, Nevada 89449.

APPLICABLE LAW

6. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

7. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he or she is licensed to practice their profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

8. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

9. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

10. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

11. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

12. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

13. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation. NRS 639.255(3).

COUNT ONE
Violation of Federal Controlled Substances Act

14. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11) and NRS 639.255(3).

COUTN TWO
Violation of State Controlled Substances Act

15. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12) and NRS 639.255(3).

COUNT THREE
Unprofessional Conduct – Prescribing without a Valid Registration

16. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4) and NRS 639.255(3).

COUNT FOUR
Commission of Acts that Render Registration Inconsistent with the Public Interest

17. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing herself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render her Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1) and NRS 639.255(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 20th day of October, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **SHERELLEN BROOKS GERHART, M.D.** **Certificate of Registration No. CS25926,** **Respondent.**	Case No. 22-106-CS-N **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 7th day of October, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SHERELLEN BROOKS GERHART, M.D.** **Certificate of Registration No. CS25926,** **Respondent.**	**Case No. 22-106-CS-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

SERELLEN BROOKS GERHART, M.D.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sherellen Brooks Gerhart
155 Hwy 50/Stateline
Genoa, NV 89411

Lemons, Grundy, & Eisenberg
6005 Plumas Street, Third Floor
Reno, NV 89519

KRISTOPHER MANGOSING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SHERELLEN BROOKS GERHART, M.D.** **Certificate of Registration No. CS25926,** **Respondent.**	**Case No. 22-106-CS-N** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its Assistant General Counsel, Peter K. Keegan, Esq., and Respondent SHERELLEN BROOKS GERHART, M.D. ("Respondent") Certificate of Registration No. CS25926 **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about October 25, 2022, Board Staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of her right to seek the advice of counsel in this matter prior to entering into this Stipulation.

4. Respondent is aware of her right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of paragraphs below, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A

("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Respondent's Certificate of Registration No. CS25296 expired on October 31, 2018, and Respondent authorized one or more controlled substance prescriptions for Nevada patients in violation of 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 U.S.C. § 841(a), 21 U.S.C. § 842(a); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.232; NRS 453.321(1); NRS 639.100(1); and NRS 639.235(1); and

B. These violations are grounds for disciplinary action pursuant to NRS 453.236(1)(d-e); NRS 453.241(1); NRS 639.210(4), (11-12); and NRS 639.255(3).

7. In order to resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent Sherellen Gerhart, M.D., Certificate of Registration No. CS25926 shall:

A. Pay a fine of Five-Thousand Dollars ($5000.00) for the violations; and

B. Pay Five-Hundred and Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

8. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

9. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on March 2, 2023, in Reno, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or her counsel are not present at the meeting.

10. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

11. If the Board rejects any part or all this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

12. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal, cashiers,* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal, cashiers,* or *certified check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 2 day of February 2023.

SHERELLEN GERHART
Certificate of Registration No. CS25926

Signed this 13 day of February 2023.

NEVADA STATE BOARD OF PHARMACY

PETER K. KEEGAN, ESQ.
Assistant General Counsel
985 Damonte Ranch Pkwy., Ste. 206
Reno, Nevada 89502
775-850-1440

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Sherellen Brooks Gerhart, M.D., Certificate of Registration No. CS25926, in Case No. 22-106-CS-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of March 2023.

Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AMANDA MARIE WAGNER, MD,** **Certificate of Registration No. CS30758,** **Respondent.**	**Case No. 21-029-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Amanda Marie Wagner, MD, ("Respondent"), held Certificate of Registration to Dispense Controlled Substances, Registration No. CS30758, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about September 24, 2020, the Board received Respondent's initial application for a Certificate of Registration to Dispense Controlled Substances.

3. Prior to September 24, 2020, Respondent had not obtained access to the Prescription Monitoring Program ("PMP").

4. Between October 1, 2018, and August 31, 2020, Respondent wrote one or more controlled substance prescriptions for Nevada patients without a valid controlled substance registration.

5. Without having access to the PMP, Respondent was unable to query any of the Nevada patients' prescription history before initially prescribing controlled substances to Nevada patients between October 1, 2018, through August 31, 2020.

6. Without having access to the PMP Respondent was unable to access her account at least once every 6 months during the period of October 1, 2018, through August 31, 2020.

APPLICABLE LAW

7. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

8. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

9. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

10. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

11. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

12. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

13. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

14. A practitioner with shall, before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the PMP. NRS 639.23507.

15. A practitioner registered with the Board to write prescriptions for controlled substances shall, access his or her prescriber activity in the PMP at least once each 6 months to review prescriptions issued by the practitioner and verify to the Board that he or she continues to have access to the PMP. NRS 453.164(7).

16. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation. NRS 639.255(3).

COUNT ONE

Violation of Federal Controlled Substances Act

17. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11) and NRS 639.255(3).

COUNT TWO

Violation of State Controlled Substances Act

18. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12) and NRS 639.255(3).

COUNT THREE

Unprofessional Conduct – Prescribing without a Valid Registration

19. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4) and NRS 639.255(3).

COUNT FOUR

Commission of Acts that Render Registration Inconsistent with the Public Interest

20. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing herself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1) and NRS 639.255(3).

COUNT FIVE

Violations of State Law – Prescription Monitoring Program

21. By failing obtain access to and/or query the PMP database to review a patient's utilization report prior to issuing a prescription for a controlled substance and to review her prescriber activity, as alleged in herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.164(7) and NRS 639.23507, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b) and NRS 639.255(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 8th day of DECEMBER, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AMANDA MARIE WAGNER, MD,** **Certificate of Registration No. CS30758,** **Respondent.**	**Case No. 21-029-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, January 11, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 8th day of OCTOBER, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of December, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Amanda Marie Wagner
235 W 6th Street
Reno, NV 89503

Darlene Nases

DARLENE NASES

FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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NEVADA STATE BOARD OF PHARMACY, Petitioner v. AMANDA MARIE WAGNER, M.D., Certificate of Registration No. CS30758, Respondent.	Case Nos.: 21-029-CS-N ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

JURISDICTION

1. Respondent admits the allegations contained in paragraph 1 relating to Jurisdiction.

FACTUAL ALLEGATIONS

2. Respondent denies paragraph 2.

3. Respondent denies paragraph 3.

4. Respondent denies paragraph 4.

5. Respondent denies paragraph 5.

6. Respondent is without knowledge or information sufficient to form a belief as to paragraph 6.

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LEMONS, GRUNDY
& EISENBERG
A PROFESSIONAL CORPORATION
6005 PLUMAS STREET
THIRD FLOOR
RENO, NV 89519-6069
(775) 786-6868

APPLICABLE LAW

7. Paragraph 7 does not contain allegations of fact but instead citations to various laws which are hypothetical without reference to facts underlying the allegations in the specific circumstances of this case and cannot be admitted in this form.

8. Paragraph 8 does not contain allegations of fact but instead citations to various laws which are hypothetical without reference to facts underlying the allegations in the specific circumstances of this case and cannot be admitted in this form.

9. Paragraph 9 does not contain allegations of fact but instead citations to various laws which are hypothetical without reference to facts underlying the allegations in the specific circumstances of this case and cannot be admitted in this form.

10. Paragraph 10 does not contain allegations of fact but instead citations to various laws which are hypothetical without reference to facts underlying the allegations in the specific circumstances of this case and cannot be admitted in this form.

11. Paragraph 11 does not contain allegations of fact but instead citations to various laws which are hypothetical without reference to facts underlying the allegations in the specific circumstances of this case and cannot be admitted in this form.

12. Paragraph 12 does not contain allegations of fact but instead citations to various laws which are hypothetical without reference to facts underlying the allegations in the specific circumstances of this case and cannot be admitted in this form.

13. Paragraph 13 does not contain allegations of fact but instead citations to various laws which are hypothetical without reference to facts

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underlying the allegations in the specific circumstances of this case and cannot be admitted in this form.

14. Paragraph 14 does not contain allegations of fact but instead citations to various laws which are hypothetical without reference to facts underlying the allegations in the specific circumstances of this case and cannot be admitted in this form.

15. Paragraph 15 does not contain allegations of fact but instead citations to various laws which are hypothetical without reference to facts underlying the allegations in the specific circumstances of this case and cannot be admitted in this form.

16. Paragraph 16 does not contain allegations of fact but instead citations to various laws which are hypothetical without reference to facts underlying the allegations in the specific circumstances of this case and cannot be admitted in this form.

COUNT ONE
Violation of Federal Controlled Substance Act

17. Respondent denies the allegations contained in paragraph 17 of Count One.

COUNT TWO
Violation of State Controlled Substance Act

18. Respondent denies the allegations contained in paragraph 18 of Count Two.

COUNT THREE
Unprofessional Conduct – Prescribing without a Valid Registration

19. Respondent denies the allegations contained in paragraph 19 of Count Three.

COUNT FOUR
Commission of Acts that Render Registration Inconsistent with the Public Interest

20. Respondent denies the allegations contained in paragraph 20 of Count Four.

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COUNT FIVE
Violations of State Law – Prescription Monitoring Program

21. Respondent denies the allegations contained in paragraph 21 of Count Five.

AFFIRMATIVE DEFENSES

Respondent states her Affirmative Defenses as follows:

First Affirmative Defense

Petitioner has failed to state a claim upon which professional discipline or sanction may be based.

Second Affirmative Defense

Respondent did not knowingly violate any of the statutes contained in Petitioner's Notice of Intended Action and Accusation.

Third Affirmative Defense

Petitioner has failed to establish via expert affidavit or declaration that Respondent committed any wrongful act or committed malpractice, malfeasance, or in any other manner violated any of the statutes listed in the Notice of Intended Action and Accusation.

Fourth Affirmative Defense

Petitioner has failed to provide any information or evidence from which to prove by a preponderance of the evidence that Respondent violated the statutes contained in Petitioner's Notice of Intended Action and Accusation.

Fifth Affirmative Defense

Respondent currently has insufficient information upon which to form a belief as to whether there may be additional, yet unstated, affirmative defenses available. Respondent specifically reserves the right to assert additional affirmative defenses in the event discovery indicates such defenses apply.

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Sixth Affirmative Defense

Respondent was serving as a Resident in the UNR Med Family Medicine Residency program at all relevant times herein and was advised and believed in good faith that she had fully performed and discharged the obligations owed pursuant to the applicable statutes including meeting the requisite standards for the prescribing practices alleged in the complaint.

Seventh Affirmative Defense

Respondent was serving as a Resident in the UNR Med Family Medicine Residency program at all relevant times herein and was advised and believed in good faith that she had all necessary approvals through the Residency Administrative Office through which license and credentialing applications were handled and that she thus had in fact complied with her obligations under the applicable Federal and State statutes.

Eighth Affirmative Defense

Respondent was serving as a Resident in the UNR Med Family Medicine Residency program at all relevant times herein was advised and believed in good faith that she had complied with her obligations under the applicable Federal and State statutes and did not perform her duties in an incompetent, unskillful, or negligent manner nor did she engage in unprofessional conduct, there being no facts pled in this case to support such allegations.

WHEREFORE, Respondent prays that the Nevada State Board of Pharmacy determine that Respondent not be subject to discipline in the specific circumstances presented in this case.

DATED this 2nd day of March, 2023.

LEMONS, GRUNDY & EISENBERG
Attorneys for Respondent

BY: _____
EDWARD J. LEMONS, ESQ.
Nevada Bar No. 699

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& EISENBERG
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CERTIFICATE OF SERVICE

I declare that I am an employee of LEMONS, GRUNDY & EISENBERG, and that I am over the age of 18 and not a party to the within action. My business address is 6005 Plumas Street, Third Floor, Reno, NV 89519.

On this date I caused to be served a true and correct copy of the ***Answer and Notice of Defense*** by electronic service (e.mail) to:

Peter Keegan, *General Counsel*
NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
p.keegan@pharmacy.nv.gov

Dated: March 2, 2023.

C. Hellman

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CARRIE CHANEY, APRN,** **Certificate of Registration No. CS17469,** **Respondent.**	**Case No. 22-167-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Carrie Chaney, APRN, ("Respondent"), held Certificate of Registration to Dispense Controlled Substances, Registration No. CS17469, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about September 3, 2008, the Board received Respondent's initial application for a Certificate of Registration to Dispense Controlled Substances.

3. Respondent's Controlled Substance Registration No. CS17469 expired on October 31, 2020, and Respondent wrote one or more controlled substance prescriptions for Nevada patients after the expiration of her Controlled Substance Registration.

4. A request history search for the dates of November 1, 2020, through June 22, 2022, on Respondent's Prescription Monitoring Program ("PMP") account associated with her DEA Registration, reflects Respondent failed to query at least one patient's prescription history before initially prescribing a controlled substance.

5. The request history search for Respondent's PMP account reflects Respondent failed to access her account at least once every 6 months during the period of November 1, 2020, through June 22, 2022.

APPLICABLE LAW

6. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

7. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

8. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

9. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

10. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

11. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

12. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

13. A practitioner with shall, before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the PMP. NRS 639.23507.

14. A practitioner registered with the Board to write prescriptions for controlled substances shall, access his or her prescriber activity in the PMP at least once each 6 months to review prescriptions issued by the practitioner and verify to the Board that he or she continues to have access to the PMP. NRS 453.164(7).

15. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation. NRS 639.255(3).

COUNT ONE

Violation of Federal Controlled Substances Act

16. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11) and NRS 639.255(3).

COUNT TWO

Violation of State Controlled Substances Act

17. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12) and NRS 639.255(3).

COUNT THREE

Unprofessional Conduct – Prescribing without a Valid Registration

18. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4) and NRS 639.255(3).

COUNT FOUR

Commission of Acts that Render Registration Inconsistent with the Public Interest

19. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing herself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1) and NRS 639.255(3).

COUNT FIVE

Violations of State Law – Prescription Monitoring Program

20. By failing to query the PMP database to review a patient's utilization report prior to issuing a prescription for a controlled substance and to review her prescriber activity, as alleged in herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.164(7) and NRS 639.23507, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b) and NRS 639.255(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 6th day of December, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CARRIE CHANEY, APRN,** **Certificate of Registration No. CS17469,** **Respondent.**	**Case No. 22-167-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, January 11, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 8th day of DECEMBER, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of December, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Carrie Chaney
465 S Meadows Pkwy #20
Reno, NV 89502

Carrie Chaney
980 Caughlin Crossing N #100
Reno, NV 89519

Lyn Beggs, Esq.
316 California Ave. #863
Reno, NV 89509

Darlene Nases
DARLENE NASES

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CARRIE CHANEY, APRN** **Certificate of Registration No. CS17469** **Respondent.**	**Case Nos. 22-167-CS-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent Carrie Chaney, APRN, hereby files with the Nevada State Board of Pharmacy ("Board"), her Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on December 8, 2022.

ANSWER TO ACCUSATION

Jurisdiction

Ms. Chaney contests that the Board has jurisdiction in this matter as set forth in Paragraph 1. First Ms. Chaney held a Controlled Substance Registration not a Registration to Dispense. Further, in accordance with NRS 639.180(6), Ms. Chaney's Controlled Substance Registration was forfeited when she failed to timely renew her Controlled Substance Registration on October 31, 2020. Ms. Chaney however, does concede that the Board has jurisdiction over matters involving the prescribing of controlled substances under NRS Chapters 453 and 639. Ms. Chaney further answers the Factual Allegations set forth in the Accusation as follows:

Factual Allegations: Paragraphs 2-5

Paragraph 2: Ms. Chaney agrees and acknowledges she applied for a Controlled Substance Registration, not a Certificate of Registration to Dispense Controlled Substances, in 2008, but does not have an independent recollection of the date it was submitted.

Paragraph 3: Ms. Chaney inadvertently allowed her Controlled Substance Registration to lapse in October 2020 during the height of the COVID 19 pandemic and acknowledges that she did write one or more prescriptions for controlled substances after it lapsed until she became aware that the registration had expired.

Paragraph 4: Ms. Chaney has no personal knowledge regarding any history search of her Prescription Monitoring Program (PMP) account as set forth in paragraph 4. Ms. Chaney however denies that she failed to review the PMP before writing prescriptions, however cannot further comment as no patient(s) are identified in paragraph 4.

Paragraph 5: Ms. Chaney has no personal knowledge regarding any history search of her Prescription Monitoring Program (PMP) account as set forth in paragraph 5. Ms. Chaney further denies that she failed to review the PMP at least every six months as set forth in paragraph 5.

Applicable Law: Paragraphs 6-15

Ms. Chaney acknowledges that Paragraphs 6-15 of the Accusation accurately reflect current Nevada and federal law.

Causes of Action: Paragraphs 16-20

Count One (paragraph 16): Ms. Chaney denies generally that she violated the laws cited in paragraph 16 of the Accusation as alleged.

Count Two (paragraph 17): Ms. Chaney denies generally that she engaged violated the laws cited in paragraph of the Accusation as alleged.

Count Three (paragraph 18): Ms. Chaney acknowledges that she prescribed one or more controlled substances after her controlled substance registration lapsed and acknowledges that this would constitute unprofessional conduct as described in NAC 639.945(1)(k).

Count Four (paragraph 19): Ms. Chaney generally denies that she violated the laws cited in paragraph 19 as alleged.

Count Five (paragraph 20): Ms. Chaney generally denies that she violated the laws cited in paragraph 20 as alleged and contends that she did review patient utilization reports as required. Ms. Chaney cannot further respond to the allegations in paragraph 20 as no patient(s) are identified.

NOTICE OF DEFENSE/MITIGATING INFORMATION

Mitigating Information

Ms. Chaney initially was licensed as a registered nurse in 1976 and in 1985 was licensed as an advanced practice registered nurse (APRN) and has practiced in Nevada since that time as an APRN. Ms. Chaney was working with the Stead Medical Clinic (SMC) at the time of the events alleged in the Accusation. Ms. Chaney had a long-standing relationship with SMC, originally working as an APRN at the clinic starting in the 1980's and eventually returning to the practice in 2006. In the last several years Ms. Chaney has worked on a part-time basis for SMC as she was semi-retired. She is fully retiring from practice in January 2023.

While at SMC, Ms. Chaney has always prescribed in accordance with state and federal laws. In 2020, during the height of the pandemic, Ms. Chaney acknowledges that the renewal of her controlled substance registration simply was overlooked while the clinic tried to provide care

to patients and keep its doors open. Ms. Chaney contends that neither she nor SMC were ever made aware that her controlled substance had lapsed until 2022.

Finally, Ms. Chaney contends that per SMC protocol, she checks PMP utilization reports before all patient encounters with patients that are currently prescribed controlled substances and always before initiating any new prescription for a controlled substance. Per SMC protocols, PMP utilization reports would be obtained by staff authorized to do so pursuant to NAC 453.070. Ms. Chaney reviewed the PMP reports obtained by staff. Ms. Chaney has subsequently learned that staff was obtaining PMP reports under the credentials of the primary physician at SMC, Dr. William Miyazaki rather than under her own credentials. However, Ms. Chaney always noted in the chart that the PMP had been reviewed.

Respectfully submitted this 28th day of December, 2022.

Lyn E. Beggs, Esq.
Attorney for Respondent Carrie Chaney, APRN

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CARRIE CHANEY, APRN,** **Certificate of Registration No. CS17469,** **Respondent.**	**Case No. 22-167-CS-N** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its Assistant General Counsel, Peter K. Keegan, Esq., and Respondent CARRIE CHANEY, APRN ("Respondent") Certificate of Registration No. CS17469 **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about December 8, 2022, Board Staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of her right to seek the advice of counsel in this matter prior to entering into this Stipulation.

4. Respondent is aware of her right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of paragraphs below, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A

("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Respondent's Certificate of Registration No. CS17469 expired on October 31, 2020, and Respondent authorized one or more controlled substance prescriptions for Nevada patients in violation of 21 U.S.C. **§** 822(a)(2); 21 U.S.C. **§** 823(f); 21 U.S.C. § 841(a), 21 U.S.C. § 842(a); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.232; NRS 453.321(1); NRS 639.100(1); and NRS 639.235(1); and

B. These violations are grounds for disciplinary action pursuant to NRS 453.236(1)(d-e); NRS 453.241(1); NRS 639.210(4), (11-12); and NRS 639.255(3).

7. In order to resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent Carrie Chaney, APRN, Certificate of Registration No. CS17469 shall:

A. Pay a fine of Five-Thousand Dollars ($5000.00) for the violations; and

B. Pay Five-Hundred and Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

8. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

9. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 11,

2023, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or her counsel are not present at the meeting.

10. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

11. If the Board rejects any part or all this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

12. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal, cashiers,* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, in twelve (12) equal monthly installments of FOUR HUNDRED SIXTEEN DOLLARS and 67/100 CENTS ($416.67), with the first installment due within (30) days of the effective date of this Order and each of the eleven remaining payments due in thirty (30) day increments thereafter.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal, cashiers,* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal, cashiers,* or *certified check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation

on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 21 day of ~~January~~ March 2023.

Carrie Chaney APRN

CARRIE CHANEY, APRN
Certificate of Registration No. CS17469

APPROVED AS TO FORM AND CONTENT
this 21 day of ~~January~~ March 2023.

LAW OFFICES OF LYN E. BEGGS, PLLC

Lyn E. Beggs

Lyn E. Beggs, Esq.
Nevada Bar No. 6248
316 California Ave., #863
Reno, Nevada 89509
775-432-1918
Counsel for Respondent Carrie Chaney, APRN

Signed this ____ day of January 2023.

NEVADA STATE BOARD OF PHARMACY

PETER K. KEEGAN, ESQ.
Assistant General Counsel
985 Damonte Ranch Pkwy., Ste. 206
Reno, Nevada 89502
775-850-1440

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Carrie Chaney, APRN, Certificate of Registration No. CS17469, in Case No. 22-167-CS-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of January 2023.

Helen Park, President
Nevada State Board of Pharmacy

on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of January 2023.

CARRIE CHANEY, APRN
Certificate of Registration No. CS17469

APPROVED AS TO FORM AND CONTENT this ___ day of January 2023.

LAW OFFICES OF LYN E. BEGGS, PLLC

Lyn E. Beggs, Esq.
Nevada Bar No. 6248
316 California Ave., #863
Reno, Nevada 89509
775-432-1918
Counsel for Respondent Carrie Chaney, APRN

Signed this ____ day of January 2023.

NEVADA STATE BOARD OF PHARMACY

PETER K. KEEGAN, ESQ.
Assistant General Counsel
985 Damonte Ranch Pkwy., Ste. 206
Reno, Nevada 89502
775-850-1440

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Carrie Chaney, APRN, Certificate of Registration No. CS17469, in Case No. 22-167-CS-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of January 2023.

Helen Park, President
Nevada State Board of Pharmacy

5G

FILED
MAR 13 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8792,** **Pharmacy License No. PH00637,** **and** **ERIC NGUYEN, RPH,** **Certificate of Registration No. 20856,** **and** **CHRISTOPHER SMRYNIOTIS, RPH,** **Certificate of Registration No. 17855,** **Respondents.**	**Case No. 22-211-PH-N** **22-211-RPH-A-N** **22-211-RPH-B-N** **FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Eric Nguyen, RPh. ("Nguyen"), Certificate of Registration No. 20856 and Christopher Smyrniotis, RPh. ("Smyrniotis"), Certificate of Registration No. 17855 were pharmacists registered with the Board and Respondent CVS Pharmacy #8792 ("CVS 8792"), License No. PH00637, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Respondent Nguyen was employed by CVS #8792, located at 680 N. McCarran Blvd., Sparks, NV 89431, as a pharmacist at the time of the events alleged herein.

3. Respondent Smyrniotis was employed as a pharmacist by CVS #8792 at the time of the events alleged herein.

4. Luvia Gonzalez, P.T. ("Gonzalez"), was employed as a pharmaceutical technician by CVS #8792 at the time of the events alleged herein.

5. On November 10, 2021, Dr. Jason McKenzie, D.O. wrote patient K.O. DOB a prescription for Synthroid ("Levothyroxine") 50-mcg #90, with 1 refill, which was tendered to CVS #8792 and assigned RX# 1603471.

6. On November 10, 2021, CVS #8792's computer records reflect pharmacy technician Gonzalez performed the during data entry for RX# 1603471.

7. Pharmaceutical technician Gonzalez entered a 300-mcg dosage instead of 50-mcg dosage for RX# 1603471.

8. On November 10, 2021, Respondent Nguyen performed the data entry verification, drug utilization review ("DUR") override, and warning verification for RX# 1603471, and verified the incorrect dosage entered by pharmaceutical technician Gonzalez.

9. On November 12, 2021, Respondent Nguyen dispensed RX# 1603471, which contained the incorrect 300-mcg Levothyroxine dosage, to patient K.O.

10. Respondent Nguyen failed to create a physical or electronic record of patient counseling or the refusal of patient counseling for the dispensing of RX# 1603471 on November 12, 2021.

11. On February 7, 2022, Respondent Smyrniotis performed the warning verification, data entry verification, and verified a refill of RX# 1603471 containing the incorrect 300-mcg dosage.

12. On February 10, 2022, Respondent Smyrniotis dispensed the refill of RX #1603471, which contained the incorrect 300-mcg Levothyroxine dosage, to patient K.O.

13. Patient K.O. ingested the 300-mcg dosages of Levothyroxine dispensed on November 12, 2021, and February 10, 2022, until she next visited her doctor on May 10, 2022.

14. Dr. McKenzie prescribed 5mg of Methimazole for patient K.O., to be taken 3 times per day for 10 days, to counteract the Levothyroxine overdose.

15. Patient K.O. reported negative side effects resulting from the incorrect 300-mcg dosages of Levothyroxine including weight loss, hair loss, rapid heart rate, and irritability.

APPLICABLE LAW

16. The Board may suspend or revoke any certificate, license, registration or permit pursuant to NRS 639.210(4) upon a finding that the holder has failed to strictly follow the instructions of the practitioner writing a prescription or chart order, which constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(d).

17. The Board may suspend or revoke any certificate, license, registration or permit pursuant to NRS 639.210(4) upon a finding that the holder performed his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC 639.945(1)(h).

18. The Board may suspend or revoke any certificate, license, registration or permit pursuant to NRS 639.210(15) upon the finding that the holder, as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of NRS Chapter 639 or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision.

19. A pharmacist or an intern pharmacist under the supervision of a pharmacist shall verbally provide a patient or a person caring for the patient with information about each prescription drug or device dispensed to the patient that: (a) has not been previously dispensed to the patient from that pharmacy; or (b) that has been previously dispensed to the patient or refilled by that pharmacy, if, in the professional judgment of the pharmacist or intern pharmacist: (1) the

information would improve the drug therapy of the patient; or (2) a reasonable concern relating to the safety or efficacy of the drug therapy of the patient was raised by the review of the patient's record. NAC 639.707.

20. "A pharmacist or intern pharmacist shall, at the time that counseling is provided or refused: (a) [i]nitial a written document that is maintained at the pharmacy to record whether counseling was provided to or refused by the patient . . .; or (b) [e]nter pursuant to NAC 639.751, initials onto a computerized system used by the pharmacy for recording information concerning prescriptions to indicate whether counseling was provided to or refused by a patient[.]" NAC 639.707(6).

21. Any violation of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5).

22. The owner of any business of facility licensed, certified, or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

23. The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission. NAC 639.702.

24. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation. NRS 639.255(3).

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COUNT ONE
Unprofessional Conduct
(Respondents Nguyen and Smyrniotis)

25. Respondents Nguyen and Smyrniotis engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when they failed to strictly follow the instructions of Dr. McKenzie by erroneously verifying and then dispensing RX #1603471 with a 300-mcg dosage instead of 50-mcg dosage, as prescribed to Patient K.O. Respondents Nguyen and Smyrniotis are therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

COUNT TWO
Failure to Create Record of Counseling
(Respondent Pharmacist – Nguyen)

26. By failing to create a record of whether counseling was provided or refused, Respondent Nguyen violated NAC 639.707(6) and is therefore subject to discipline pursuant to NRS 639.210(6) and/or NRS 639.255.

COUNT THREE
Pharmacy/Pharmacy Owner Responsibility
(Respondent CVS #8792)

27. To the extent the dispensing errors and/or record keeping omissions on RX #1603471 were attributable to employees of CVS #8792 including Respondent Nguyen, Respondent Smyrniotis, and/or pharmaceutical technician Gonzalez, CVS #8792 is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702, and NAC 639.945(2). Respondent CVS #8792 is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255(3).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 13th day of March 2023.

J. David Wuest, R.Ph., Executive Secretary,
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8792,** **Pharmacy License No. PH01364,** **Respondent.**	**CASE NO. 22-211-PH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 12, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place Reno-Tahoe Airport
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13th day of MARCH, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #8792,** **Pharmacy License No. PH00637,** **Respondent.**	**Case No. 22-211-PH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR CVS PHARMACY #8792

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of March, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

CVS Pharmacy #8792
680 N McCarran Blvd
Sparks, NV 89431

Brian Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932

Eric Nguyen
[redacted] Vine Street
Reno, NV 89503

Eric Nguyen
680 N McCarran Blvd
Sparks, NV 89431

Christopher Smyrniotis
1993 Errecart Blvd
Elko, NV 89801

Christopher Smyrniotis
[redacted] Parkview Dr.
Elko, NV 89801

Darlene Nases
DARLENE NASES

5H

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC NGUYEN, RPH,** **Certificate of Registration No. 20856,** **Respondent.**	**Case No. 22-211-RPH-A-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 12, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place Reno-Tahoe Airport
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13th day of March, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC NGUYEN, RPH,** **Certificate of Registration No. 20856,** **Respondent.**	**Case No. 22-211-RPH-A-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

ERIC NGUYEN, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of March, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

CVS Pharmacy #8792
680 N McCarran Blvd
Sparks, NV 89431

Brian Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932

Eric Nguyen
[redacted]Vine Street
Reno, NV 89503

Eric Nguyen
680 N McCarran Blvd
Sparks, NV 89431

Christopher Smyrniotis
1993 Errecart Blvd
Elko, NV 89801

Christopher Smyrniotis
[redacted]Parkview Dr.
Elko, NV 89801

Darlene Nases

DARLENE NASES

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CHRISTOPHER SMYRNIOTIS, RPH, Certificate of Registration No. 17855,** **Respondent.**	**Case No. 22-211-RPH-B-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 12, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place Reno-Tahoe Airport
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13th day of MARCH, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CHRISTOPHER SMYRNIOTIS, RPH, Certificate of Registration No. 17855,** **Respondent.**	**Case No. 22-211-RPH-B-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

CHRISTOPHER SMYRNIOTIS, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of March, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

CVS Pharmacy #8792
680 N McCarran Blvd
Sparks, NV 89431

Brian Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932

Eric Nguyen
[redacted] Vine Street
Reno, NV 89503

Eric Nguyen
680 N McCarran Blvd
Sparks, NV 89431

Christopher Smyrniotis
1993 Errecart Blvd
Elko, NV 89801

Christopher Smyrniotis
[redacted] Parkview Dr.
Elko, NV 89801

Darlene Nases
DARLENE NASES

5J

FILED
JAN 30 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT STEPHEN FREDERICKS, MD, Certificate of Registration No. CS02438,** **Respondent.**	**CASE NO. 22-197-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Robert Stephen Fredericks, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS02438, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about June 10, 2022, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 22-5901-1 and imposed discipline on Respondent's License No. 4014 to practice medicine for engaging in conduct in violation of the standards of practice established by the NSBME, specifically for violations of NAC 630.3062(1)(h) and (g) related to prescribing controlled substances from July 31, 2018, to May 21, 2021.

APPLICABLE LAW

3. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in conformance with the requirements of NRS 639.2391-.23914, *inclusive*, and after review of a patient's utilization report in the Prescription Monitoring Program (PMP) database in conformance with NRS 639.23507. 21 CFR § 1306.04(a); NRS 453.381(1).

4. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

5. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

6. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

7. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE
Violation of Federal Controlled Substances Act

8. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 22-5901-1, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 1306.04(a), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(11) and/or NRS 639.23916(3)(b).

COUNT TWO
Violations of State Law

9. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 22-5901-1, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.381(1), NRS 639.2391-.23914, *inclusive*, and/or NRS 639.23507,

and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b)

COUNT THREE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

10. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 22-5901-1, and by violating 21 CFR § 1306.04(a), NRS 453.381(1), NRS 639.2391-.23914, *inclusive*, and/or NRS 639.23507, Respondent has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(4) and/or NRS 639.23916(3)(b).

COUNT FOUR

Commission of Acts that Render Registration Inconsistent with the Public Interest

11. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 22-5901-1, and by violating 21 CFR § 1306.04(a), NRS 453.381(1) and/or NRS 639.2391-.23914, *inclusive*, and/or NRS 639.23507, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 30th day of January, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT STEPHEN FREDERICKS, MD, Certificate of Registration No. CS02438,** **Respondent.**	**Case No. 22-197-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 12, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of JANUARY, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of February 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Robert Stephen Fredericks, MD
1495 Ridgeview Dr. #230
Reno, NV 89519

SHIRLEY HUNTING

FILED
FEB 17 2023
NEVADA STATE BOARD
OF PHARMACY

GUNDERSON LAW FIRM
Mark H. Gunderson, Esq.
Nevada State Bar No. 2134
mgunderson@gundersonlaw.com
Catherine A. Reichenberg, Esq.
Nevada State Bar No. 10362
creichenberg@gundersonlaw.com
3895 Warren Way
Reno, Nevada 89509
Telephone: 775.829.1222
Facsimile: 775.829.1226
Attorneys for Robert S. Fredericks, MD

BEFORE THE NEVADA BOARD OF PHARMACY

NEVADA BOARD OF PHARMACY,

Petitioner,

v.

ROBERT STEPHEN FREDERICKS, MD,
Certificate of Registration No. CS02438

Respondent.
_____/

CASE NO. 22-197-CS-N

ANSWER AND NOTICE OF DEFENSE

Comes now the Respondent, ROBERT STEPHEN FREDERICKS, MD ("Dr. Fredericks"), by and through his counsel of record Mark H. Gunderson, Esq. and Catherine A. Reichenberg, Esq., of Gunderson Law Firm, and files this Answer to the Notice of Intended Action and Accusation (the "Accusation") of the NEVADA BOARD OF PHARMACY (the "Board") in the above-entitled matter as is set forth below. By this Answer to the Accusation, Dr. Fredericks, states that he has no objection to the Accusation based on it being incomplete or failing to state clearly the charges against him.

1. Dr. Fredericks admits the allegations contained in Paragraph 1 of the Accusation.
2. Dr. Fredericks admits the allegations contained in Paragraph 2 of the Accusation.
3. Dr. Fredericks admits the allegations contained in Paragraph 3 of the Accusation.
4. Dr. Fredericks admits the allegations contained in Paragraph 4 of the Accusation.
5. Dr. Fredericks admits the allegations contained in Paragraph 5 of the Accusation.

6. Dr. Fredericks admits the allegations contained in Paragraph 6 of the Accusation.

7. Dr. Fredericks admits the allegations contained in Paragraph 7 of the Accusation.

8. Dr. Fredericks denies the allegations contained in Paragraph 8 of the Accusation as to 21 CFR § 1306.04(a).

9. Dr. Fredericks denies the allegations contained in Paragraph 9 of the Accusation as to NRS 453.381(1) and NRS 6139.2391-23914, inclusive. Dr. Fredericks admits that he inadvertently, but not willfully, violated the provisions of NRS 639.23507.

10. Dr. Fredericks denies the allegations contained in Paragraph 10 of the Accusation.

11. Dr. Fredericks denies the allegations contained in Paragraph 11 of the Accusation.

AFFIRMATIVE DEFENSES

1. At all times that Dr. Fredericks has prescribed controlled substances, he has done so for a legitimate medical purpose as required by 21 CFR § 1306.04(a).

2. At all times that Dr. Fredericks has prescribed controlled substances, he has done so for a legitimate medical purpose as required by NRS 453.381(1).

3. At all times that Dr. Fredericks has prescribed controlled substances, he has done in compliance with NRS 6139.2391-23914, inclusive.

4. Dr. Fredericks' failure to comply with the requirements of NRS 639.23507 was inadvertent and not willful.

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GUNDERSON LAW FIRM
A PROFESSIONAL
LAW CORPORATION
3895 Warren Way
RENO, NEVADA 89509
(775) 829-1222

5. At all times since June 10, 2022, Dr. Fredericks has fully complied with all of the terms and provisions of that certain Settlement Agreement related to Case No. 22-5901-1 entered into by and between the Dr. Fredericks and the Board of Medical Examiners of the State of Nevada.

AFFIRMATION

The undersigned does affirm that the preceding document, **ANSWER AND NOTICE OF DEFENSE**, filed with the Nevada State Board of Pharmacy, does not contain the social security number of any person.

DATED this 17 day of February, 2023.

GUNDERSON LAW FIRM

By: _____

Mark H. Gunderson, Esq.
Nevada State Bar No. 2134
Catherine A. Reichenberg, Esq.
Nevada State Bar No. 10362
3895 Warren Way
Reno, NV 89506
Telephone: 775.829.1222
Facsimile: 775.829.1226
Attorney for Robert S. Fredericks, MD

VERIFICATION

I, Robert S. Fredericks, MD, being the respondent in the above captioned matter, have read the foregoing ANSWER AND NOTICE OF DEFENSE, and declare, under penalty of perjury all facts and statements herein are true and correct to the best of my knowledge.

Dated this 17th day of February, 2023.

Robert S. Fredericks, MD

GUNDERSON LAW FIRM
A PROFESSIONAL LAW CORPORATION
3895 Warren Way
RENO, NEVADA 89509
(775) 829-1222

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of the law office of Gunderson Law Firm, and that on the 17 day of February, 2023, I deposited for mailing in Reno, Nevada a true and correct copy of the **ANSWER AND NOTICE OF DEFENSE**, to the following:

Brett Kandt, Esq.
J. David Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno Nevada 89521
b.kandt@pharmacy.nv.gov
p.keegan@pharmacy.nv.gov

Cinnamon Konieczka

GUNDERSON LAW FIRM
A PROFESSIONAL
LAW CORPORATION
3895 Warren Way
RENO, NEVADA 89509
(775) 829-1222

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT STEPHEN FREDERICKS, MD, Certificate of Registration No. CS02438,** **Respondent.**	**CASE NO. 22-197-CS-N** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Robert Stephen Fredericks, MD, Certificate of Registration No. CS02438, by and through counsel**,** Catherine Reichenberg, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about January 30, 2023, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about February 17, 2023, Respondent filed an Answer and Notice of Defense to the Accusation.

4. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*:

A. On or about June 10, 2022, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 22-5901-1 and imposed discipline on Respondent's License No. 4014 to practice medicine for engaging in conduct in violation of the standards of practice established by the NSBME, specifically for violations of NAC 630.3062(1)(h) and (g) related to prescribing controlled substances from July 31, 2018, to May 21, 2021.

B. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 22-5901-1, Respondent is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

C. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 22-5901-1, and by violating NRS 639.23507, Respondent is in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(4) and/or NRS 639.23916(3)(b).

D. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 22-5901-1, and by violating NRS 639.23507, Respondent is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210, NRS 639.23916(3)(b) and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. The certificate of registration of Robert Stephen Fredericks, MD, Certificate of Registration No. CS02438, is suspended for a period of two (2) years pursuant to NRS 453.241(1)(a). The suspension is stayed, and Respondent is placed on probation pursuant to NRS 639.255(1)(b) subject to the following conditions:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a prescribing practitioner under NRS Chapter 453 and Chapter 639;

B. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars ($5,000.00), through monthly payments pursuant to the following schedule:

Due Date	**Amount**
5/1/2023	500.00
6/1/2023	500.00
7/1/2023	500.00
8/1/2023	500.00
9/1/2023	500.00
10/1/2023	500.00
11/1/2023	500.00
12/1/2023	500.00
1/1/2024	500.00
2/1/2024	500.00
TOTAL	**$5000.00**

Respondent shall make the monthly payments of the fine amount by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the

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Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521**.** Respondent has the right to pre-pay any or all of the payments;

C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order;

D. Respondent shall establish and put into practice all necessary policies and procedures to ensure that any controlled substance prescription complies with the provisions of NRS 639.23507 and all applicable regulations; and

E. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her while on probation.

Upon successful completion of probation, Respondent's Certificate of Registration No. CS02438 will be fully restored.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may lift the stay and immediately suspend Respondent's Certificate of Registration No. CS02438 and impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on April 12, 2023.

Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of April, 2023

ROBERT STEPHEN FREDERICKS, MD,
Certificate of Registration No. CS02438

Signed this ___ day of April, 2023

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of April, 2023

CATHERINE REICHENBERG, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Robert Stephen Fredericks, MD, Certificate of Registration No. CS02438, in Case No. 22-197-CS-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of April, 2023.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GARY ROYCE WISNER, MD,** **Certificate of Registration No. CS28822,** **Respondent.**	**Case No. 22-423-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Gary Royce Wisner, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS28822, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about June 16, 2022, in *California vs. Gary Royce Wisner*, Sacramento County, California, Superior Court Case No. 18FE013037, Respondent was convicted on 10 felony counts of health care insurance fraud, in violation of California Penal Code §550(a).

APPLICABLE LAW

3. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

4. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

5. Conviction of a felony related to holding a controlled substance registration or any other crime involving moral turpitude, dishonesty or corruption is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(7)(a) and (c).

COUNT ONE

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

6. By his conviction on 10 felony counts of health care insurance fraud, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h) and is therefore subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT TWO

Felony Convictions for Health Care Insurance Fraud

7. By his conviction on 10 felony counts of health care insurance fraud, Respondent is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or 639.210(7)(a) and (c).

COUNT THREE

Commission of Acts that Render Registration Inconsistent with the Public Interest

8. By his conviction on 10 felony counts of health care insurance fraud, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest, and is therefore subject to discipline pursuant to NRS 453.236(1)(d), NRS 453.241(1), NRS 639.210(11) and/or NRS 639.210(12).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 2nd day of MARCH, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GARY ROYCE WISNER, MD,** **Certificate of Registration No. CS28822,** **Respondent.**	**Case No. 22-423-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 12, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 2ND day of MARCH, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GARY ROYCE WISNER, MD,** **Certificate of Registration No. CS28822,** **Respondent.**	**Case No. 22-423-CS-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

GARY ROYCE WISNER, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of March 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Gary Royce Wisner, MD
[redacted] North Locust Tree Road
Lodi, CA 95240

SHIRLEY HUNTING

18FE013037

XAVIER BECERRA
]Attorney General of California
ALAN B. ROBISON
Supervising Deputy Attorney General
THOMAS BRENNAN
Deputy Attorney General
State Bar No. 192072
Bureau of Medi-Cal Fraud and Elder Abuse
2329 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833-4252
Telephone: (916) 621-1844
Fax: (916) 274-2929
E-mail: Thomas.Brennan@doj.ca.gov
Attorneys for the People of the State of California

FILED
ENDORSED
JUL 9 2018
By R. WELLS
Deputy Clerk

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SACRAMENTO

THE PEOPLE OF THE STATE OF CALIFORNIA,

Plaintiff,

v.

GARY ROYCE WISNER,

Defendant.

Case No. 18FE013037

FELONY COMPLAINT

[AG DOCKET No: SA2016103925]

The People of the State of California hereby allege that in the County of Sacramento, State of California, and elsewhere, within the State of California, before the drafting of this criminal complaint, the above-named defendant, Gary Wisner (DOB [redacted]), committed the following criminal offenses, all connected in their commission yet constituting separate criminal offenses:

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Attorney General Office Copy

COPY

COUNT 1
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, August 17, 2016 and December 6, 2016, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving J. Martinez and the Medi-Cal Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

COUNT 2
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, July 10, 2015 and July 29, 2016, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving K. Chitwood and the Medi-Cal Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

COUNT 3
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, May 29, 2015 and March 23, 2016, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving M. Berkeland and the Medi-Cal Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

COUNT 4
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, April 15, 2016 and October 31, 2016, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving B. Frechette and the Medi-Cal Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

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COUNT 5
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, January 12, 2016 and December 1, 2016, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving A. Suddith and the Medi-Cal Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

COUNT 6
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, October 28, 2013 and September 23, 2016, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving C. Grabowski and the Medicare Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

COUNT 7
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, January 7, 2013 and September 9, 2016, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving B. Figueroa and the Medicare Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

COUNT 8
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, November 6, 2013 and February 13, 2015, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving G. Mettler and the Medicare Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

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COUNT 9
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, February 7, 2013 and September 23, 2015, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving M. Brusstar and the Medicare Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

COUNT 10
Penal Code section 550, subdivision (a)(5) – Felony
Healthcare Insurance Fraud – 2, 3, or 5 years

On or about, and between, April 1, 2016 and August 26, 2016, Gary Wisner did knowingly prepare, make, or subscribe writings, with the intent to present and use them, or allow them to be presented, in support of false and fraudulent claims involving K. Rosen and the Medicare Healthcare Insurer, in violation of Penal Code section 550, subdivision (a)(5), a felony.

I declare under penalty of perjury, on information and belief, pursuant to the laws of the State of California, that the foregoing is true and correct.

Dated: July 5th, 2018

Respectfully Submitted,

XAVIER BECERRA
Attorney General of California

THOMAS M. BRENNAN
Deputy Attorney General
Attorneys for the People of the State of California

REQUEST FOR DISCOVERY

Pursuant to Penal Code section 1054.5, subdivision (b), the People request from defendant and defense counsel all materials and information required to be disclosed to the prosecution by the defense under the authority of Penal Code section 1054.3, including the following:

1. The names and addresses of persons, other than the defendants, whom the defendants intend to call as witnesses at trial. [Pen. Code § 1054.3, subd. (a)].

2. Any relevant written or recorded statements of persons whom the defendants intend to call as witnesses at trial. [Pen. Code § 1054.3, subd. (a)].

3. Any reports of the statements of persons whom the defendants intend to call as witnesses at trial. [Pen. Code § 1054.3, subd. (a)].

4. Any reports or statements of experts made in connection with the case. [Pen. Code § 1054.3, subd. (a)].

5. Any results of physical or mental examinations, scientific tests, experiments or comparisons which the defendants intend to offer in evidence at the trial. [Pen. Code § 1054.3, subd. (a)].

6. Any real evidence which the defendant intends to offer in evidence at the trial. [Pen. Code § 1054.3, subd. (a)].

This is a continuing request for the above information. If the information becomes available at a future time, the prosecution, by this request, asks that it be immediately disclosed to the prosecution.

HOLDING ORDER

Defendant GARY WISNER:

_____ Based on the evidence presented at the preliminary hearing, it appears that the following offenses charged in the above Complaint have been committed and there is sufficient cause to believe Defendant GARY WISNER is guilty of these offenses.

_____ Defendant has waived preliminary hearing of the offenses charged in the above complaint. Exceptions/Additions/Conditions:_____

IT IS ORDERED, pursuant to Penal Code section 872, it appearing that the offense(s) in the within complaint have been committed, and that there is sufficient cause to believe that the Defendant is guilty and held to answer in Superior court to the following offenses:

COUNT	CHARGE	CHARGE RANGE
1	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years
2	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years
3	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years
4	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years
5	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years
6	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years
7	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years

8	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years
9	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years
10	Penal Code section 550(a)(5) – a Felony Healthcare Fraud	2, 3, or 5 years

In my capacity as Judge of the Superior Court, I deem the within Complaint to be the Information and order it filed as such in the Superior Court.

Dated this ____ day of _____, 20____

_____
JUDGE OF THE SUPERIOR COURT

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO
MINUTE ORDER - PROCEEDINGS

WISNER, GARY ROYCE X-REF: 3085640 CASE NO.: 18FE013037

D.A.G.: THOMAS BRENNAN RET: ALBERT M. ELLIS & ADAM RAMIREZ

DATE	JUDGE	DEPT	REL	CSR	PROCEEDINGS
6/16/22	S. WHITE	40	CASH BAIL	8687	JURY TRIAL DAY 9 (SEE FORMAL ORDER)
					DAG THOMAS BRENNAN PRES IN COURTROOM; RET ALBERT ELLIS & RET ADAM RAMIREZ PRES IN COURTROOM W/ DEF.;
					PEOPLE CLOSING; DEFENSE CLOSING; PEOPLE REBUTTAL; JURY DELIBERATIONS
					VERDICTS: CT. 1 - GUILTY CT. 2 - GUILTY CT. 3 - GUILTY CT. 4 - GUILTY CT. 5 - GUILTY CT. 6 - GUILTY CT. 7 - GUILTY CT. 8 - GUILTY CT. 9 - GUILTY CT. 10 - GUILTY
					REFER TO PROBATION FOR REPORT; REFER TO PROBATION PURS. PC 29810; DEFT ADVISED & PROVIDED W/ FIREARMS PROHIB PACKET; SUBMIT DNA SAMPLE PURS. PC 296
					MATTER CONT 8/5/22 1:30PM D40 FOR J&S
					DEF REMAINS REL CASH BAIL

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO
MINUTE ORDER - PROCEEDINGS

WISNER, GARY ROYCE X-REF: 3085640 CASE NO.: 18FE013037

D.A.G.: THOMAS BRENNAN RET: ALBERT M. ELLIS & ADAM RAMIREZ

DATE	JUDGE	DEPT	REL	CSR	PROCEEDINGS
9/2/22	S. WHITE	40	CASH BAIL	8687	PROBATION HEARING JUDGMENT & SENTENCING
					DAG THOMAS BRENNAN PRES IN COURTROOM; RET ALBERT ELLIS & RET ADAM RAMIREZ PRES IN COURTROOM W/ DEF.;
					PROB REPORT RCVD, READ, & FILED
					JS: PURS TO 1170(h)(5)(B) PC - PROB DENIED
					PRINCIPLE TERM: CT 1: MT 3yr CJP CT 3: 1/3 MT 1yr CJP C/S CT 5: 1/3 MT 1yr CJP C/S CT 7: 1/3 MT 1yr CJP C/S CT 9: 1/3 MT 1yr CJP C/S CT 2: MT 3yr CJP C/C CT 4: MT 3yr CJP C/C CT 6: MT 3yr CJP C/C CT 10: MT 3yr CJP C/C
					AGG TERM: 7YR(S) CJP
					CREDITS: 1 ACT + 0 GT/WT = 1 TOTAL
					THE FIRST 2 YR(S) SHALL BE SERVED IN THE CJ; CONSECUTIVE; THE CONCLUDING TERM OF 5 YRS MOS. SHALL BE ON MANDATORY SUPERVISION TO THE PROB DEPT. UNDER THE TERMS AND CONDS. LISTED ON THE ATTACHED PROB RPT PGS 1 TO 14 AS MOD.
					VICT REST AMT TBD REST BRIEFS DUE 11/17/22 RESPONSIVE PLEADINGS DUE 12/2/22 REST HEARING 2/3/23 1:30PM D40
					CONT NEXT PAGE

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO
MINUTE ORDER - PROCEEDINGS

WISNER, GARY ROYCE X-REF: 3065640 CASE NO.: 18FE013037

D.A.G.: THOMAS BRENNAN RET: ALBERT M. ELLIS & ADAM RAMIREZ

DATE	JUDGE	DEPT	REL	CSR	PROCEEDINGS
					TESTING: DNA 296 PC COA $400.00; FACILITY FEE $300.00; REF TO DRR FOR ALL FINES/FEES/REST REF TO PROB FOR SUPERVISION REM - SSD

5L

FILED
MAR 02 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CARRIE LEE LAMBERT, DVM,** **Certificate of Registration No. DV00694,** **Respondent.**	**Case No. 22-484-DV-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Carrie Lee Lambert, DVM, held a dispensing veterinarian registration, Certificate of Registration No. DV00694, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about July 23, 2015, the Nevada State Board of Veterinary Medical Examiners (NSBVME) entered an order in Case No. 06-2016DVM-21 and imposed discipline on Respondent's License No. 1116 to practice veterinary medicine for engaging in conduct in violation of the standards of practice established by the NSBVME.

3. On or about February 13, 2019, the NSBVME entered an order in Case No. 06-2016DVM-21 allowing reinstatement of Respondent's License No. 1116 to practice veterinary medicine subject to certain conditions.

4. On or about October 15, 2020, Respondent appeared before the Board and was granted her dispensing veterinarian registration subject to the conditions that she remain in compliance with the NSBVME orders entered in Case No. 06-2016DVM-21 and that Pharmacist Recovery Network evaluations be submitted quarterly to the Board.

5. On or about December 12, 2022, the NSBVME suspended Respondent's License No. 1116 to practice veterinary medicine for non-compliance with the NSBVME orders entered in Case No. 06-2016DVM-21 arising from alcohol abuse.

6. On or about January 27, 2023, Board staff served Respondent with notice that the suspension of her License No. 1116 to practice veterinary medicine operates as an immediate suspension of her Certificate of Registration No. DV00694 with the Board.

7. Respondent has failed to comply with the conditions placed on her dispensing veterinarian registration by the Board.

APPLICABLE LAW

8. A veterinarian must hold an active license from the NSBVME to practice his or her profession in this State and be registered with the Board to dispense prescription drugs. NRS 639.100; NRS 639.23505; NAC 639.7423.

9. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

10. Violating any term or condition of an order issued by the Board constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(l) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

11. A substance use disorder is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(5).

COUNT ONE
Suspension of License to Practice Veterinary Medicine for Cause

12. By the suspension of Respondent's License No. 1116 to practice veterinary medicine for non-compliance with the NSBVME orders entered in Case No. 06-2016DVM-21 arising from alcohol abuse, Respondent no longer qualifies for registration as a dispensing veterinarian under state law and is subject to discipline pursuant to NRS 639.210(5).

13. The pre-hearing suspension of Respondent's Certificate of Registration No. DV00694 pursuant to NRS 233B.127(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

COUNT TWO
Unprofessional Conduct

14. By her actions as alleged herein, Respondent has performed her duties as the holder of a Nevada dispensing veterinarian registration in an incompetent, unskillful or negligent manner, violated the conditions placed upon her dispensing veterinarian registration, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (l), and is subject to discipline pursuant to NRS 639.210(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of this respondent.

DATED this 2nd day of MARCH 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CARRIE LEE LAMBERT, DVM,** **Certificate of Registration No. DV00694,** **Respondent.**	**Case No. 22-484-DV-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 12, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 2nd day of MARCH 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 2nd day of March 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Carrie Lee Lambert, DVM
[redacted] Satellite Drive
Sparks, NV 89436

SHIRLEY HUNTING

FILED
MAR 13 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CARRIE LEE LAMBERT, DVM,** **Certificate of Registration No. DV00694,** **Respondent.**	**Case No. 22-484-DV-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I admit I relapsed on alcohol after years of sobriety and notified the Nevada state Veterinary Board. Currently I am suspended with them pending a period of time of proven sobriety. Therefore, I am not disputing your accusations.

Please note that I never practiced or prescribed under the influence, nor have I abused or misused my license to prescribe. This matter was drawn to attention by me notifying them personally.

Currently I am back in AA and working with my sponsor to help identify where I went wrong and what I can do diffently. The other step I am taking is to attend out Patient Services with Step2. Through them I receive individual counseling along with several random tests a week. I will have them email a verification of my enrollment there. Additionally, I will sign a release of information so you may have access to my test results if desired.

I am kindly asking for suspension rather than revocation at this time and to appear before you April 12th to discuss this matter.

Thank you for your time and understanding,

Carrie Lambert, DVM

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 6 day of March 2023.

CARRIE LEE LAMBERT, DVM

From: Yenh Long
Sent: Tuesday, November 1, 2022 2:14 PM
To: 'Carrie Lambert' [redacted]
Cc: Kristopher Mangosing <kmangosing@pharmacy.nv.gov>; David Wuest <dwuest@pharmacy.nv.gov>; Peter Keegan <p.keegan@pharmacy.nv.gov>
Subject: RE: Update

Hello Dr. Lambert,

I am following up on communication back in August. Below is a screenshot of the minutes from your appearance at the October 2020 Nevada State Board of Pharmacy meeting. As is stated in the minutes, your application for a Veterinarian Authority to Dispense Drugs Registration was approved with conditions that you comply with the Nevada State Board of Veterinary Medical Examiners' Stipulated Agreement, and that quarterly PRN-PRN evaluations be submitted to the Nevada State Board of Pharmacy Staff.

I understand that you no longer see Carol Shaye and you are now seeing CJ Gira at Step2Reno. I see that you have sent in a letter to me from Carol Shaye that you have "complied with all group, individual, and treatment recommendations while in treatment". **However, the condition that you provide the Board of Pharmacy with quarterly reports have not been met**. Reports regarding your progress from Carol Shaye have only been submitted on 6/24/2021, 9/16/2021, and 07/30/2022.

Please provide the Board of Pharmacy with the other quarterly reports to meet the conditions of your license by 11/08/2022. If you do not send the reports, the Board may take action against your license. For now, I cannot proceed with your controlled substance registration as we have this outstanding issue with the existing conditions on your current license.

10. Application for Veterinarian Authority to Dispense Drugs Registration – Appearance.

A. Carrie Lambert, DVM

Carrie Lambert appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Wuest provided background that Ms. Lambert has been in treatment for alcohol abuse for the last three years and is currently in treatment. She is in compliance with her program and is applying for Veterinarian Authority to Dispense Dangerous Drugs.

Ms. Lambert stated that Mr. Wuest's summary is correct.

Ms. Lambert answered questions to the Board's satisfaction.

Board Action:

Motion: Wayne Mitchell moved that the application for Ms. Lambert be approved with conditions that she comply with the Nevada State Board of Veterinary Medical Examiners' Stipulated Agreement, and that quarterly PRN-PRN evaluations be submitted to the Nevada State Board of Pharmacy Staff.

Second: Jade Jacobo

Action: Passed unanimously.

Thank you,
Yenh

From: Yenh Long
Sent: Thursday, August 4, 2022 9:52 AM
To: 'Carrie Lambert' <[redacted]
Cc: Kristopher Mangosing <kmangosing@pharmacy.nv.gov>
Subject: RE: Update

Ms. Lambert,

I have not heard from you or Carol regarding your quarterly reports. Please send them over to me by the end of next week 8/12/2022.

Thank you,
Yenh

From: Yenh Long
Sent: Tuesday, July 19, 2022 8:29 AM
To: Carrie Lambert <[redacted]
Cc: Kristopher Mangosing <kmangosing@pharmacy.nv.gov>
Subject: RE: Update

Hi Carrie,

We just need all of the quarterly reports as soon as possible. Please have Carol send the reports in when she gets back.

Thank you,

Yenh Long, Pharm.D., BCACP
Nevada State Board of Pharmacy
Email: ylong@pharmacy.nv.gov
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89512
Ph: 775-850-1440
Fax: 775-850-1444

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

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From: Carrie Lambert [redacted]
Sent: Tuesday, July 19, 2022 8:14 AM
To: Yenh Long <ylong@pharmacy.nv.gov>
Subject: Re: Update

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Ok. Thank you I was unclear about what was missing. CJ said she can send one today. Are you missing anything from Carol? I won't be able to get those until she returns in a couple weeks…

Thank you for all your help!

On Tue, Jul 19, 2022 at 7:57 AM Yenh Long <ylong@pharmacy.nv.gov> wrote:

> Hi Carrie,
>
> Thank you for this information. As a condition of your dispensing registration, you were to continue the order from the Veterinary Board and provide quarterly evaluations from your counselors to the Board of Pharmacy. To date we have not received all of your quarterly reports. Please provide these reports to us. The reports have to come directly from your counselor.
>
> Thank you,

Yenh Long, Pharm.D., BCACP

Nevada State Board of Pharmacy

Email: ylong@pharmacy.nv.gov

985 Damonte Ranch Parkway, Suite 206

Reno, NV 89512

Ph: 775-850-1440

Fax: 775-850-1444

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From: Carrie Lamber [redacted]
Sent: Monday, July 18, 2022 12:21 PM
To: Yenh Long <ylong@pharmacy.nv.gov>
Subject: Update

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi! I just wanted to let you know that I sent CJ Gira at step 2 an email asking her to update you. I see her in person tomorrow so I can discuss it with her then as well. Carol Schaye is now retired but I am still in contact with her. She is leaving for a trip tomorrow but if you need anything from Carol, I can ask her when she returns. CJ Giro has been my counselor since early May and I have been testing through step 2. The vet board was updated previously on my change in counseling. They have been updated through this process and I haven't been told it was a problem of any kind. There are no new legal or work issues to report. Please let me know if you need anything from Carol or if you don't receive the information you need from CJ.

Thank you!

Carrie Lambert

(775) [redacted]

Darlene Nases

From: Carrie Lambert [redacted]
Sent: Thursday, August 4, 2022 10:39 AM
To: Yenh Long
Subject: Fwd: see attached
Attachments: carrie pharmacy board.docx

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---------- Forwarded message ---------
From: **Carrie Lambert** <dogscatstravel@gmail.com>
Date: Thu, Aug 4, 2022 at 10:37 AM
Subject: Fwd: see attached
To: <ylong@pharmacynv.gov>

I know you need it directly but I am forwarding what Carol Schaye sent the pharmacy board a few days ago. Please let me know if you need anything else. Sorry, this has been confusing in trying to coordinate everything. The Veterinary Board has been contacted throughout this process and I am still in contract with them and practicing. Their phone number is (775) 688-1788 if you need to reach them. Thank you for all your help!

Carrie Lambert
(775)[redacted]
---------- Forwarded message ---------
From: **Carol schaye** <methodvideo2@att.net>
Date: Sat, Jul 30, 2022 at 5:48 PM
Subject: see attached
To: Dogscatstravel <dogscatstravel@gmail.com>, pharmacy@pharmacy.nv.gov <pharmacy@pharmacy.nv.gov>

Attached is a letter regarding Carrie Lambert DVM

Carol Schaye
260 Parr Blvd #D5 Reno, NV 89512

Email Confidentiality Notice: The information contained in this transmission is privileged and confidential and/or protected health information (PHI) and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA). This transmission is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended

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you have received this transmission in error, please contact the sender immediately by replying to this email and deleting this email and any attachments from any computer

Carols Counseling

260 Parr Blvd D5, Reno, NV 89521

To: Nevada Board for Pharmacy Date ;7-30-2022

From; Carol Schaye RNc, LADC Director

Re; Carrie Lambert DVM

Dr. Lambert has complied with all group, individual and treatment recommendations while in treatment at this agency. Dr Lambert completed felony DUI court with over four years of total abstinence. She was referred to ”Step Two” to complete her contract with the Veterinary Board because this writer has retired, closed treatment and referred all clients elsewhere. Dr Lambert’s prognosis is good for on going recovery.

Carol Schaye LADC, Program Director

(775) 240-5251 methodvideo2@att.net

This notice accompanies a disclosure of information concerning a alcohol and drug program client that is made to you with the client’s consent. This information has been disclosed to you from records that are protected by Federal confidentiality rules (42 C.F.R. Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client

Darlene Nases

From: Yenh Long
Sent: Thursday, August 4, 2022 10:48 AM
To: CJ Gira
Cc: dogscatstravel
Subject: RE: Carrie L

Hello CJ,

Yes, thank you.

Yenh

From: CJ Gira <cjgira@Step2Reno.org>
Sent: Thursday, August 4, 2022 9:54 AM
To: Yenh Long <ylong@pharmacy.nv.gov>
Cc: dogscatstravel <dogscatstravel@gmail.com>
Subject: Re: Carrie L

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I will fax over all UA documentation and send a summary of counseling services and groups on STEP2 Letterhead...does that work?

From: Yenh Long <ylong@pharmacy.nv.gov>
Sent: Thursday, August 4, 2022 9:50 AM
To: CJ Gira <cjgira@Step2Reno.org>
Subject: RE: Carrie L

Hello CJ,

I am assuming that you are emailing me regarding Ms. Carrie Lambert? I would need something more official than an email, including laboratory results of her weekly negative urine tox screens. Ms. Lambert was required to provide quarterly reports regarding her treatment. Our office have not received all required reports. Please email or fax me the reports for Carrie Lambert.

Thank you,

Yenh Long, Pharm.D., BCACP
Nevada State Board of Pharmacy
Email: ylong@pharmacy.nv.gov
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89512
Ph: 775-850-1440
Fax: 775-850-1444

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From: CJ Gira <cjgira@Step2Reno.org>
Sent: Thursday, August 4, 2022 9:38 AM
To: Yenh Long <ylong@pharmacy.nv.gov>
Cc: dogscatstravel <dogscatstravel@gmail.com>
Subject: Carrie L

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Carrie started on 5/10/22 and has been attending individual counseling weekly and has been testing weekly with all negative tests.

If you need anything more. Please let me know.

Darlene Nases

From: Yenh Long
Sent: Thursday, August 4, 2022 9:52 AM
To: Carrie Lambert
Cc: Kristopher Mangosing
Subject: RE: Update

Ms. Lambert,

I have not heard from you or Carol regarding your quarterly reports. Please send them over to me by the end of next week 8/12/2022.

Thank you,
Yenh

From: Yenh Long
Sent: Tuesday, July 19, 2022 8:29 AM
To: Carrie Lambert [redacted]
Cc: Kristopher Mangosing <kmangosing@pharmacy.nv.gov>
Subject: RE: Update

Hi Carrie,

We just need all of the quarterly reports as soon as possible. Please have Carol send the reports in when she gets back.

Thank you,

Yenh Long, Pharm.D., BCACP
Nevada State Board of Pharmacy
Email: ylong@pharmacy.nv.gov
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From: Carrie Lambert <dogscatstravel@gmail.com>
Sent: Tuesday, July 19, 2022 8:14 AM

To: Yenh Long <ylong@pharmacy.nv.gov>
Subject: Re: Update

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Ok. Thank you I was unclear about what was missing. CJ said she can send one today. Are you missing anything from Carol? I won't be able to get those until she returns in a couple weeks…

Thank you for all your help!

On Tue, Jul 19, 2022 at 7:57 AM Yenh Long <ylong@pharmacy.nv.gov> wrote:

> Hi Carrie,
>
> Thank you for this information. As a condition of your dispensing registration, you were to continue the order from the Veterinary Board and provide quarterly evaluations from your counselors to the Board of Pharmacy. To date we have not received all of your quarterly reports. Please provide these reports to us. The reports have to come directly from your counselor.
>
> Thank you,
>
> Yenh Long, Pharm.D., BCACP
>
> Nevada State Board of Pharmacy
>
> Email: ylong@pharmacy.nv.gov
>
> 985 Damonte Ranch Parkway, Suite 206
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> Reno, NV 89512
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From: Carrie Lambert <dogscatstravel@gmail.com>
Sent: Monday, July 18, 2022 12:21 PM
To: Yenh Long <ylong@pharmacy.nv.gov>
Subject: Update

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi! I just wanted to let you know that I sent CJ Gira at step 2 an email asking her to update you. I see her in person tomorrow so I can discuss it with her then as well. Carol Schaye is now retired but I am still in contact with her. She is leaving for a trip tomorrow but if you need anything from Carol, I can ask her when she returns. CJ Giro has been my counselor since early May and I have been testing through step 2. The vet board was updated previously on my change in counseling. They have been updated through this process and I haven't been told it was a problem of any kind. There are no new legal or work issues to report. Please let me know if you need anything from Carol or if you don't receive the information you need from CJ.

Thank you!

Carrie Lambert

(775) [redacted]

Darlene Nases

From: Yenh Long
Sent: Tuesday, November 1, 2022 2:14 PM
To: Carrie Lambert
Cc: Kristopher Mangosing; David Wuest; Peter Keegan
Subject: RE: Update
Attachments: RE: Carrie L; Fwd: see attached

Hello Dr. Lambert,

I am following up on communication back in August. Below is a screenshot of the minutes from your appearance at the October 2020 Nevada State Board of Pharmacy meeting. As is stated in the minutes, your application for a Veterinarian Authority to Dispense Drugs Registration was approved with conditions that you comply with the Nevada State Board of Veterinary Medical Examiners' Stipulated Agreement, and that quarterly PRN-PRN evaluations be submitted to the Nevada State Board of Pharmacy Staff.

I understand that you no longer see Carol Shaye and you are now seeing CJ Gira at Step2Reno. I see that you have sent in a letter to me from Carol Shaye that you have "complied with all group, individual, and treatment recommendations while in treatment". **However, the condition that you provide the Board of Pharmacy with quarterly reports have not been met**. Reports regarding your progress from Carol Shaye have only been submitted on 6/24/2021, 9/16/2021, and 07/30/2022.

Please provide the Board of Pharmacy with the other quarterly reports to meet the conditions of your license by 11/08/2022. If you do not send the reports, the Board may take action against your license. For now, I cannot proceed with your controlled substance registration as we have this outstanding issue with the existing conditions on your current license.

10. Application for Veterinarian Authority to Dispense Drugs Registration – Appearance.

A. Carrie Lambert, DVM

Carrie Lambert appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Wuest provided background that Ms. Lambert has been in treatment for alcohol abuse for the last three years and is currently in treatment. She is in compliance with her program and is applying for Veterinarian Authority to Dispense Dangerous Drugs.

Ms. Lambert stated that Mr. Wuest's summary is correct.

Ms. Lambert answered questions to the Board's satisfaction.

Board Action:

Motion: Wayne Mitchell moved that the application for Ms. Lambert be approved with conditions that she comply with the Nevada State Board of Veterinary Medical Examiners' Stipulated Agreement, and that quarterly PRN-PRN evaluations be submitted to the Nevada State Board of Pharmacy Staff.

Second: Jade Jacobo

Action: Passed unanimously.

Thank you,
Yenh

From: Yenh Long
Sent: Thursday, August 4, 2022 9:52 AM
To: 'Carrie Lambert' [redacted]
Cc: Kristopher Mangosing <kmangosing@pharmacy.nv.gov>
Subject: RE: Update

Ms. Lambert,

I have not heard from you or Carol regarding your quarterly reports. Please send them over to me by the end of next week 8/12/2022.

Thank you,
Yenh

From: Yenh Long
Sent: Tuesday, July 19, 2022 8:29 AM
To: Carrie Lambert [redacted]
Cc: Kristopher Mangosing <kmangosing@pharmacy.nv.gov>
Subject: RE: Update

Hi Carrie,

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Thank you,

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Nevada State Board of Pharmacy
Email: ylong@pharmacy.nv.gov
985 Damonte Ranch Parkway, Suite 206
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Ph: 775-850-1440
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From: Carrie Lambert [redacted]
Sent: Tuesday, July 19, 2022 8:14 AM
To: Yenh Long <ylong@pharmacy.nv.gov>
Subject: Re: Update

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Ok. Thank you I was unclear about what was missing. CJ said she can send one today. Are you missing anything from Carol? I won't be able to get those until she returns in a couple weeks…

Thank you for all your help!

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> Hi Carrie,
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From: Carrie Lambert [redacted]
Sent: Monday, July 18, 2022 12:21 PM
To: Yenh Long <ylong@pharmacy.nv.gov>
Subject: Update

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Thank you!

Carrie Lambert

(775) [redacted]

Darlene Nases

From: Jennifer Pedigo <vetbdinfo@vetboard.nv.gov>
Sent: Thursday, September 1, 2022 2:22 PM
To: Yenh Long
Subject: Re: Carrie Lambert

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Yenh,

Sorry it took me so long to get back to you. I have been working with Dr. Lambert and her supervising counselor retired recently, and she has been in Step 2. I am working with the provider to make sure Dr. Lambert remains in compliance with our order given the transition.

Best regards,

Jennifer Pedigo
Executive Director
Nevada Veterinary Board
4600 Kietzke ln. Suite O-265
Reno, NV 89502
O: 775-688-1788
F:775-688-1808
nvvetboard.nv.gov

From: Yenh Long <ylong@pharmacy.nv.gov>
Sent: Wednesday, August 31, 2022 8:02 AM
To: Jennifer Pedigo <vetbdinfo@vetboard.nv.gov>
Cc: David Wuest <dwuest@pharmacy.nv.gov>
Subject: RE: Carrie Lambert

Hello Jennifer!

I am following up on an email regarding Carrie Lambert, DVM. Has she been compliant with the Veterinary Board's order?

Thanks,
Yenh

From: Yenh Long
Sent: Thursday, August 11, 2022 11:50 AM
To: Jennifer Pedigo <vetbdinfo@vetboard.nv.gov>
Cc: David Wuest <dwuest@pharmacy.nv.gov>
Subject: Carrie Lambert

Hi Jennifer,

Could you please tell me if Carrie Lambert has complied with the order imposed on her license by your Board?

As a condition of her dispensing registration, which was granted to her on October 2020, she is required to follow the order with your Board and provide quarterly reports regarding her sobriety to the Pharmacy Board. She has failed to provide us with quarterly reports but stated that she has been compliant with the Veterinary Board. So I just wanted to verify that she has been compliant with your Board. If she has been, could we get a copy of her quarterly reports for 2021 and 2022?

Thanks,

Yenh Long, Pharm.D., BCACP
Nevada State Board of Pharmacy
Email: ylong@pharmacy.nv.gov
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89512
Ph: 775-850-1440
Fax: 775-850-1444

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2419

Felony DUI Specialty Court

SECOND JUDICIAL DISTRICT COURT
State of Nevada
Washoe County

CERTIFICATE OF GRADUATION

IS HEREBY AWARDED TO

CARRIE LEE LAMBERT

WE RECOGNIZE YOUR PERSISTENT EFFORTS AND PERSONAL DEVELOPMENT

Given this 25th day of October, 2021

District Judge

CODE 1391

Jacqueline Bryan
Clerk of the Court
Transaction # 6877922

IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF WASHOE

STATE OF NEVADA,

Plaintiff,

vs.

CARRIE LEE LAMBERT,

Defendant.

Case No. CR18-1053

Dept. No. 9

/

ORDER PURSUANT TO NRS 484C.340

1. The Defendant, Carrie Lee Lambert, having entered a plea of guilty to a third DUI offense, and the Court having personally reviewed the prior convictions, made a finding that the Defendant has suffered two (2) or more constitutionally valid prior DUI-type convictions within the last seven (7) years, and the Defendant having elected to enter the Diversion Program pursuant to NRS 484C.340, et seq., and the Defendant, having been certified as required by statute, and after a hearing on the matter, is found to be eligible for the program.

2. The Court does hereby suspend all further proceedings against the Defendant in this matter and places the Defendant on probation for a minimum period of three (3) years but not to exceed five (5) years upon the condition that he be accepted for treatment by a treatment facility, that she complete the treatment program satisfactorily, and that she comply with all conditions of probation.

3. The Defendant is advised that if she is accepted for treatment by such a facility, she may be placed under the supervision of the facility for not more than five (5)

years and during treatment she may be confined in an institution or, at the discretion of the treatment facility, released for treatment or supervised aftercare in the community.

4. The Defendant is advised that if she is not accepted for treatment by such treatment facility, or if she fails to complete the treatment satisfactorily, the Court will enter a judgment of conviction on the third DUI felony and the Defendant will be sent to prison. Appropriate credit for time served for will be calculated at that time.

5. The Defendant is advised that if she satisfactorily completes the treatment, this Court will enter a judgment of conviction for a violation of paragraph (b) of subsection 1 of NRS 484C.400(1)(b).

6. The following special conditions are imposed:

a. Defendant shall be monitored by the Department of Pre-Trial Services and abide by their rules and regulations;

b. Defendant shall submit to residential confinement, at her own expense, for a period of time not less than 6 months;

c. Defendant shall install, at her own expense, an alcohol breath testing device for 36 months and that she not drive any vehicle unless it is equipped with a device as described in NRS 484C.450;

d. Defendant shall enter and successfully complete the Specialty Court's DUI Diversion Court Program; she shall immediately report to the Second Judicial District Specialty Court, Room 126, for orientation;

e. Defendant shall submit her person, vehicle, residence and property to search and seizure, without a warrant, to determine the presence of alcohol and/or controlled substances;

f. Defendant shall abstain from the use, possession and control of any alcoholic beverages or controlled substances during her participation in the program;

g. Defendant shall submit to random urinalysis or other testing to determine the presence of alcohol or controlled substances, at her own expense, as deemed necessary by the Court or the Department of Pre-Trial Services;

h. Defendant shall submit to a substance abuse intake evaluation, at her own expense, and if necessary participate in a counseling program as approved by Pre-Trial Services until discharged by agreement of both counselor and supervising officer during the term of probation.

i. Defendant shall agree to all conditions as the Court deems necessary;

j Defendant shall pay the sum of $500.00 as attorney's fees for legal representation during the term of the Defendant's participation in the DUI Diversion Court Program, payable through the Washoe County Division of Collections; and that she shall pay a $25.00 administrative assessment fee, a $60.00 chemical analysis fee, $3.00 as an administrative assessment for obtaining a biological specimen and conducting a genetic marker analysis, and $50.00 per month Department of Pre-Trial Services supervision fee to the Clerk of the Second Judicial District Court.

7. Carrie Lee Lambert is hereby advised that:

Any fine, fee or administrative assessment imposed today (as reflected in this judgment of conviction) constitutes a lien, as defined in Nevada Revised Statutes 176.275. Should you not pay these fines, fees, or assessments, collection efforts may be undertaken against you.

8. It is further ordered that the Defendant's case is assigned to the Second Judicial District – Specialty Court, which will exercise jurisdiction over this matter while the Defendant is in Specialty Court. Should the Defendant be removed from the Specialty Court Program, the Defendant shall be returned heretofore for all further matters.

9. It is further ordered as of today's date, the Defendant has 6 days credit for time served.

Dated this 13 day of September, 2018.

DISTRICT JUDGE

NEVADA BOARD OF VETERINARY MEDICAL EXAMINERS • 1600 Kiezke Lane, Building O, Suite 265 • Reno, Nevada 89502 • (775) 688-1788

BEFORE THE NEVADA STATE BOARD OF VETERINARY MEDICAL EXAMINERS

NEVADA STATE BOARD OF VETERINARY MEDICAL EXAMINERS, v. CARRIE LAMBERT, D.V.M. License #1162.	Case No. 06-2016DVM-21 ORDER ALLOWNG REINSTATEMENT OF RIGHT TO PRACTICE

On July 23, 2015, the Board ordered effective an Agreement and Order of Probation involving Dr. Lambert. The Agreement and Order of Probation contained numerous terms and conditions intended to address Dr. Lambert's alcohol addiction.

On June 13, 2016, Dr. William Taylor, then Investigating Board Member on Dr. Lambert's matter, sent Dr. Lambert a letter informing her that he was invoking the remedial paragraph of the Agreement and Order of Probation and was suspending her license effective June 13, 2016.

On June 23, 2016, the Board's staff filed an Accusation in this matter, alleging a single cause of action based upon Dr. Lambert's alleged violating of the terms of an Agreement and Order of Probation. The hearing on the Accusation was scheduled for the Board's regular meeting on July 28, 2016.

On July 8, 2016, Dr. Lambert wrote a letter to the Board informing the Board that she would be entering an in-patient rehabilitation program commencing July 11, 2016 and that, thus, she would be unable to attend the Board's meeting on July 28, 2016. Included with the letter was a document dated July 5, 2016 by which Dr. Lambert provided a detailed recovery plan. In subsequent conversations with Board staff, Dr. Lambert indicated that she hoped the Board would consider lifting the suspension of her license and allow her to place her license in abeyance subject to conditions deemed appropriate by the Board.

On July 28, 2016, the Board considered a presentation made by Board staff and Dr. Lambert's friend, Mr. Henry Wacker, who appeared at the Board's meeting at Dr. Lambert's request and on her behalf. The Board's staff and Mr. Wacker both supported the notion of lifting Dr. Lambert's suspension and allowing her to place her license into abeyance subject to conditions. As a result of the presentation made to the Board, the Board determined to lift the suspension of Dr. Lambert's license and allowed her

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to place the license in abeyance subject to certain terms and conditions.

On July 28, 2016, the Board issued its Order Continuing Hearing and Granting Abeyance. By this Order, the Board continued the scheduled hearing of the matter, lifted the suspension of Dr. Lambert's license, and allowed Dr. Lambert to place her license into abeyance subject to several terms and conditions: (1) Dr. Lambert would continue with and successfully complete the in-patient rehabilitation that she entered on July 11, 2016; (2) Dr. Lambert would engage in such aftercare and treatment as she deemed needed to assure her sobriety and continued mental and physical health; (3) Dr. Lambert would continue to abide with all the terms and conditions of the Agreement and Order of Probation ordered July 23, 2016, including but not limited to compliance with her substance abuse treatment agreement with PRN; and (4) Dr. Lambert would not practice veterinary medicine unless and until she appeared before the Board with a treatment provider and if the Board was satisfied based upon Dr. Lambert's presentation that the health, safety, and welfare of the patients, clients, and public would be served by her return to the practice of veterinary medicine, the Board could allow Dr. Lambert's license to no longer be in abeyance and to allow her to return to the practice of veterinary medicine subject to such additional terms and conditions as the Board then deemed necessary.

On January 24, 2019, the Board considered a presentation made by Dr. Lambert by which Dr. Lambert sought to end the abeyance of her license and to allow her to practice veterinary medicine. Dr. Lambert presented her testimony and the testimonies of Carol Schaye, RN, LADC, Dr. Lambert's substance abuse treatment provider, and Susanne Byrne, RN, MSN, LADC, Dr. Lambert's AA sponsor. Dr. Lambert also supported her request with numerous documents that were reviewed by the Board. The presentation showed that after the July 28, 2016 Order, Dr. Lambert relapsed in November 2016, and thereafter entered a 30-day in-patient treatment program in March 2017. In the Fall of 2017, Dr. Lambert ceased complying with her substance abuse treatment contract with PRN, and she was suspended on December 11, 2017. On December 20, 2017, Dr. Lambert was arrested for DUI in Sparks, and since it was her third such arrest, it was a felony. Dr. Lambert's present sobriety started shortly after her arrest when she began again her treatment contract with PRN and entered a 90-day in-patient treatment program. Dr. Lambert was allowed by the Second Judicial District Court (Case No.

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CR18-1053) to participate in Felony DUI Court, and on September 18, 2018, Dr. Lambert was sentenced for her DUI. She was ordered to complete three years of strict probation – including continued treatment and meeting, the constant wearing of a SCRAM anklet, and the installation of an interlock device on her car – and if she successfully completed the probation, she would not be convicted of a felony DUI and would, instead, be convicted of a second misdemeanor DUI. Ms. Schaye was Dr. Lambert's treatment provider who provides monthly reports to the Court. Dr. Lambert, Ms. Schaye, and Ms. Byrne all confirmed that Dr. Lambert has been continuously free of alcohol and other prohibited substances for over one year. Ms. Schaye stated that Dr. Lambert's reinstatement to the practice of veterinary medicine would further Dr. Lambert's recovery. Based upon Dr. Lambert's presentation, the Board determined to allow Dr. Lambert to take her license off abeyance and to lift any pending suspension to allow Dr. Lambert to again practice veterinary medicine.

NOW THEREFORE, it is hereby ordered as follows:

1. Dr. Lambert's license shall no longer be in abeyance and is no longer suspended. Dr. Lambert may resume the practice of veterinary medicine subject to the following terms and conditions:

(a) Dr. Lambert shall comply with the terms and conditions in Agreement and Order of Probation entered July 23, 2015 as if all of the terms therein were set out herein;

(b) Dr. Lambert may not work as a veterinarian more than 30 hours in any one week, and any practice that employs Dr. Lambert shall not allow her work with animals without another veterinarian being present on the premises at all times that Dr. Lambert is working with animals;

(c) Dr. Lambert shall continue to comply with her substance abuse treatment agreement with PRN and shall continue to treat with Ms. Schaye and Ms. Byrne and shall comply with all terms and conditions imposed by the Second Judicial District Court, and Dr. Lambert, PRN, Ms. Schaye, and Ms. Byrne shall immediately report to the Board's office any relapses or any violations of any of the agreements or orders to which she is a party. Ms. Schaye shall provide quarterly reports to the Board's office related to Dr. Lambert's treatment. Any violations of this paragraph shall be deemed a violation of this Order and the preceding Agreement and Order of Probation;

(d) Dr. Lambert may petition to modify any of the terms of this Order or of the Agreement and

Order of Probation, and any such request for modification will require an appearance before the Board, at which appearance the Board may ask questions and seek information as it deems needed and may deny, grant, or grant with conditions any such petition based upon the Board's discretion and consistent with the protection of the health, safety, and welfare of Dr. Lambert and the clients and patients with whom she might interact;

(e) Dr. Lambert shall not be required to pay a fine or the Board's fees and costs.

(f) Dr. Lambert will complete a reinstatement application and proof of 20 hours of continuing education hours approved by the Board in the year immediately preceding the filing of the reinstatement application.

3. Should Dr. Lambert fail to comply with any of the terms and conditions set out above, her license will be immediately suspended pursuant to the terms of the Agreement and Order of Probation and the Board's staff and the Board will take such additional action as it deems necessary under the circumstances then occurring.

ORDERED AND EFFECTIVE this 13 day of February, 2019.

STEPHEN DAMONTE, D.V.M., President

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BEFORE THE NEVADA STATE B RD OF
VETERINARY MEDICAL EXAI NERS

NEVADA STATE BOARD OF VETERINARY MEDICAL EXAMINERS, v. CARRIE LAMBERT, D.V.M. License #1162.	Case No. 06-2016DVM-21 ORDER CONTINUING HEARING AND GRANTING ABEYANCE

On July 23, 2015, the Board ordered effective an Agreement and Order of Probation involving Dr. Lambert. The Agreement and Order of Probation contained numerous terms and conditions intended to address Dr. Lambert's alcohol dependence.

On June 13, 2016, Dr. William Taylor, the Investigating Board Member on Dr. Lambert's case, sent Dr. Lambert a letter informing her that he was invoking the remedial paragraph of the Agreement and Order of Probation and was suspending her license effective June 13, 2016.

On June 23, 2016, the Board's staff filed an Accusation in this matter, alleging a single cause of action based upon Dr. Lambert's alleged violation of the terms of an Agreement and Order of Probation. The hearing on the Accusation was scheduled for the Board's regular meeting on July 28, 2016.

On July 8, 2016, Dr. Lambert wrote a letter to the Board informing the Board that she would be entering an in-patient rehabilitation program commencing July 11, 2016 and that, thus, she would be unable to attend the Board's meeting on July 28, 2016. Included with the letter was a document dated July 5, 2016 by which Dr. Lambert provided a detailed recovery plan. In subsequent conversations with Board staff, Dr. Lambert indicated that she hoped the Board would consider lifting the suspension of her license and allow her to place her license in abeyance subject to conditions deemed appropriate by the Board.

On July 28, 2016, the Board considered a presentation made by Board staff and Dr. Lambert's friend, Mr. Henry Wacker, who appeared at the Board's meeting at Dr. Lambert's request and on her behalf. The Board's staff and Mr. Wacker both supported the notion of lifting Dr. Lambert's suspension and allowing her to place her license into abeyance subject to conditions.

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After due consideration of the materials and presentations made and good cause appearing, IT IS HEREBY ORDERED:

1. The hearing in the above-captioned matter is continued subject to the terms and conditions of this Order.

2. The suspension of Dr. Lambert's license (License No. 1162) is lifted effective immediately and she shall be allowed to place her license into abeyance subject to the following terms and conditions:

(a) Dr. Lambert shall continue with and successfully complete the in-patient rehabilitation that she entered on July 11, 2016.

(b) Dr. Lambert shall engage in such aftercare and treatment as she deems needed to assure her sobriety and continued mental and physical health.

(c) Dr. Lambert shall continue to abide with all the terms and conditions of the Agreement and Order of Probation ordered July 23, 2016, including but not limited to compliance with her substance abuse treatment agreement with PRN.

(d) Dr. Lambert shall not practice veterinary medicine in any capacity for which a license is required unless and until she appears before the Board with a PRN representative and any private treatment providers or health care professionals she has engaged, all of whom must support that she can safely and well serve the public as a veterinarian and that any such reentry into the profession will not hamper and will further her sobriety and physical and mental health. If the Board is satisfied based upon Dr. Lambert's presentation that the health, safety, and welfare of the patients, clients, and public will be served by her return to the practice of veterinary medicine, the Board shall allow Dr. Lambert's license to no longer be in abeyance and shall allow her to return to the practice of veterinary medicine. The Board may place such terms and conditions upon Dr. Lambert's return to the practice of veterinary medicine as the Board deems necessary and appropriate under the circumstances then prevailing.

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3. Should Dr. Lambert fail to comply with any of the terms and conditions set out in subparagraphs 2(a), 2(b), 2(c), or 2(d) above, her license will remain in abeyance and a hearing on the Accusation in this matter will be scheduled for the next regular meeting of the Board.

ORDERED AND EFFECTIVE this 19th day of August, 2016.

RONALD SANDOVAL, D.V.M., Vice President and
Presiding Officer

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STATE OF NEVADA

BOARD OF VETERINARY MEDICAL EXAMINERS
4600 Kietzke Lane, Building O-265
Reno, Nevada 89502
Phone 775 688-1788/Fax 775 688-1808
vetbdinfo@vetboard.nv.gov
nvvetboard.nv.gov

December 12, 2022

Carrie Lambert, DVM
[redacted] Satellite Dr.
Sparks, NV 89436

VIA E-Mail: [redacted]

Dear Dr. Lambert,

This letter is to notify you that effective immediately your license to practice veterinary medicine (#1162) is suspended pursuant to Paragraph 2 of the Agreement and Order of Probation entered by the Board on July 23, 2015. Paragraph 2 reads as follows:

> 2. The intent of this Agreement and Order of Probation is to allow Respondent the opportunity to address her substance abuse issues, but it is expressly acknowledged and understood by Respondent that should the Board enter into this Agreement and Order of Probation it is doing so on a zero-tolerance basis, meaning that any breach of this Agreement and Order of Probation – including any breach of her PRN contract – will result in immediate consequences. Therefore, upon receipt of credible information that the Respondent has failed to comply with any term of this Agreement and Order of Probation, the Board's President shall be authorized to immediately suspend the Respondent's license to practice veterinary medicine in the State of Nevada. The suspension shall remain in effect pending the outcome of a prompt administrative hearing.

Additionally, in Paragraph 3 of the Order Allowing Reinstatement of Right to Practice entered by the Board on February 13, 2019, the Board ordered:

> 3. Should Dr. Lambert fail to comply with any of the terms and conditions set out above, her license will be immediately suspended pursuant to the terms of the Agreement and Order for Probation and the Board's staff, and the Board

will take such additional action as it deems necessary under the circumstances then occurring.

The basis for the immediate suspension of your license was that on this date, December 12, 2022, you contacted the Board's Executive Director Jennifer Pedigo telephonically and in the course of the conversation you gave indications that you were actively inebriated. Later that same day, you did admit to Executive Director that you had relapsed. Consumption of alcohol violates your treatment agreements and constitutes a violation of this Board's orders.

Please be aware that your suspension will continue until your matter has been considered by an investigative committee of the Board has had an opportunity to review this matter further and determine what course of action to pursue in light of your relapse about which we became aware today. You will receive further notice from this office once a course of action has been determined.

Sincerely,

Jennifer Pedigo
Executive Director

JOE LOMBARDO
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

January 27, 2023

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO:

Dogscatstravel@gmail.com

Carrie Lee Lambert, DVM
[redacted]Satellite Drive
Sparks, NV 89436

Re: Notice of Suspension of Registration No. DV00694 (Case No. 22-484-DV-N)

Dear Dr. Lambert

The Nevada State Board of Pharmacy (Board) has been notified by the Nevada State Board of Veterinary Medical Examiners (NSBVME) that your License No. 1116 to practice veterinary medicine was suspended on December 12, 2022, for non-compliance with NSBVME orders entered in Case No. 06-2016DVM-21 arising from alcohol abuse (documentation enclosed). Please be advised that pursuant to NRS 639.2107 the suspension of your License No. 1116 to practice veterinary medicine operates as an immediate suspension of your Certificate of Registration No. DV00694 with the Board.

You may not dispense any prescription drugs until you petition the Board for reinstatement pursuant to NRS 639.2565 and the Board reinstates your certificate of registration.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

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This matter is continued to a future Board Meeting.

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7A

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS SCRIPTS RX,** **Pharmacy License No. PH03930,** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462, and** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondents.**	**Case Nos. 19-243-PH-S** **19-243-RPH-S** **19-243-CS-S** **STIPULATION TO REHEARING** ***** RESPONDENTS LAS VEGAS SCRIPTS RX AND NATHAN EDOUARD, RPH ONLY**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through its General Counsel, Peter Keegan, Esq., and Respondent Las Vegas Scripts Rx ("LV Scripts"), Pharmacy License No. PH03930, and Respondent Nathan Edouard, RPh ("Edouard"), Certificate of Registration No. 19462, by and through counsel**,** Ayesha Mehdi, Esq. and William Hopkins, Esq. of Spencer Lane LLP, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over LV Scripts, Edouard, and this matter.

2. On September 8, 2022, this matter came before the Board for hearing. Courtney K. Lee, Esq. appeared on behalf of the Board. LV Scripts and Edouard appeared jointly through counsel Chandon Alexander, Esq. of Spartacus Law Firm.

3. On September 8, 2022, at the conclusion of the hearing in this matter, the Board entered its Findings of Fact, Conclusions of Law, and Order ("Order").

4. On November 10, 2022, the Board entered its Order Granting Respondents' Las Vegas Scripts RX and Nathan Edouard, RPH Petition/Motion for Partial Reconsideration of its September 8, 2022, Order as it pertains to paragraph 7 and 10 of the Conclusions of Law.

5. On or about November 16, 2022, Ayesha Mehdi, Esq. of Spencer Fane LLP entered her appearance as counsel on behalf of Respondents LV Scripts and Edouard.

6. On or about November 28, 2022, counsel for Respondents submitted a Motion for Continuance and Leave to File Petition/Motion for New Hearing.

7. On or about November 29, 2022, counsel for the Board submitted an Opposition to Respondents' Las Vegas Scripts RX, and Nathan Edouard, RPH's Motion for Continuance and Leave to File Petition/Motion for New Hearing.

8. On or about November 29, 2022, counsel for Respondents submitted a Reply to the Board's Opposition to Respondents' Las Vegas Scripts RX, and Nathan Edouard, RPH's Motion for Continuance and Leave to File Petition/Motion for New Hearing.

9. On or about December 29, 2022, the Board's General Counsel, replaced Courtney Lee, Esq. as counsel for the Board in this matter.

10. In the interest of efficiency, the parties agree to a rehearing of this matter before the Board on July 12, 2023, in Reno, Nevada. The Board's September 8, 2022, Order shall remain in effect until such time as the Board enters an order upon the rehearing in this matter.

AGREED:

Signed this 29th **day of March 2023.**

SPENCER FANE LLP

Ayesha Mehdi

WILLIAM HOPKINS, ESQ.
AYESHA MEHDI, ESQ.
Counsel for Respondents
Las Vegas Scripts RX
and Nathan Edouard, RPh.

Signed this 29th **day of March 2023.**

NEVADA STATE BOARD OF PHARMACY

Peter Keegan

PETER KEEGAN, ESQ.
General Counsel

ORDER

Having reviewed the Stipulation of the parties, and good cause appearing,

IT IS HEREBY ORDERED THAT Respondents' Motion for a New Hearing is **GRANTED.** This matter will be reheard by the Board at its July 12, 2023, meeting at 9:00 AM in Reno, Nevada.

IT IS FURTHER ORDERED THAT the Board's Order Granting Respondents' Las Vegas Scripts RX and Nathan Edouard, RPh. Petition/Motion for Partial Reconsideration as to paragraphs 7 and 10 of the Board's Conclusions of Law section of its Order is hereby **VACATED.**

IT IS FURTHER ORDERED THAT the Board's Order filed on September 8, 2022, shall remain in effect until such time as the Board enters an order upon the rehearing in this matter.

IT IS SO ORDERED.

Entered this ___ day of March 2023.

_____
Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

7B

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS SCRIPTS RX,** **Pharmacy License No. PH03930,** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462, and** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondents.**	**Case Nos. 19-243-PH-S** **19-243-RPH-S** **19-243-CS-S** **STIPULATION TO REHEARING** ***** RESPONDENTS LAS VEGAS SCRIPTS RX AND NATHAN EDOUARD, RPH ONLY**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through its General Counsel, Peter Keegan, Esq., and Respondent Las Vegas Scripts Rx ("LV Scripts"), Pharmacy License No. PH03930, and Respondent Nathan Edouard, RPh ("Edouard"), Certificate of Registration No. 19462, by and through counsel**,** Ayesha Mehdi, Esq. and William Hopkins, Esq. of Spencer Lane LLP, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over LV Scripts, Edouard, and this matter.

2. On September 8, 2022, this matter came before the Board for hearing. Courtney K. Lee, Esq. appeared on behalf of the Board. LV Scripts and Edouard appeared jointly through counsel Chandon Alexander, Esq. of Spartacus Law Firm.

3. On September 8, 2022, at the conclusion of the hearing in this matter, the Board entered its Findings of Fact, Conclusions of Law, and Order ("Order").

4. On November 10, 2022, the Board entered its Order Granting Respondents' Las Vegas Scripts RX and Nathan Edouard, RPH Petition/Motion for Partial Reconsideration of its September 8, 2022, Order as it pertains to paragraph 7 and 10 of the Conclusions of Law.

5. On or about November 16, 2022, Ayesha Mehdi, Esq. of Spencer Fane LLP entered her appearance as counsel on behalf of Respondents LV Scripts and Edouard.

6. On or about November 28, 2022, counsel for Respondents submitted a Motion for Continuance and Leave to File Petition/Motion for New Hearing.

7. On or about November 29, 2022, counsel for the Board submitted an Opposition to Respondents' Las Vegas Scripts RX, and Nathan Edouard, RPH's Motion for Continuance and Leave to File Petition/Motion for New Hearing.

8. On or about November 29, 2022, counsel for Respondents submitted a Reply to the Board's Opposition to Respondents' Las Vegas Scripts RX, and Nathan Edouard, RPH's Motion for Continuance and Leave to File Petition/Motion for New Hearing.

9. On or about December 29, 2022, the Board's General Counsel, replaced Courtney Lee, Esq. as counsel for the Board in this matter.

10. In the interest of efficiency, the parties agree to a rehearing of this matter before the Board on July 12, 2023, in Reno, Nevada. The Board's September 8, 2022, Order shall remain in effect until such time as the Board enters an order upon the rehearing in this matter.

AGREED:

Signed this 29th **day of March 2023.**

SPENCER FANE LLP

Ayesha Mehdi

WILLIAM HOPKINS, ESQ.
AYESHA MEHDI, ESQ.
Counsel for Respondents
Las Vegas Scripts RX
and Nathan Edouard, RPh.

Signed this 29th **day of March 2023.**

NEVADA STATE BOARD OF PHARMACY

Peter Keegan

PETER KEEGAN, ESQ.
General Counsel

ORDER

Having reviewed the Stipulation of the parties, and good cause appearing,

IT IS HEREBY ORDERED THAT Respondents' Motion for a New Hearing is **GRANTED.** This matter will be reheard by the Board at its July 12, 2023, meeting at 9:00 AM in Reno, Nevada.

IT IS FURTHER ORDERED THAT the Board's Order Granting Respondents' Las Vegas Scripts RX and Nathan Edouard, RPh. Petition/Motion for Partial Reconsideration as to paragraphs 7 and 10 of the Board's Conclusions of Law section of its Order is hereby **VACATED.**

IT IS FURTHER ORDERED THAT the Board's Order filed on September 8, 2022, shall remain in effect until such time as the Board enters an order upon the rehearing in this matter.

IT IS SO ORDERED.

Entered this ___ day of March 2023.

_____
Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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FILED
MAR 2 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KINEX MEDICAL COMPANY, LLC, License No. MP00623,** **Respondent.**	**CASE NO. 21-039-MP-S** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, March 2, 2022. Brett Kandt, Esq., prosecuted the case before the Board. Respondent Kinex Medical Company; LLC, License No. MP00623, appeared with counsel, Lyn Beggs, Esq. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The Board finds that probative evidence exists in the record to establish each of the following facts by a preponderance of the evidence:

1. The Board has jurisdiction over this matter because at the time of the events herein, Respondent Kinex Medical Company; LLC, License No. MP00623, was a medical products provider based in Waukesha, Wisconsin licensed by the Board.

2. On or about March 4, 2021, Respondent's authorized representatives appeared before the Board on its application for a second medical products provider license to operate from 5985 Hauck Street #107 in Las Vegas. Respondent's license application was tabled.

3. On or about March 8, 2021, Respondent was served with a cease and desist with a citation and fine pursuant to NRS 639.2895 for Respondent and/or Respondent's employees engaging in the business of furnishing medical devices in Nevada from 5985 Hauck Street #107 without a license.

4. Respondent's authorized representatives subsequently represented to Board staff in the course of investigation that Respondent had ceased operations at 5985 Hauck Street #107 on March 30, 2021.

5. On or about March 30, 2021, Respondent and/or Respondent's employees began engaging in the business of furnishing medical devices in Nevada from 6075 W. Wigwam Avenue, Unit A089 in Las Vegas without a license.

6. On or about April 15, 2021, Respondent's authorized representatives appeared before the Board on its application for license to operate from 5985 Hauck Street #107 and, while under oath, represented to the Board in pertinent part that Respondent and/or Respondent's employees had ceased operations at 5985 Hauck Street #107 on March 30, 2021. Respondent's licensed application was conditionally approved pending inspection.

7. On or about May 4, 2021, Board staff conducted a pre-inspection visit and obtained evidence that Respondent and/or Respondent's employees had engaged in the business of furnishing medical devices in Nevada from 6075 W. Wigwam Avenue, Unit A089 from March 30, 2021, until at least April 16, 2021.

8. On or about May 11, 2021, Respondent, by and through counsel, admitted that Respondent and/or Respondent's employees had engaged in the business of furnishing medical devices in Nevada from 6075 W. Wigwam Avenue, Unit A089 from March 30, 2021, until at least April 16, 2021.

9. On or about June 15, 2021, Respondent was served with a second cease and desist with a citation and fine for Respondent and/or Respondent's employees continuing to engage in the business of furnishing medical devices in Nevada from 5985 Hauck Street #107 without a license. On the same date Respondent was served with a separate cease and desist with a citation and fine for Respondent and/or Respondent's employees engaging in the business of furnishing medical devices in Nevada from 6075 W. Wigwam Avenue, Unit A089 without a license.

10. On or about June 29, 2021, Respondent, by and through counsel, withdrew its application for a second medical products provider license to operate from 5985 Hauck Street #107 in Las Vegas.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and these respondents, because at the time of the events herein, Respondent was a medical products provider licensed by the Board.

2. The applicable law in this matter is as follows:

A. Any person, including a wholesaler or manufacturer, who engages in the business of wholesale distribution or furnishing medical devices that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of this chapter. NRS 639.233(1).

B. It is unlawful for any wholesaler or manufacturer to furnish, sell, offer for sale, or deliver any medical devices, other than those referred to in NRS 639.270, to any person not authorized by the laws of this state to handle, sell, possess or deal in such devices. NRS 639.288.

C. If a medical products provider sells, leases or otherwise provides medical products at more than one location, it must obtain a license for each location where medical products are sold, leased or otherwise provided. NAC 639.6942(2).

D. Any person who is located outside of this State and who intends to sell medical products to any consumer or medical products provider in this State on a regular basis must apply for an appropriate license pursuant to the provisions of NAC 639.693 to 639.6958, *inclusive*. Any medical products provider or medical products wholesaler that is located outside of this State must comply with the provisions of NAC 639.693 to 639.6958, *inclusive*, for any sale, lease or other disposition of medical products to any person in this State other than a medical products wholesaler or manufacturer that is licensed by the Board. NAC 639.6944(1).

E. Performing any duties as the owner of a business or an entity licensed by the Board or as the employee of any such business in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

F. Aiding or abetting a person not licensed in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

G. Performing any act, task or operation for which licensure is required without the required license constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

H. Violating any law or regulation relating to the practices of a medical products provider constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.6941(1)(a) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

I. The Board may suspend or revoke a license if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any provision of Chapter 639 of the Nevada Revised Statutes. NRS 639.210(12).

J. The owner of a medical products provider is responsible for the acts of his or her business administrator and employees. NAC 639.6941(2); NAC 639.945(2).

3. By engaging in the business of furnishing medical devices in Nevada from 5985 Hauck Street #107 and 6075 W. Wigwam Avenue, Unit A089, Respondent and/or Respondent's employees violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.233(1), NRS 639.288, NAC 639.6942(2) and/or NAC 639.6944(1), and Respondent is therefore subject to discipline pursuant to NAC 639.6941(2), NAC 639.945(2) and NRS 639.210(12).

4. By engaging in the business of furnishing medical devices in Nevada from 5985 Hauck Street #107 and 6075 W. Wigwam Avenue, Unit A089, Respondent and/or Respondent's employees performed the duties of a licensed medical products provider in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC

639.6941(1)(a) and NAC 639.945(1)(i), and Respondent is therefore subject to discipline pursuant to NAC 639.6941(2), NAC 639.945(2) and NRS 639.210(4).

5. By engaging in the business of furnishing medical devices in Nevada from 5985 Hauck Street #107 and 6075 W. Wigwam Avenue, Unit A089, Respondent and/or Respondent's employees aided and abetted unlicensed activity and engaged in unprofessional conduct as defined in NAC 639.6941(1)(a) and NAC 639.945(1) (j), and Respondent is therefore subject to discipline pursuant to NAC 639.6941(2), NAC 639.945(2) and NRS 639.210(4).

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. The license of Respondent Kinex Medical Company; LLC, License No. MP00623, is hereby suspended pursuant to NRS 639.255(1)(e).

2. Respondent may not engage in the business of furnishing medical devices in Nevada unless and until Respondent has petitioned the Board for reinstatement pursuant to NRS 639.2565 and the Board reinstates Respondent's license.

3. Respondent may not petition for reinstatement until October 31, 2022.

4. In the event Respondent applies for reinstatement, or for any other license with the Board, Respondent shall appear before the Board to answer questions and give testimony regarding the application, compliance with this Order, and the facts and circumstances underlying this matter.

5. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

6. This Order constitutes a final decision in a contested case and a public record pursuant to NRS 639.255(5), and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

7. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 2nd day of March, 2022.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of March 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Kinex Medical Company
1801 Airport Road, Suite D
Waukesha, WI 53188

Lyn S. Beggs, Esq.
328 California Avenue – Suite 3
Reno, NV 89509

KRISTOPHER MANGOSING

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WILLIAM SCOTT HOEN
CLERK
BY
DEPUTY

IN THE FIRST JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR CARSON CITY

KINEX MEDICAL COMPANY, LLC

Petitioner,

vs.

NEVADA STATE BOARD OF, PHARMACY,

Respondent.

Case No: 22 OC 00047 1B

Dept.: 2

ORDER AFFIRMING IN PART, SETTING ASIDE IN PART, AND REMANDING

PROCEDURAL BACKGROUND

This matter comes before the Court on a Petition for Judicial Review pursuant to NRS 233B.130 challenging an adverse administrative decision by Respondent, Nevada State Board of Pharmacy (Board) against Petitioner Kinex Medical Company, LLC (Kinex).

Kinex filed a timely Petition for Judicial Review on March 30, 2022, with a Corrected Petition for Petition for Judicial Review being filed April 5, 2022, challenging the Board's Findings of Fact, Conclusions of Law and Order (FOFCOL) filed on March 2, 2022 which made certain factual finding regarding Kinex as well as concluding Kinex committed three violations of NRS and NAC Chapters 639 and imposing disciplinary sanctions.

Kinex filed its Memorandum of Points and Authorities in Support of Petition for Judicial Review in accordance with NRS 233B.133 on June 29, 2022. The Board filed an Answering Brief on July 28, 2022 and Kinex filed a Reply Brief on August 29, 2022.

Oral argument was held in this matter on October 26, 2022. A Second Corrected Transcript of Proceedings ("SCTOP") was filed on November 3, 2022, which was submitted after a clearer, and more complete, audio recording of the March 2, 2022, hearing was located by the Board. Per this Court's Order of November 2, 2022, amended briefs were directed to be filed to address any new information in the SCTOP, and so that proper references to the record were made. Kinex filed its Amended Memorandum of Points and Authorities on December 5, 2022. The Board filed its Amended Answering Brief on December 22, 2022, and Kinex filed its Amended Reply Brief on January 23, 2023. The matter was then submitted to the Court for decision.

STANDARD OF REVIEW

NRS 233B.130 allows a party who is the subject of an adverse decision by a regulatory body in an administrative proceeding to seek judicial review of that decision. NRS 233B.135(1)(a) mandates that review of the decision of a regulatory body's decision must be confined to the record. In accordance with NRS 233B.135(3), this Court may not reverse or set aside the decision of the regulatory body unless the substantial rights of the petitioning party have been prejudiced due to the decision having been made: (a) in violation of constitutional or statutory provisions; (b) in excess of the statutory authority of the agency; (c) made upon unlawful procedure; (d) affected by other error of law; (e) clearly erroneous in view of the reliable, probative and substantial evidence on the whole record; or (f) arbitrary or capricious or characterized by abuse of discretion. While the Board is required to prove its administrative allegations by a preponderance of evidence (NRS 233B.125), in reviewing the regulatory body's decision, this Court must determine if the "factual determinations are reasonably supported by

evidence of sufficient quality and quantity" rather than the standard of proof that the administrative agency is bound by. *Nassiri v. Chiropractic Physicians' Board*, 130 Nev. 245 at 249, 327 P.3d 487 at 490 (2014).

DISCUSSION

Kinex has raised three challenges to the adverse action taken by the Board in its Petition: first, that the Board's factual findings are not supported by a preponderance of evidence and are made upon unlawful procedure and in violation of statutory provisions; second, that the decision of the Board was clearly erroneous in view of reliable, probative and substantial evidence on the whole record; and third, that the Board's decision and imposition of discipline was arbitrary and capricious.

This Court finds that some substantial rights of Kinex were prejudiced, and that the decision of the Board should be affirmed in part, set aside in part, and the matter remanded to the Board for further proceedings consistent with this order.

1. ***Paragraphs 6 and 7 of the Board's factual findings are not supported by evidence in the record.***

Kinex argued the Board's findings of fact made after adjudication of the matter were not supported by a preponderance of the evidence and that they were based upon unlawful procedure as set forth in NRS 233B.135(3)(c).

a. *The evidence in the record does not support the factual findings made in paragraph 6 of the FOFCOL.*

The Board found, as set forth in paragraph 6, that Kinex and/or its representatives, while under oath at an April 15, 2021 Board hearing, represented to the Board that Kinex had ceased operations at its Hauck Street location on March 30, 2021. Kinex contends that nothing in the record supports this finding. The Board did not direct the Court's attention to anything in the

record that supports the findings of fact stated in paragraph 6, or even argue any such evidence exists.

The Court concludes there is no evidence in the record that "on or about April 15, 2021, Kinex's authorized representatives . . . while under oath, represented to the Board in pertinent part that on or about April 15, 2021, [Kinex] and/or [Kinex's] employees had ceased operations" at the Hauck Street facility on March 30, 2021.

b. The evidence in the record does not support the factual findings made in paragraph 7 of the FOFCOL.

The Board found, as set forth in paragraph 7, that Board staff conducted a pre-inspection visit and obtained evidence that Kinex and/or its employees had engaged in the business of furnishing medical devices in Nevada from Wigwam Avenue from March 30, 2021 until at least April 16, 2021.

Kinex conceded that it stored medical devices at the Wigwam location which, in and of itself, may meet the definition of "furnishing" medical devices as described in NRS 639.233(2)(b). Accordingly, Kinex did not dispute the fact that Kinex violated NRS/NAC Chapter 639 as alleged in the First Cause of Action. But Kinex argued that the factual findings of paragraph 7 were not supported by a preponderance of the evidence in the record and that they were not accompanied by a concise and explicit statement of the evidence that supported the findings. This Court agrees. The Board did not dispute that no evidence was presented to support the findings made in paragraph 7.

2. The Board's decision was clearly erroneous in view of reliable, probative and substantial evidence on the whole record as it relates to causes of action two and three.

This Court may not substitute its judgment for that of the regulatory body as to the weight of evidence on a question of fact. NRS 233B.135(3). However, the Court may remand the matter or set aside the decision in part or whole if that decision was clearly erroneous in view of the

reliable, probative and substantial evidence on the whole record. NRS 233B.135(3)(e). "The substantial evidence standard of review thus refers to the quality and quantity of the evidence necessary to support factual determinations." Nassirri, 130 Nev. 245 at 249, 327 P.3d 487 at 490 (2014).

The Accusation filed against Kinex contains five causes of action. The Board found against Kinex on the First, Second, and Third Causes of Action. As discussed above, Kinex has conceded that a finding on the First Cause of Action could be supported by the evidence before the Board at the March 2, 2022 hearing. However, Kinex contends that the findings on the Second and Third Causes of Action were erroneous as they were not supported by reliable, probative and substantial evidence.

a.) Second Cause of Action

The Second Cause of Action alleges Kinex performed the duties of a licensed medical products provider in an "incompetent, unskillful, or negligent manner." Kinex argued that none of the findings of fact set forth in the FOFCOL support a finding that Kinex was incompetent, unskillful, or negligent in its performance of the duties of a licensed medical products provider.

The Board argued that it made specific factual findings supported by substantial evidence that collectively constitute unprofessional conduct as defined by Nevada law, specifically, NAC 639.6941(1)(a) and NAC 639.945(1)(i). The Board did not respond in its briefs, and did not otherwise provide convincing argument, that the Board performed of its duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

This Court concludes there is no substantial evidence that Kinex acted in an incompetent, unskillful, or negligent manner.

b). *Third Cause of Action*

The Board also found against Kinex on the Third Cause of Action which alleged that Kinex had aided and abetted unlicensed activity in Nevada by furnishing medical devices from the Hauck Street and Wigwam Avenue locations without the appropriate licenses for those locations.

The Board found in the first paragraph of its FOFCL that Kinex was a medical products provider based in Waukesha, Wisconsin. The Board made no finding or conclusions that anyone other than Kinex and its employees or representatives engaged in unprofessional conduct.

As argued by Kinex, NRS Chapter 639 does not define aiding and abetting. Aiding and abetting is more fully discussed in the realm of criminal law. Kinex cited *Bolden v. State* which held in part, "[a] person aids and abets the commission of a crime if he aids, promotes, encourages or instigates, by act or advice, the commission of such a crime with the intention that the crime be committed." 121 Nev. 908, 914, 124 P.3d. 191, 195 (1995). Kinex was cited and fined by the Board on three occasions for unlicensed activity at the two locations in questions in 2021. The Court agrees that it would be a legal impossibility for Kinex to have to aided or abetted itself or its own employees to furnish medical devices without a license at the same time it was engaged in unlicensed activity at those locations; activity for which it was cited and fined.

This Court need not give deference to erroneous findings which are not supported by evidence. *Mishler v. State Bd. of Med. Exam'rs*, 109 Nev. 287, 296, 849 P.2d 291, 296 (1993).

The record does not contain substantial evidence under *Nassiri* to support the findings made as to the Second and Third Causes of Action. This Court finds that the violations found by Board on the Second and Third Causes of Action are clearly erroneous under NRS 233B.135(3)(e) as they were not supported by reliable, probative and substantial evidence.

3. Reconsideration of the discipline imposed by the Board

Kinex argued the Board is tasked in NRS 636.070(1)(a) with the protection of the public in part through the adoption of regulations pertaining to the practice of pharmacy and the performance of the Board's duties. These duties include the licensure and regulation of medical device providers in the state of Nevada. Kinex contends that the filing of the Accusation and the discipline imposed in this matter were not for the protection of the public, but rather was a punitive action against Kinex.

Kinex acknowledged that it was issued a Cease and Desist/Citation by the Board for continuing to conduct business at the Hauck Street location during the pendency of its second license application for that location. While Kinex paid the $5,000.00 fine it admitted during its appearance before the Board on April 15, 2021, that it had continued to fulfill orders for patients for medical devices that had already been previously ordered by physicians for post-surgical care after the issuance of the first Cease and Desist notice. The Board issued another Cease and Desist/Citation for servicing patients after the original Cease and Desist was issued for the Hauck location and another Cease and Desist/Citation for utilizing the Wigwam location for storing or receiving devices after March 30th. While the record reflects the Board was aware of the actions of Kinex in March, April and early May of 2021, the second and third cease and desist notices and citations were not issued until June 13, 2022, ten days after Kinex had again appeared before the Board on its pending application, despite no further activity occurring after April 16, 2021.

Kinex ultimately withdrew the pending application on June 29, 2021, notifying the Board that it had ceased all operations in Nevada; a fact that was reiterated at the time of the hearing on March 2, 2022. Kinex paid the additional $10,000.00 in fines on July 13, 2021. Subsequently, The Board filed the Accusation which initiated the contested administrative proceedings at issue in this matter on July 23, 2021.

There is no supporting evidence in the record that Petitioner Kinex engaged in any unlicensed activity after April 16, 2021; activity for which Kinex was cited and fined in June, 2021. Kinex paid all fines owing, withdrew its application, and notified the Board that it had ceased all operations in Nevada under its current license. Only subsequent to these events did Board file an Accusation initiating disciplinary action against Kinex.

Board argues that the initiation of disciplinary action in this matter and the imposition of the discipline imposed was for the purposes of protecting the public from the clandestine activities of Kinex. The record in this matter indicates that the Board was aware of the activities of Kinex in March, April and May 2021 and issued cease and desist notices and imposed fines on Kinex totaling $15,000. Kinex withdrew its pending application and left the state after doing business in Nevada for approximately twenty years in June 2021. The record in this matter does not support that Kinex was engaged in any on-going unlicensed activity at the time the Accusation was filed in July 2021 or any activity for which the public was in need of protection.

This Court will remand this matter to the Board for reconsideration of its imposition of disciplinary action in light of this order, specifically, setting aside the Boards' findings of fact 6 and 7, and setting aside the Board's conclusions regarding causes of action two and three.

CONCLUSION AND ORDER

Kinex's substantial rights were prejudiced by the Board as set forth above.

Findings of facts 6 and 7 are set aside.

The conclusion regarding cause of action one is affirmed.

The conclusions of law on causes of action two and three are set aside.

The Board is ordered to reconsider its imposition of discipline in light of this order.

The Board is ordered to issue amended findings of fact and conclusions of law consistent with this order.

Lyn E. Beggs, Esq., attorney for Kinex, shall serve a notice of entry of order of the foregoing Order upon all other parties within seven (7) days and shall file proof of such service with the Court.

DATED this 6 day of March 2023.

JAMES E WILSON JR.
DISTRICT COURT JUDGE

CERTIFICATE OF SERVICE

I certify that I am an employee of the First Judicial District Court of Nevada; that on the 6 day of March 2023, I served a copy of this document by placing a true copy in an envelope addressed to:

Lyn E. Beggs, Esq. 316 California Ave., #863 Reno, NV 89509	Brett Kandt, Esq. Peter K. Keegan, Esq. Assistant General Counsel State of Nevada, Board of Pharmacy 985 Damonte Ranch Parkway, #206 Reno, NV 89521

the envelope sealed and then deposited in the Court's central mailing basket in the court clerk's office for delivery to the USPS at 1111 South Roop Street, Carson City, Nevada, for mailing.

Julie Joseph

Julie Joseph, J.D.
Judicial Law Clerk

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KINEX MEDICAL COMPANY, LLC, License No. MP00623,** **Respondent.**	**CASE NO. 21-039-MP-S** **AMENDED FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, March 2, 2022, and on Wednesday, April 12, 2023. Brett Kandt, Esq., prosecuted the case before the Board. Respondent Kinex Medical Company, LLC, License No. MP00623, appeared with counsel**,** Lyn Beggs, Esq. The Board heard the case and, based on the evidence presented, the Board makes the following Amended Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The Board finds that probative evidence exists in the record to establish each of the following facts by a preponderance of the evidence:

1. The Board has jurisdiction over this matter because at the time of the events herein, Respondent Kinex Medical Company; LLC, License No. MP00623, was a medical products provider based in Waukesha, Wisconsin licensed by the Board.

2. On or about March 4, 2021, Respondent's authorized representatives appeared before the Board on its application for a second medical products provider license to operate from 5985 Hauck Street #107 in Las Vegas. Respondent's license application was tabled.

3. On or about March 8, 2021, Respondent was served with a cease and desist with a citation and fine pursuant to NRS 639.2895 for Respondent and/or Respondent's employees engaging in the business of furnishing medical devices in Nevada from 5985 Hauck Street #107 without a license.

4. Respondent's authorized representatives subsequently represented to Board staff in the course of investigation that Respondent had ceased operations at 5985 Hauck Street #107 on March 30, 2021.

5. On or about March 30, 2021, Respondent and/or Respondent's employees began engaging in the business of furnishing medical devices in Nevada from 6075 W. Wigwam Avenue, Unit A089 in Las Vegas without a license.

6. On or about May 11, 2021, Respondent, by and through counsel, admitted that Respondent and/or Respondent's employees had engaged in the business of furnishing medical devices in Nevada from 6075 W. Wigwam Avenue, Unit A089 from March 30 until at least April 16, 2021.

7. On or about June 15, 2021, Respondent was served with a second cease and desist with a citation and fine for Respondent and/or Respondent's employees continuing to engage in the business of furnishing medical devices in Nevada from 5985 Hauck Street #107 without a license. On the same date Respondent was served with a separate cease and desist with a citation and fine for Respondent and/or Respondent's employees engaging in the business of furnishing medical devices in Nevada from 6075 W. Wigwam Avenue, Unit A089 without a license.

8. On or about June 29, 2021, Respondent, by and through counsel, withdrew its application for a second medical products provider license to operate from 5985 Hauck Street #107 in Las Vegas.

9. ***On March 2, 2022, License No. MP00623 was suspended pursuant to NRS 639.255(1)(c);*** Respondent did not renew License No. MP00623, which expired pursuant to NRS 639.180 on October 31, 2022.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and these respondents, because at the time of the events herein, Respondent was a medical products provider licensed by the Board.

2. The applicable law in this matter is as follows:

A. Any person, including a wholesaler or manufacturer, who engages in the business of wholesale distribution or furnishing medical devices that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of this chapter. NRS 639.233(1).

B. It is unlawful for any wholesaler or manufacturer to furnish, sell, offer for sale, or deliver any medical devices, other than those referred to in NRS 639.270, to any person not authorized by the laws of this state to handle, sell, possess or deal in such devices. NRS 639.288.

C. If a medical products provider sells, leases or otherwise provides medical products at more than one location, it must obtain a license for each location where medical products are sold, leased or otherwise provided. NAC 639.6942(2).

D. Any person who is located outside of this State and who intends to sell medical products to any consumer or medical products provider in this State on a regular basis must apply for an appropriate license pursuant to the provisions of NAC 639.693 to 639.6958, *inclusive*. Any medical products provider or medical products wholesaler that is located outside of this State must comply with the provisions of NAC 639.693 to 639.6958, *inclusive*, for any sale, lease or other disposition of medical products to any person in this State other than a medical products wholesaler or manufacturer that is licensed by the Board. NAC 639.6944(1).

E. Performing any act, task or operation for which licensure is required without the required license constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

F. Violating any law or regulation relating to the practices of a medical products provider constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.6941(1)(a) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

G. The Board may suspend or revoke a license if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any provision of Chapter 639 of the Nevada Revised Statutes. NRS 639.210(12).

H. The owner of a medical products provider is responsible for the acts of his or her business administrator and employees. NAC 639.6941(2); NAC 639.945(2).

3. By engaging in the business of furnishing medical devices in Nevada from 5985 Hauck Street #107 and 6075 W. Wigwam Avenue, Unit A089, Respondent and/or Respondent's employees violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.233(1), NRS 639.288, NAC 639.6942(2) and/or NAC 639.6944(1), and Respondent is therefore subject to discipline pursuant to NAC 639.6941(2), NAC 639.945(2) and NRS 639.210(12).

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. Respondent Kinex Medical Company may not engage in the business of furnishing medical devices in Nevada unless and until Respondent applies for a license and the Board approved the application and issues a license In the event Respondent applies for any certificate, license or permit with the Board, Respondent shall appear before the Board to answer questions and give testimony regarding the application, compliance with this Order, and the facts and circumstances underlying this matter.

2. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

3. This Order constitutes a final decision in a contested case and a public record pursuant to NRS 639.255(5), and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

4. This Order is effective immediately.

IT IS SO ORDERED.

Entered this ___ day of April 2023.

_____

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located? ■ Nevada ☐ Out-of-State

[a]Is the business also a wholesaler? (NRS 639.016) ☐ Yes ■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: CenterPoint Medical LLC

MDEG Physical Address: 6628 Sky Pointe Drive, Suite 127

City: Las Vegas State: NV Zip: 89131

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-444-1255 Website: www.centerpoint-us.com

Email: travis@centerpoint-us.com

Name of MDEG Administrator (NAC 639.694): Diana Paul

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	■ Others: Urological Supplies
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8:30am-4:00pm	■ Tue: 8:30am-4:00pm	■ Wed: 8:30am-4:00pm	■ Thurs: 8:30am-4:00pm	☐ Fri:
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name:	Diana Paul	Credentials:	RN	%:	10
Name:		Credentials:		%:	
Name:		Credentials:		%:	
Name:		Credentials:		%:	
Name:		Credentials:		%:	

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: CenterPoint Medical LLC

Mailing Address: 6628 Sky Pointe Drive, Suite 127

City: Las Vegas State: NV Zip: 89131

Telephone: 702-444-1255 Email: travis@centerpoint-us.com

Contact Person Name: Travis Paul

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located** outside of this State **must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Travis Paul

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12/9/2022

Date

✓ processed 1.11.23 [illegible]

Board Use Only	Date Received: 1-10-23	Amount: 500.00 CC

MINUTES OF THE

BOARD OF DIRECTORS MEETING

Of

CenterPoint Medical LLC

CONVENING OF MEETING: A regular meeting of the Board of Directors of the above company was held January 17, 2023 at 4:30pm at 10716 Steamboat Rock Ct. It was moved, and unanimously carried that Travis Paul act as Chairman of the meeting and Diana Paul act as Secretary.

I. **BUSINESS CONDUCTED AT THE MEETING:**
The Chairman present a resolution that ownership of the company will be Travis Paul 90% and Diana Paul will be 10% effective as of the signing of both parties below. It passed unanimously.

II. **PARTNERSHIP:** The company authorized drafting a Partnership Agreement between Travis Paul and Diana Paul and will have Corporate Capital prepare it.

There being no further business, the meeting was adjourned by the chairman at 7:45pm.

Signature: Travis Paul – Chairman / Owner — DATE 1/17/2023

Diana Paul – Secretary / Owner — DATE 1/17/2023

Jessette Phaynarikone

From: Diana Paul <diana@centerpoint-us.com>
Sent: Wednesday, January 11, 2023 10:54 AM
To: Jessette Phaynarikone
Cc: Travis Paul
Subject: RE: MDEG Application - CenterPoint Medical LLC - Las Vegas, NV

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good Morning Jessette,

Thank you for reaching out and for taking my call earlier. I am currently not employed/practicing under my Registered Nurse license.

Let me know if you have any more questions or if there is anything more you need for our application.

Diana Paul
CenterPoint Medical, LLC
c, [redacted]

From: Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov>
Sent: Wednesday, January 11, 2023 10:20 AM
To: Diana Paul <diana@centerpoint-us.com>
Cc: Travis Paul <travis@centerpoint-us.com>
Subject: MDEG Application - CenterPoint Medical LLC - Las Vegas, NV

Good morning,

We are in receipt of your MDEG Application for CenterPoint Medical LLC – Las Vegas, NV. Upon review, Diana Paul are you currently practicing as a RN?

CenterPoint
Medical, LLC

6628 Sky Pointe Drive Suite 127
Las Vegas, NV 89131
Phone: 702-444-1255
Fax: 866-774-3026

Officer List / Partner List				
First Name	Last Name	Title	Phone Number	Ownership Percentage
Travis	Paul	co-CEO	[redacted]	50%
Diana	Paul	co-CEO	[redacted]	50%

BUSINESS LICENSE

City of Las Vegas | Las Vegas, Nevada

IN ACCORDANCE WITH THE PROVISIONS OF THE LAS VEGAS MUNICIPAL CODE, AS AMENDED, LICENSE IS HEREBY GRANTED TO OPERATE THE BUSINESS REFERENCED BELOW.

LICENSE #: G70-08183

DATE ISSUED: 12/15/2022

EXPIRATION DATE: 06/01/2023

TYPE OF LICENSE: G50-General Retail Sales
Medical Equipment Sales

BUSINESS LOCATION: 6628 Sky Pointe Dr 100 Room 127

ISSUED TO:

CENTERPOINT MEDICAL LLC
6628 SKY POINTE DRIVE STE 100 ROOM 127
LAS VEGAS NV 89131

CITY OF LAS VEGAS NEVADA

Business Licensing Manager, Department of Planning

Failure to maintain an active state license or SNHD health permit, if required, renders this business license invalid.

Post in a conspicuous place.

FM-0152-08-21
Form 167

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CenterPoint Medical LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/27/2022, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/07/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202212073213405
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

CenterPoint Medical LLC

Nevada Business Identification # NV20222529073
Expiration Date: 07/31/2023

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/27/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202207272878100
You may verify this certificate online at http://www.nvsos.gov

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/8/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Jon Penrod
AMS Insurance 9960 W Cheyenne Ave #240 Las Vegas NV 89129	PHONE (A/C, No, Ext): (702) 395-6277 FAX (A/C, No): E-MAIL ADDRESS: jon@amsinsurance.com

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Centerpoint Medical LLC 6628 SKY POINTE DR Unit# 127 Las Vegas NV 89131	INSURER A: HARTFORD UNDERWRITERS INS CO	30104
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		53SBMAT8RCL	08/31/2022	08/31/2023	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Palmetto GBA (NP West) is additional insured as it pertains to General Liability, if required by contract, according to attached form SL 30 32 06 21

CERTIFICATE HOLDER

Palmetto GBA (NPWest)

PO BOX 100142

COLUMBIA SC 29202

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jon Penrod

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler CenterPoint Medical LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 6628 Sky Pointe Drive Suite 127

City Las Vegas State NV Zip 89131

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone [redacted] Website www.centerpoint-us.com

Licensing Company Email travis@centerpoint-us.com

Section 2: Personal Information

First Travis Middle Marshall Last Paul

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Steamboat Rock Court

City Las Vegas State NV Zip 89129

Telephone [redacted] Email travis@centerpoint-us.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
College of Southern Nevada			
Address	**City**	**State**	**Zip**
6375 W Charleston Blvd	Las Vegas	NV	89146
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Palo Verde High School		08/07-06/08	
Address	**City**	**State**	**Zip**
333 S Pavilion Center Dr	Las Vegas	NV	89144
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Faith Lutheran Jr./Sr. High School		08/01-06/07	
Address	**City**	**State**	**Zip**
2015 S Hualapai Way	Las Vegas	NV	89117
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/09-Present	[redacted] Steamboat Rock Court	Las Vegas	NV	89129
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
CenterPoint Medical LLC			07/2022-Present
Business Address	**City**	**State**	**Zip**
6628 Sky Pointe Drive, Suite 127	Las Vegas	NV	89131
Phone	**Title**		
702-444-1255	co-CEO		
Description of Duties			
Regulation & Compliance; Financials			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/9/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Travis Paul
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/9/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Travis Paul, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/5/2023
Date

Subscribed and Sworn to before me this 5th day of January, 23.

Notary Public Signature

ANGELICA VONGSAI
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 08-05-2023
Certificate No: 15-2713-1

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG CenterPoint Medical LLC MDEG License # (if applicable) _____

Physical Address 6628 Sky Pointe Dr. Suite 127

City Las Vegas State NV Zip 89131

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-444-1255 Website www.centerpoint-us.com

Licensing Company Email travis@centerpoint-us.com

Section 2: Personal Information

First Diana Middle Paige Last Paul

Alias(es, nicknames, name changes, etc.) Diana Paige Lacey (Maiden Name)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Steamboat Rock Ct

City Las Vegas State NV Zip 89129

Telephone [redacted] Email diana@centerpoint-us.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
College of Southern Nevada		08/15-05/19	
Address	**City**	**State**	**Zip**
6375 W. Charleston Blvd.	Las Vegas	NV	89146
Diploma/Degree obtained, if any			
Associates Degrees in Science & Associated Degree in Applied science of Nursing. RN			
School Name		**From - To (MM/YY – MM/YY)**	
Paul Mitchell the School Rexburg		06/11-10/12	
Address	**City**	**State**	**Zip**
557 Mariah Ave	Rexburg	ID	83440
Diploma/Degree obtained, if any			
Cosmetology License			
School Name		**From - To (MM/YY – MM/YY)**	
Northwest Career And Technical Academy		08/07-06/10	
Address	**City**	**State**	**Zip**
8200 W Tropical Pkwy	Las Vegas	NV	89149
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Centennial High School		08/06-06/07	
Address	**City**	**State**	**Zip**
10200 W Centennial Pkwy	Las Vegas	NV	89149
Diploma/Degree obtained, if any			
N/A			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/12-Present	[redacted] Steamboat Rock Ct	Las Vegas	NV	89129
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
Centennial Hills Hospital		09/19-06/22	
Business Address	**City**	**State**	**Zip**
6500 N Durango Dr	Las Vegas	NV	89149
Phone	**Title**	**Number of Employed Hours**	
702-835-9700	Registered Nurse - Emergency department	2,638.75	
Description of Duties			
Provided hands on patient care as a critical care registered nurse in the emergency department.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
01/08/2011	02/09/2011	ID	Rexburg	Madison
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CR-2011-0000060		7th Judicial District Court		
Reason/Charge				
Wilful concealment				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Diana P Lacey				
Name of Business/Industry/Entity				

Provide explanation below:

Dismissed case pursuant to a withheld judgment. Conditions of withheld judgement completed on August 15 2011. Official notice of completion attached to application.Case dismissed.

Diana Paul

Original Signature (electronic, copies or stamps not accepted)

12/09/2022

Date

I, Diana Paul, **certify that as the MDEG Administrator for**

CenterPoint Medical LLC,

that I (initial that you have read and meet the following requirements):

1. DP Have a high school diploma or its equivalent;
2. DP Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. DP Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. DP Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Diana Paul
Print Name (First, Last)

Diana Paul
Original Signature (electronic, copies or stamps not accepted)

12/09/2022
Date

Board Use Only	Date Received: 1-10-23

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF MADISON

STATE OF IDAHO,)
PLAINTIFF,)
)
-vs-)
)
)
Diana Lacey,)
DEFENDANT)
)
----------)

AUG 1 5 2011

CASE NO. CR-11-60

ORDER OF DISCHARGE

It having been shown to the undersigned Judge of the above captioned court that **Diana Lacey**, the above named defendant, who was placed on probation by this Court on the 09th day of February, 2011, has satisfactorily complied with all of the terms and conditions of said probation; and that she is now entitled to be discharged and fully released therefrom, waiving $300.00 in cost of supervision.

THEREFORE, IT IS SO ORDERED AND ADJUDGED that said defendant be , and hereby is discharged and released from said probation.

Dated this 15 day of Aug, 2010

Honorable Mark Rammell
Magistrate Judge

MAGISTRATE SEVENTH JUDICIAL DISTRICT MADISON COUNTY IDAHO

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: CenterPoint Medical LLC

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 6628 Sky Pointe dr. suite 127

City: Las Vegas State: NV Zip: 89131

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-444-1255 Website: www.centerpoint-us.com

Licensing Company Email: travis@centerpoint-us.com

Section 2: Personal Information

First: Diana Middle: Paige Last: Paul

Alias(es, nicknames, name changes, etc.): Diana Paige Lacey (Maiden Name)

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Steamboat Rock Ct

City: Las Vegas State: NV Zip: 89129

Telephone: [redacted] Email: diana@centerpoint-us.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
College of Southern Nevada		08/15-05/19	
Address	**City**	**State**	**Zip**
6375 W. Charleston Blvd.	Las Vegas	NV	89146
Diploma/Degree obtained, if any			
Associates of Science in Nursing, Associates of Science, RN			

School Name		From - To (MM/YY – MM/YY)	
Paul Mitchell The School Rexburg		06/11-10/12	
Address	**City**	**State**	**Zip**
557 Mariah Ave	Rexburg	ID	83440
Diploma/Degree obtained, if any			
Cosmetology License			

School Name		From - To (MM/YY – MM/YY)	
Northwest Career And Technical Academy		08/07-06/10	
Address	**City**	**State**	**Zip**
8200 W Tropical Pkwy	las Vegas	NV	89149
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Centennial High School		08/06-06/07	
Address	**City**	**State**	**Zip**
10200 W Centennial Pkwy	Las Vegas	NV	89149
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/12-Present	[redacted] Steamboat Rock Ct	Las Vegas	NV	89129
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✔	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
CenterPoint Medical LLC		07/22-12/22	
Business Address	**City**	**State**	**Zip**
6628 Sky Pointe Dr. suite 127	Las Vegas	NV	89131
Phone	**Title**		
702-444-1255	Co-CEO		
Description of Duties			
Sales and Marketing			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01/08/2011	02/09/2011	ID	Rexburg	Madison
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CR-2011-0000060		7th Judicial District Court		
Reason/Charge				
Wilful concealment				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Diana P Lacey				
Name of Business/Industry/Entity				

Provide explanation below:

Dismissed case pursuant to a withheld judgment. Conditions of withheld judgement completed on August 15 2011. Official notice of completion attached to application.Case dismissed.

Diana Paul
Original Signature (electronic, copies or stamps not accepted)

01/05/23
Date

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF MADISON

STATE OF IDAHO,)
PLAINTIFF,)
)
-vs-)
)
)
Diana Lacey,)
DEFENDANT)
)
----------)

AUG 1 5 2011

CASE NO. CR-11-60

ORDER OF DISCHARGE

It having been shown to the undersigned Judge of the above captioned court that **Diana Lacey**, the above named defendant, who was placed on probation by this Court on the 09th day of February, 2011, has satisfactorily complied with all of the terms and conditions of said probation; and that she is now entitled to be discharged and fully released therefrom, waiving $300.00 in cost of supervision.

THEREFORE, IT IS SO ORDERED AND ADJUDGED that said defendant be , and hereby is discharged and released from said probation.

Dated this 15 day of Aug, 2010

Honorable Mark Rammell
Magistrate Judge

MAGISTRATE
SEVENTH JUDICIAL DISTRICT
MADISON COUNTY IDAHO

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Diana Paul
Print Name (First, Last)

Diana Paul
Original Signature (electronic, copies or stamps not accepted)

1/5/2023
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Diana Paul, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Diana Paul
Original Signature

01/05/2023
Date

Subscribed and Sworn to before me this 5th day of January 2023

Candice Benson
Notary Public Signature

CANDICE SUE BENSON
Notary Public, State of Nevada
No. 06-101934-1
My Appt. Exp. April 14, 2026

(Seal)

Jessette Phaynarikone

From: Diana Paul <diana@centerpoint-us.com>
Sent: Tuesday, February 14, 2023 1:03 PM
To: Jessette Phaynarikone
Cc: Travis Paul
Subject: RE: CenterPoint Medical, LLC application

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Jessette, please see below for the explanation of charges:

I was charged with willful concealment of merchandise on January 18, 2011, due to unpaid merchandise valuing less than $100 being in my possession at the checkout stand. Merchandise was promptly and willfully paid for in full as I had not left the store premises but was issued a citation. No arrest was made. Idaho Madison County Court issued a ruling of withheld judgement. After fulfilling the requirements of the Court given an order of discharge from probation (backup sent in) and paying all assigned fines on time my case was dismissed in full by the courts. No conviction of the crime was issued. I have had no further exposure or incidents with any disciplinary or judicial system in the last twelve (12) years since that time. Thank you for your consideration.

Diana Paul
702-340-5265

From: Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov>
Sent: Tuesday, February 14, 2023 10:59 AM
To: Diana Paul <diana@centerpoint-us.com>
Subject: RE: CenterPoint Medical, LLC application

Hi Diana,

Will you please write an explanation why you were charged a willful concealment then I can present it to my deputy and executive secretary.

Kind Regards,
Jessette Phaynarikone

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If you are not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Travis Paul <travis@centerpoint-us.com>
Sent: Tuesday, February 14, 2023 10:20 AM
To: Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov>
Cc: Diana Paul <diana@centerpoint-us.com>
Subject: RE: CenterPoint Medical, LLC application

Case Information

CR-2011-60 | State of Idaho vs. Diana P Lacey

Case Number CR-2011-60	Court Madison County Magistrate Court	Judicial Officer Rammell, Mark S.
File Date 01/11/2011	Case Type Criminal	Case Status Closed

Party

State
State of Idaho

Active Attorneys ▾
Lead Attorney
Zollinger, Stephen Porter

Defendant
Lacey, Diana P

DOB
XX/XX/1991

Active Attorneys ▾
Lead Attorney
Archibald, R. James
Public Defender

Charge

Charges
Lacey, Diana P

	Description	Citation	Statute	Level	Date
1	Wilful Concealment of Goods, Wares or Merchandise	49345	I18-4626	Misdemeanor	01/08/2011

Disposition Events

02/09/2011 Disposition

1	Wilful Concealment of Goods, Wares or Merchandise	Dismissed by Court

08/18/2017 Misdemeanor Sentence

1	Wilful Concealment of Goods, Wares or Merchandise	Misdemeanor Sentence

Confinement

Type: County Jail

Facility: Madison County Jail

Term: 180 Days

Suspended: 90 Days

Discretionary: 85 Days

Effective Date: 02/09/2011

Condition - Adult

1. ZZZDO NOT USE Sup Probation PRIOR TO 7/1/18, 1Y, 02/09/2011-02/09/2012, Closed 08/15/2011

Events and Hearings

01/11/2011 New Case - Criminal

Judicial Officer	Comment
Rammell, Mark S.	New Case Filed - Misdemeanor **01/12/2011

01/18/2011 ROA - Converted Event

Judicial Officer	Comment
Rammell, Mark S.	Misdemeanor Minute Entry/Judgment **8/18/2017

01/18/2011 Appear & Plead Not Guilty

Judicial Officer	Comment
Rammell, Mark S.	Hearing result for Arraignment held on 01/18/2011 02:00 PM: Appear & Plead Not Guilty

01/18/2011 ROA - Converted Event

Judicial Officer	Comment
Rammell, Mark S.	Application for Public Defender turned in **8/18/2017

01/31/2011 Hearing Scheduled

Judicial Officer	Comment
Rammell, Mark S.	Hearing Scheduled (Pre-Trial 02/09/2011 01:00 PM)

01/31/2011 Prosecutor Assigned

Judicial Officer	Comment
Rammell, Mark S.	Prosecutor assigned Stephen P Zollinger

01/31/2011 Order Appointing Public Defender

Judicial Officer	Comment
Rammell, Mark S.	Defendant: Lacey, Diana P Order Appointing Public Defender Public defender R. James Archibald

01/31/2011 ROA - Converted Event

Judicial Officer	Comment
Rammell, Mark S.	Notice Of Hearing **8/18/2017

01/31/2011 ROA - Converted Event

Judicial Officer	Comment
Rammell, Mark S.	Order Appointing Public Defender **8/18/2017

02/09/2011 Pre-trial Memo & Notice of Hearing

Judicial Officer	Comment
Rammell, Mark S.	Pre-Trial Memorandum **8/18/2017

02/09/2011 Hearing Held

Judicial Officer	Comment
Rammell, Mark S.	Hearing result for Pre-Trial held on 02/09/2011 01:00 PM: Hearing Held

02/09/2011 Withheld Judgment Entered

Judicial Officer	Comment
Rammell, Mark S.	Withheld Judgment Entered (I18-4626 Wilful Concealment of Goods, Wares or Merchandise)

02/09/2011 ROA - Converted Event ▾

Judicial Officer	Comment
Rammell, Mark S.	Misdemeanor Minute Entry/Judgment **8/18/2017

02/09/2011 ROA - Converted Event ▾

Judicial Officer	Comment
Rammell, Mark S.	Payment Plan **8/18/2017

02/09/2011 Dismissed by Court ▾

Judicial Officer	Comment
Rammell, Mark S.	Dismissed by Court (I18-4626 Wilful Concealment of Goods, Wares or Merchandise)

02/10/2011 Charge Reduced Or Amended ▾

Judicial Officer	Comment
Rammell, Mark S.	Charge Reduced Or Amended (I18-4626 Wilful Concealment of Goods, Wares or Merchandise)

02/10/2011 Sentenced to Incarceration ▾

Judicial Officer	Comment
Rammell, Mark S.	Sentenced To Incarceration (I18-4626 Wilful Concealment of Goods, Wares or Merchandise) Confinement terms: Jail: 180 days. Suspended jail: 90 days. Discretionary: 85 days.

02/10/2011 Probation Ordered ▾

Judicial Officer	Comment
Rammell, Mark S.	Probation Ordered (I18-4626 Wilful Concealment of Goods, Wares or Merchandise) Probation term: 1 year. (Supervised) **8/18/2017

02/10/2011 Sentenced to Pay Fine ▾

Judicial Officer	Comment
Rammell, Mark S.	Sentenced To Pay Fine 537.50 charge: I18-4626 Wilful Concealment of Goods, Wares or Merchandise

02/17/2011 ROA - Converted Event ▾

Judicial Officer	Comment
Rammell, Mark S.	Terms and Conditions of Probation / Agreement of Supervision **8/18/2017

08/09/2011 ROA - Converted Event

Judicial Officer	Comment
Rammell, Mark S.	Request for Discharge from Probation **8/18/2017

08/15/2011 ROA - Converted Event

Judicial Officer	Comment
Rammell, Mark S.	Order of Discharge from Probation **8/18/2017

08/15/2011 Status Changed

Judicial Officer	Comment
Rammell, Mark S.	STATUS CHANGED: closed

08/14/2017 Letter

Judicial Officer	Comment
Rammell, Mark S.	Letter Requesting Withheld Judgment **8/18/2017

08/18/2017 Sentenced Modified

Judicial Officer	Comment
Rammell, Mark S.	Sentenced ModifiedSentence modified on 8/18/2017. (I18-4626 Wilful Concealment of Goods, Wares or Merchandise)

08/18/2017 Withheld Judgment Completed and Charge(s) Dismissed

Judicial Officer	Comment
Rammell, Mark S.	Withheld Judgment completed and charge dismissedWithholding of finding dismissed on 8/18/2017. (I18-4626 Wilful Concealment of Goods, Wares or Merchandise)

Financial

Lacey, Diana P

Total Financial Assessment	$790.50
Total Payments and Credits	$790.50

2/14/2011	Transaction Assessment	$3.00
2/9/2011	Transaction Assessment	$300.00
2/9/2011	Transaction Assessment	$10.00

2/9/2011	Transaction Assessment			$37.00
2/9/2011	Transaction Assessment			$10.00
2/9/2011	Transaction Assessment			$10.00
2/9/2011	Transaction Assessment			$17.50
2/9/2011	Transaction Assessment			$3.00
2/9/2011	Transaction Assessment			$50.00
2/9/2011	Transaction Assessment			$50.00
2/9/2011	Transaction Assessment			$50.00
8/18/2011	Case Payment	Receipt # 5367	Lacey, Diana P	($50.00)
5/9/2011	Case Payment	Receipt # 2973	Lacey, Diana P	($50.00)
4/10/2011	Case Payment	Receipt # 2255	Lacey, Diana P	($50.00)
6/7/2011	Case Payment	Receipt # 3712	Lacey, Diana P	($50.00)
3/6/2011	Case Payment	Receipt # 1400	Lacey, Diana P	($50.00)
2/14/2011	Case Payment	Receipt # 890	Lacey, Diana P	($540.50)

9B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☒ Nevada	☐ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	☒ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☒ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Maverick Medical, Inc.

MDEG Physical Address: 276 Kingsbury Grade Road, Ste 210

City: Kingsbury State: NV Zip: 89449

Mailing Address (if different from physical address): PO Box 1036

City: Zephyr Cove State: NV Zip: 89448

Telephone: 415-710-7648 Website: _____

Email: mark@maverickmedical.co

Name of MDEG Administrator (NAC 639.694): Mark Spalding

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
☒ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☒ Others: TENS Units
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an (*) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
☐ Mon:	☒ Tue:	☒ Wed:	☒ Thurs:	☐ Fri:
☐ Sat:	☐ Sun:	☐ Holidays: By Appointment (Tuesday - Thursday)		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
N/A

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: Maverick Medical, Inc

Mailing Address: PO Box 1036

City: Zephyr Cove State: NV Zip: 89448

Telephone: 415-710-7648 Email: mark@maverickmedical.co

Contact Person Name: Mark Spalding

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Spalding

Print Name of Authorized Person Submitting Application

Mark Spalding

Original signature of Authorized Person (copies or stamps not accepted)

12/21/22

Date

✓ processed 12.27.22 G

Board Use Only	Date Received: 12-27-22	Amount: 500.00 CC

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE PRESIDENT, OR EQUIVALENT OF:		Title: PRESIDENT		
WENDY MAY REAL			USA	
Name			Country	
POST OFFICE BOX 1036	ZEPHYR COVE		NV	89448
Address	City		State	Zip/Postal Code
CORPORATION, INDICATE THE SECRETARY, OR EQUIVALENT OF:		Title: SECRETARY		
WENDY MAY REAL			USA	
Name			Country	
POST OFFICE BOX 1036	ZEPHYR COVE		NV	89448
Address	City		State	Zip/Postal Code
CORPORATION, INDICATE THE TREASURER, OR EQUIVALENT OF:		Title: TREASURER		
MARK SPALDING			USA	
Name			Country	
POST OFFICE BOX 1036	ZEPHYR COVE		NV	89448
Address	City		State	Zip/Postal Code
CORPORATION, INDICATE THE DIRECTOR:				
WENDY MAY REAL			USA	
Name			Country	
POST OFFICE BOX 1036	ZEPHYR COVE		NV	89448
Address	City		State	Zip/Postal Code

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Wendy May Real — President — 12/21/22

Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED.*

Title

Date

MAVERICK MEDICAL, INC.

ADDITIONAL OFFICERS AND DIRECTORS

MARK SPALDING POST OFFICE BOX 1036 ZEPHYR COVE, NV 89448	DIRECTOR

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MAVERICK MEDICAL, INC.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/21/2022, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/22/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202212223252474
You may verify this certificate online at http://www.nvsos.gov

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/16/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: VGM Insurance Services, Inc. 1111 W. San Marnan Dr. Waterloo IA 50701	CONTACT NAME: Ahlai Narcisse PHONE (A/C, No, Ext): (435) 703-9255 FAX (A/C, No): E-MAIL ADDRESS: ahlai.narcisse@vgm.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: STATE NATIONAL INSURANCE CO	12831
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED: Maverick Medical Inc
276 Kingsbury Grade Ste 210
Stateline, NV 89449

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			VGM D1021 G4691-9	06/02/2022	06/02/2023	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Professional Liability						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 1,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
EVIDENCE OF INSURANCE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

NAC 639.694

1. **Each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:**
   a. Be a natural person;
   b. Have a high school diploma or its equivalent;
   c. Have:
      i. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
      ii. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
   d. Be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
   e. Be approved by the Board.
2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.
3. A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment.
4. A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

NAC 639.6946

1. Except as otherwise provided in NAC 639.6945, a medical products provider shall:
   a. Provide services for all medical products sold, leased or otherwise provided by the medical products provider, including, without limitation, set up, repair and maintenance.
   b. Employ an administrator and other employees sufficient to provide the services described in paragraph (a).

NAC 639.6957

1. A medical products wholesaler shall:
   a. Employ a facility administrator and other employees sufficient to operate, set up, repair, maintain and service all medical products sold, leased or otherwise provided by the medical products wholesaler.

Please mail this completed application and all other required documents with your MDEG and/or Wholesaler Application to the address indicated above.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: MAVERICK MEDICAL, INC. MDEG License # (if applicable): _____

Physical Address: 276 KINGSBURY ROAD, STE 210

City: KINGSBURY State: NV Zip: 89449

Mailing Address (if different from physical address): PO BOX 1036

City: ZEPHYR COVE State: NV Zip: 89448

Telephone: 415-710-7648 Website: _____

Licensing Company Email: _____

Section 2: Personal Information

First: MARK Middle: JAMES Last: SPALDING

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] ALICE LAKE RD

City: SOUTH LAKE TAHOE State: CA Zip: 96150

Telephone: [redacted] Email: mark@maverickmedical.co

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
UNIVERSITY OF SAN DIEGO			09-1994 - 06/1998
Address	**City**	**State**	**Zip**
5998 ALCALA PARK	SAN DIEGO	CA	92110
Diploma/Degree obtained, if any			
BACHELORS OF BUSINESS ADMINISTRATION			

School Name			From - To (MM/YY – MM/YY)
SANTA ROSA HIGH SCHOOL			09/1992 - 06/1994
Address	**City**	**State**	**Zip**
1235 MENDOCINO AVE	SANTA ROSA	CA	95401
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2020 - present	[redacted]ALICE LAKE RD	SOUTH LAKE TAHOE	CA	96150
02/2014 - 10/2020	[redacted]ORANGE BLOSSOM LANE	SAN RAFAEL	CA	96150
07/2009 - 02/2014	[redacted]BRIDGEWAY, UNIT [redacted]	SAUSALITO	CA	94965

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
MEDICAL DYNAMICS ENTERPRISES, INC.			10/2010 - PRESENT	
Business Address		**City**	**State**	**Zip**
613 MARTIN AVE. #100		ROHNERT PARK	CA	94928
Phone	**Title**		**Number of Employed Hours**	
415-710-7648	VICE PRESIDENT		40	
Description of Duties				
OPERATING ALL ASPECTS OF BUSINESS DEVELOPMENT, REGULATORY, FUNCTIONAL OPERATIONS, PROCUREMENT & ORGANIZATIONAL STRATEGY FOR DME COMPANY SPECIALIZING IN TENS UNITS.				

Business Name			From - To (MM/YY – MM/YY)	
MEDICAL DYNAMICS			09/2002 - 10/2010	
Business Address		**City**	**State**	**Zip**
750 MENDOCINO AVE, SUITE 9		SANTA ROSA	CA	95404
Phone	**Title**		**Number of Employed Hours**	
707-573-0302	REGIONAL SALES MANAGER		40	
Description of Duties				
DURABLE MEDICAL EQUIPMENT SALES				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:** N/A

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Mark Smith
Original Signature (electronic, copies or stamps not accepted)

12/21/22
Date

I, ,MARK SPALDING, **certify that as the MDEG Administrator for**

MAVERICK MEDICAL, INC.,

that I (initial that you have read and meet the following requirements):

1. X Have a high school diploma or its equivalent;
2. X Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. X Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MARK SPALDING
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/21/2022
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler MAVERICK MEDICAL, INC.

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 276 KINGSBURY ROAD, STE 210

City KINGSBURY State NV Zip 89449

Mailing Address (if different from physical address) PO BOX 1036

City ZEPHYR COVE State NV Zip 89448

Telephone 415-710-7648 Website _____

Licensing Company Email _____

Section 2: Personal Information

First MARK Middle JAMES Last SPALDING

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]ALICE LAKE RD

City SOUTH LAKE TAHOE State CA Zip 96150

Telephone [redacted] Email mark@maverickmedical.co

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF SAN DIEGO		09-1994- 06/1998	
Address	**City**	**State**	**Zip**
5998 ALCALA PARK	SAN DIEGO	CA	92110
Diploma/Degree obtained, if any			
BACHELORS OF BUSINESS ADMINISTRATION			
School Name		**From - To (MM/YY – MM/YY)**	
SANTA ROSA HIGH SCHOOL		09/1992- 06/1994	
Address	**City**	**State**	**Zip**
1235 MENDOCINO AVE	SANTA ROSA	CA	95401
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2020- present	2545 ALICE LAKE RD	SOUTH LAKE TAHOE	CA	96150
02/2014 - 10/2020	226 ORANGE BLOSSOM LANE	SAN RAFAEL	CA	94903
07/2009 - 02/2014	1739 BRIDGEWAY, UNIT 1	SAUSALITO	CA	94965

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
MEDICAL DYNAMICS ENTERPRISES, INC			10/2010- PRESENT	
Business Address		**City**	**State**	**Zip**
613 MARTIN AVE. #100		ROHNERT PARK	CA	94928
Phone	**Title**			
707-583-3615	VICE PRESIDENT & CO-FOUNDER			
Description of Duties				
OPERATING ALL ASPECTS OF BUSINESS DEVELOPMENT, REGULATORY, FUNCTIONAL OPERATIONS, PROCUREMENT & ORGANIZATIONAL STRATEGY FOR DME COMPANY SPECIALIZING IN TENS.				

Business Name			From - To (MM/YY – MM/YY)	
MEDICAL DYNAMICS			09/2002- 10/2010	
Business Address		**City**	**State**	**Zip**
750 MENDOCINO AVE, SUITE 9		SANTA ROSA	CA	95404
Phone	**Title**			
707-573-0302	REGIONAL MANAGER			
Description of Duties				
DURABLE MEDICAL EQUIPMENT SALES				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: N/A

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/21/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MARK SPALDING

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/21/22

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Douglas

I, Mark Spalding, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/21/22

Date

Subscribed and Sworn to before me this 21st day of December 2022

Notary Public Signature

MAUREEN CALLAHAN
Notary Public-State of Nevada
APPT. NO. 22-7387-05
My Appt. Expires 03-17-2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Maverick Medical, Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 276 Kingsbury Road, Ste 210

City: Kingsbury State: NV Zip: 89449

Mailing Address (if different from physical address): PO Box 1036

City: Zephyr Cove State: NV Zip: 89448

Telephone: 415-710-7648 Website:

Licensing Company Email:

Section 2: Personal Information

First: Wendy May Middle: Last: Real

Alias(es, nicknames, name changes, etc.): Wendy Real

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]Alice Lake Rd

City: South Lake Tahoe State: CA Zip: 96150

Telephone: [redacted] Email: wendymay@maverickmedical.co

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
New York Institute of Technology (NYIT)			08/08 - 05/10
Address	**City**	**State**	**Zip**
Northern Blvd, Valentines Lane	Old Westbury	NY	11568
Diploma/Degree obtained, if any			
Master in Business Administration, Graduated with Highest Distinction			
School Name			**From - To (MM/YY – MM/YY)**
University of Vermont			09/97 - 05/01
Address	**City**	**State**	**Zip**
194 Prospect Street	Burlington	VT	04501
Diploma/Degree obtained, if any			
Bachelor of Science, Biological Sciences & Biochemistry			
School Name			**From - To (MM/YY – MM/YY)**
Medomak Valley HS			09/88 - 06/92
Address	**City**	**State**	**Zip**
320 Manktown Road	Waldoboro	ME	04572
Diploma/Degree obtained, if any			
High School Diploma			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/20 - Current	[redacted]Alice Lake Road	South Lake Tahoe	CA	96150
02/14 - 10/20	[redacted]Orange Blossom Lane	San Rafael	CA	94565
07/09 - 02/14	[redacted]Bridgeway, Unit[redacted]	Sausalito	CA	94965
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medical Dynamics Enterprises, Inc.			12/10 - Current
Business Address	**City**	**State**	**Zip**
613 Martin Ave, Ste 100	Rohnert Park	CA	94928
Phone	**Title**		
	CEO and Co-Founder		

Description of Duties
Operating all aspects of business development, regulatory, functional operations, procurement and organizational strategy for DME company specializing in TENS devices .

Business Name			From - To (MM/YY – MM/YY)
Amgen Pharmaceutical, Inc.			02/07 - 05/10
Business Address	**City**	**State**	**Zip**
1 Amgen Center Drive	Thousand Oaks	CA	91320
Phone	**Title**		
	Senior Associate, Clinical Research Management		

Description of Duties
Primarily responsible for the protocol development, planning, implementation, conduct/oversight, clinical study monitoring and management. Liaison to FDA, federal and state regulatory agencies.

Business Name			From - To (MM/YY – MM/YY)
Medical Dynamics Inc.			09/09 - 05/11
Business Address	**City**	**State**	**Zip**
750 Mendocino Ave, Ste 9	Santa Rosa	CA	95404
Phone	**Title**		
	Consultant		

Description of Duties
Provided advance management skills to develop a strategic vision and align existing organizational architecture with key long-term objectives.

Business Name			From - To (MM/YY – MM/YY)
University of California, San Francisco (UCSF Medical Center)			03/04 - 02/07
Business Address	**City**	**State**	**Zip**
505 Parnassus Ave	San Francisco	CA	94143
Phone	**Title**		
	Clinical Research Program Manager		

Description of Duties
Responsibilities include the successful management of the clinical research trials within the Cardiac Translational Stem Cell Clinical Research Program and achievement of its strategic objectives.

Business Name			From - To (MM/YY – MM/YY)
University of California, San Francisco (UCSF Medical Center)			11/03 - 03/05
Business Address	**City**	**State**	**Zip**
505 Parnassus Ave	San Francisco	CA	94143
Phone	**Title**		
	Clinical Research Coordinator		

Description of Duties
Responsible for the coordination and management of multiple (9-12) studies related to liver disease and transplantation.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Generations OB/GYN			01/02 - 06/03	
Business Address		**City**	**State**	**Zip**
719 Congress Street		Portland	ME	04101
Phone	**Title**			
	Clinical Medical Assistant			
Description of Duties				
Medical assistant at a large, private practice of obstetrics and gynecological physicians.				

Business Name			From - To (MM/YY – MM/YY)	
Fletcher Allen Breast Care Center, VT			09/99 - 05/01	
Business Address		**City**	**State**	**Zip**
194 Prospect Street		Burlington	VT	04501
Phone	**Title**			
	Principal Investigator			
Description of Duties				
Specific aims of this study were to determine the incidence of women self-reporting swelling in their arm(s) during routine postoperative visits; document the oncologist's written evaluation corresponding to these specific reports and track the level of intervention provided.				

Business Name			From - To (MM/YY – MM/YY)	
FAHC/UVM			09/99 - 05/01	
Business Address		**City**	**State**	**Zip**
194 Prospect Street		Burlington	VT	04501
Phone	**Title**			
	Research Associate			
Description of Duties				
Worked independently to assist on several clinical trials.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: N/A

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Wendy Mae Reed
Original Signature (electronic, copies or stamps not accepted)

12/21/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

WENDY MAY REAL

Print Name (First, Last)

Wendy May Real

Original Signature (electronic, copies or stamps not accepted)

12/21/22

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Douglas

I, Wendy May Real, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Wendy May Real

Original Signature

12/21/22

Date

Subscribed and Sworn to before me this 21 day of December 2022

Maureen Callahan

Notary Public Signature

MAUREEN CALLAHAN
Notary Public-State of Nevada
APPT. NO. 22-7387-05
My Appt. Expires 03-17-2026

(Seal)

10

10A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-State	■ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ■ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Helios Healthcare Inc DBA 986 Pharmacy #8017

Physical Address: 321 N. Buffalo Dr. Suite 110

City: Las Vegas State: NV Zip: 89145

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: (702) 818-8182 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: (702) 818-8183 Contact Email: [redacted]@msn.com

Website: www.986pharmacy.com

Nevada Business License # (if applicable) NV20232699023

Supervising/Managing Pharmacist Name (NRS 639.220): Jamila A. Ormond

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22995

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Jamila A. Ormond	NV Pharmacist Registration #: 22995
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): N/A

Corporation/Organization Name: Helios Healthcare Inc

Mailing Address: 321 N. Buffalo Dr. Suite 110

City: Las Vegas State: NV Zip: 89145

Telephone: [redacted] Email: [redacted]@msn.com

Contact Person Name: Robert Ojeda

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO (title) for 986 Pharmacy #8017 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Robert John Ojeda

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2/16/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Robert John Ojeda hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO (title) for 986 Pharmacy #8017 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 16th day of February, 20 23

Notary Public

JESSICA YAU
Notary Public - California
Los Angeles County
Commission # 2399597
My Comm. Expires Apr 4, 2026

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Jamila A. Ormond Pharmacist Registration #: 22995

Pharmacy Name: 986 Pharmacy #8017

Initial each statement below to indicate you have read and agree with the following:

JO I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

JO I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

JO I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

JO I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

JO I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jamila Ormond
Original signature of Managing Pharmacist (copies or stamps not accepted)

February 15,2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert J. Ojeda

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

2/16/23

Date

Board Use Only	Date Received: 2-21-23	Amount: 500.00 CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Helios Healthcare Inc DBA 986 Pharmacy #8017

Pharmacy/MDEG/Wholesaler License # (if applicable): N/A

Physical Address: 321 N. Buffalo Dr. Suite 110

City: Las Vegas State: NV Zip: 89145

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: (702) 818-8182 Website: www.986pharmacy.com

Licensing Company Email: lasvegasltc@986pharmacy.com

Section 2: Personal Information

First: Robert Middle: John Last: Ojeda

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Major Bowling Place

City: Henderson State: NV Zip: 89011

Telephone: [redacted] Email: [redacted]@msn.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
CALIFORNIA STATE UNIVERSITY FULLERTON		08/97 - 05/00	
Address	**City**	**State**	**Zip**
800 N. STATE COLLEGE BLVD.	FULLERTON	CA	92831
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE KINESIOLOGY			

School Name		From - To (MM/YY – MM/YY)	
PIONEER HIGH SCHOOL		08/89 - 06/92	
Address	**City**	**State**	**Zip**
10800 BENAVON STREET	WHITTIER	CA	90606
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/03 - PRESENT	[redacted] HILLSBOROUGH LANE	CHINO HILLS	CA	91709
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
K&B PHARMACY ASSOCIATES, INC.			07/19 - PRESENT
Business Address	**City**	**State**	**Zip**
2521 HUNTINGTON DRIVE	SAN MARINO	CA	91108
Phone	**Title**		
626-399-0421	PRESIDENT		

Description of Duties

Managing all operations, existing pharmacy members, vendors, and wholesaler relations.

Business Name			From - To (MM/YY – MM/YY)
SMART-FILL MANAGEMENT GROUP			10/15 - 07/19
Business Address	**City**	**State**	**Zip**
905 N. MAIN STREET	AUSTIN	MN	55912
Phone	**Title**		
507-434-7426	BUSINESS CONSULTANT		

Description of Duties

Managing all existing Managed Pharmacy Care (MPC) clientele while maintaining previous responsibilities from MPC and United Pharmacy Network, Inc.

Business Name			From - To (MM/YY – MM/YY)
MANAGED PHARMACY CARE			09/13 - 07/19
Business Address	**City**	**State**	**Zip**
28200 HIGHWAY 189, BUILDING R-110	LAKE ARROWHEAD	CA	92352
Phone	**Title**		
800-582-5889	VICE PRESIDENT OF SALES AND MARKETING		

Description of Duties

Managed all operations, sales, and vendor relations on behalf of our pharmacy members.

Business Name			From - To (MM/YY – MM/YY)
UNITED PHARMACY NETWORK, INC.			04/12 - 09/13
Business Address	**City**	**State**	**Zip**
801 N. BRAND BLVD. SUITE 300	GLENDALE	CA	91203
Phone	**Title**		
818-549-2288	VICE PRESIDENT OF SALES AND MARKETING		

Description of Duties

Managed all aspects of pharmacy operations and vendor relations for over 125 independently owned pharmacies throughout California.

Business Name			From - To (MM/YY – MM/YY)
986 SPECIALTY PHARMACY 3 INC.			02/20 - PRESENT
Business Address	**City**	**State**	**Zip**
6205 COIT ROAD	PLANO	TX	75024
Phone	**Title**		
(469) 543-0199	SHAREHOLDER		

Description of Duties

NONE

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
ARK INFUSION MANAGEMENT, LLC.			05/20 - PRESENT	
Business Address		City	State	Zip
2521 HUNTINGTON DRIVE		SAN MARINO	CA	91108
Phone	Title			
(626) 399-0421	SHAREHOLDER			
Description of Duties				
NONE				

Business Name			From - To (MM/YY – MM/YY)	
AMERICAN PHARMACY CONSULTANTS, INC.			04/12 - PRESENT	
Business Address		City	State	Zip
2475 HILLSBOROUGH LANE		CHINO HILLS	CA	91709
Phone	Title			
(626) 252-2736	CHIEF EXECUTIVE OFFICER			
Description of Duties				
Consulting independent pharmacy regarding business operational and workflow.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

2/16/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert John Ojeda
Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

2/16/23
Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Robert John Ojeda, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/16/23
Date

Subscribed and Sworn to before me this 16th day of February, 2023

Notary Public Signature

JESSICA YAU
Notary Public California
Los Angeles County
Commission # 2399597
My Comm. Expires Apr 4, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Helios Healthcare Inc DBA 986 Pharmacy #8017

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 321 N. Buffalo Drive Suite 110

City: Las Vegas State: Nevada Zip: 89145

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-969-1161 Website: www.986pharmacy.com

Licensing Company Email: jamila.ormond@986pharmacy.com

Section 2: Personal Information

First: Jamila Middle: Amina Last: Ormond

Alias(es, nicknames, name changes, etc.): Jamila Amina Carothers

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Biddle Street

City: North Las Vegas State: Nevada Zip: 89032

Telephone: [redacted] Email: [redacted]@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Roseman University of Health Sciences		07/19-05/22	
Address	**City**	**State**	**Zip**
11 Sunset Way	Henderson	Nevada	89014
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Nevada State College		08/15-01-19	
Address	**City**	**State**	**Zip**
1300 Nevada State Drive	Henderson	Nevada	89002
Diploma/Degree obtained, if any			
Pre-Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Cheyenne High School		08/00-01/04	
Address	**City**	**State**	**Zip**
3200 W. Alexander Road	North Las Vegas	Nevada	89032
Diploma/Degree obtained, if any			
Advanced High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/18-02/23	[redacted] Biddle Street	North Las Vegas	NV	89032
08/12-08/18	[redacted] Arrow Stone Court	North Las Vegas	NV	89031

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
986 Specialty Pharmacy #2			01/23-02/23	
Business Address		**City**	**State**	**Zip**
321 N. Buffalo Drive Suite 120		Las Vegas	NV	89145
Phone	**Title**		**Number of Employed Hours**	
702-909-4072	Staff Pharmacist		222	
Description of Duties				
Verification,consultations,oversee technicians and interns,and accept verbal prescriptions.				

Business Name			From - To (MM/YY – MM/YY)	
CVS Health			09/22-12/22	
Business Address		**City**	**State**	**Zip**
3290 South Fort Apache Road		Las Vegas	NV	89117
Phone	**Title**		**Number of Employed Hours**	
702-254-3084	Staff Pharmacist		600	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
UHS			06/15-05/22	
Business Address		**City**	**State**	**Zip**
653 N. Town Center Drive		Las Vegas	NV	89144
Phone	**Title**		**Number of Employed Hours**	
702-470-2695	Pharmacy Technician/Intern		9600	
Description of Duties				
Adhered to regulatory guidelines for workplace safety and customer confidentiality. Prepared and submitted claims to insurance companies for payment.				

Business Name			From - To (MM/YY – MM/YY)	
Walgreens Co.			04/07-06/15	
Business Address		**City**	**State**	**Zip**
2280 N. Civic Center Drive		North Las Vegas	NV	89030
Phone	**Title**		**Number of Employed Hours**	
702-649-1415	Senior Pharmacy Technician		15,360	
Description of Duties				
Participated in prescription pharmaceutical and over-the-counter product inventory audits. Received and verified incoming drug inventories and reported discrepancies to lead pharmacist.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

I, Jamila Amina Ormond, **certify that as the designated representative for** Helios Healthcare Inc DBA 980 Pharmacy #8017,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JO I am at least 21 years of age;
3. JO I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JO I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JO I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JO I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JO I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jamila Ormond
Print Name (First, Last)

Jamila Ormond
Original Signature (electronic, copies or stamps not accepted)

2/16/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jamila Ormond
Print Name (First, Last)

Jamila Ormond
Original Signature (electronic, copies or stamps not accepted)

2/16/23
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Jamila Ormond, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Jamila Ormond
Original Signature

2/16/23
Date

Subscribed and Sworn to before me this 16th day of February 2023

Tano Guy
Notary Public Signature

TANO GUY
Notary Public, State of Nevada
Appointment No. 16-3560-1
My Appt. Expires Aug 30, 2024

(Seal)

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 07/25/2022
Amount:
License #: 22995

Jamila A. Ormond

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:07/25/2022
Expires:10/31/2023

Jamila A. Ormond

License #
22995
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 22995
Effective Date:07/25/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Jamila A. Ormond

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Helios Healthcare Inc**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 02/14/2023, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/16/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202302163401189
You may verify this certificate online at http://www.nvsos.gov

List of all Officers and Directors

Helios Healthcare Inc
DBA 986 Pharmacy #8017
321 N. Buffalo Dr. Suite 110
Las Vegas, NV 89145

Robert John Ojeda – CEO, CFO, Secretary, Director

List of Stockholders

Helios Healthcare Inc
DBA 986 Pharmacy #8017
321 N. Buffalo Dr. Suite 110
Las Vegas, NV 89145

Robert John Ojeda – 100% Stockholder

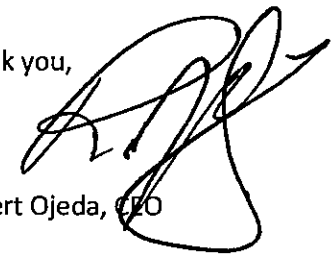
Helios Healthcare Inc
DBA 986 Pharmacy #8017
321 N. Buffalo Dr. Suite 110
Las Vegas, NV 89145

February 16, 2023

Designated Representative Authorization

I, Robert Ojeda, the owner and CEO of applicant, Helios Healthcare Inc DBA 986 Pharmacy #8017 is writing to the Nevada State Board of Pharmacy to authorize Dr. Jamila Ormond (22995) to appear with me at the upcoming board meeting. Dr. Ormond will be the pharmacy's designated representative and the managing pharmacist. If you have any questions, you may contact me at [redacted].

Thank you,



Robert Ojeda, CEO

Sterile Compounding Questionnaire

Helios Healthcare Inc
DBA 986 Pharmacy #8017
321 N. Buffalo Dr. Suite 110
Las Vegas, NV 89145

The pharmacy will not be providing sterile compounded drugs.

10B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-State	☑ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☑ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☑ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: SWIFT PHARMACEUTICAL INC

Physical Address: 7501 TRINITY PEAK AVENUE

City: LAS VEGAS State: NV Zip: 89128

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-789-8779 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: PENDING Contact Email: white.black69@outlook.com

Website: PENDING

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): MARY ROSE ARRIOLA ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 15919 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: ARLENE MELENDRES

Business Name: SWIFT PHARMACEUTICAL INC

Business Address: 7501 TRINITY PEAK AVENUE

City: LAS VEGAS State: NV Zip: 89128

Telephone: 702-789-8779 Email: arlene-melendres@ymail.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the OWNER (title) for SWIFT PHARMACEUTICAL INC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

ARLENE MELENDRES

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

10/13/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, ARLENE MELENDRES hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the OWNER (title) for SWIFT PHARMACEUTICAL INC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 13th day of OCTOBER, 2022

Notary Public

BERNARDO T. ARRIOLA JR.
Notary Public, State of Nevada
Appointment No. 20-6684-01
My Appt. Expires Oct 24, 2024

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: MARY ROSE ARRIOLA Pharmacist Registration #: 15919

Pharmacy Name: SWIFT PHARMACEUTICAL INC

Initial each statement below to indicate you have read and agree with the following:

MRA I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

MRA I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

MRA I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

MRA I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

MRA I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

10/13/2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded -** The top 4 shareholder/stockholders. b. **For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ARLENE MELENDRES

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

10/13/2022

Date

Board Use Only	Date Received: 10-17-22	Amount: 500.00CC ✓

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler SWIFT PHARMACEUTICAL INC

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 7501 TRINITY PEAK AVENUE

City LAS VEGAS State NV Zip 89128

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-789-8779 Website _____

Licensing Company Email white.black69@outlook.com

Section 2: Personal Information

First ARLENE Middle P Last MELENDRES

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] TRAILING DAISY STREET

City LAS VEGAS State NV Zip 89183

Telephone [redacted] Email [redacted]@ymail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ASSUMPTION COLLEGE		1980-1986	
Address	City	State	Zip
	SAN LORENZO, MAKATI	PHILS	
Diploma/Degree obtained, if any			
BACHELORS OF SCIENCE IN MARKETING			

School Name		From - To (MM/YY – MM/YY)	
ASSUMPTION COLLEGE		1978-1982	
Address	City	State	Zip
	SAN LORENZO, MAKATI	PHILS	
Diploma/Degree obtained, if any			
HIGH SCHOOL			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2012-10/2022	[redacted] EL MOLINO BLVD	CHINO	CA	91709
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)		
SEE ATTACHED RESUME			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name	From - To (MM/YY – MM/YY)		
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name	From - To (MM/YY – MM/YY)		
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name	From - To (MM/YY – MM/YY)		
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name	From - To (MM/YY – MM/YY)		
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

[redacted]Trailing Daisy St.
Las Vegas, NV. 89183

[redacted]@ymail.com

Arlene P. Melendres

Education:

2009 -	Residential Facility Administrator
	Beltca, Las Vegas, Nevada
1996	Medical Billing and Coding
	Medical Front Desk and Collections
	Medical Terminology
	ABC Adult School, Norwalk California
1990-	Bachelor of Science in Marketing Management
	Assumption College, Philippines
1986-	High School Diploma
	Assumption College, Philippines

Professional Experience

Precise Home Health Care, Inc.

Las Vegas, Nevada

Administrator and Financial Officer

August 2019 to Present

- Organize and direct the ongoing function of the agency including:
  - Assures the organization's compliance with Federal, State and local regulations.
  - Provide procedures and a system of staff communication that ensures coordinated implementation of Plans of Treatment and the utilization of necessary services for comprehensive care of patients.
  - Negotiate contracts and agreements for the provision of services and assures enforcement of the agreements.

- Implements record systems and statistical reporting systems and program documentation, planning
- Provide initial orientation of all new employees, a continuous in-service training program, and competent supervision designed to improve patient care and employee efficiency.
- Establishes and maintains an ongoing public relations program and marketing plan to increase community understanding, improve relations with physicians and other care clinicians and increase revenues. Ensures the accuracy of public information material and activities.

- Performs financial management activities including:
  - Implement an effective budgeting and accounting system.
  - Payroll
  - Accounts payables and receivables
  - Medical Billing and Coding
  - Pre Audit of Patients Chart before billing
  - Financial institution reconciliations
  - Prepares annual budget for the approval of the Board.
  - Provides Financial/Administration resource for reimbursements.

We Care Home Health Services

Las Vegas, Nevada

Administrator and Financial Officer

August 2018 to Present

- Organize and direct the ongoing function of the agency including:
  - Assures the organization's compliance with Federal, State and local regulations.
  - Provide procedures and a system of staff communication that ensures coordinated implementation of Plans of Treatment and the utilization of necessary services for comprehensive care of patients.
  - Negotiate contracts and agreements for the provision of services and assures enforcement of the agreements.
  - Implements record systems and statistical reporting systems and program documentation, planning
  - Provide initial orientation of all new employees, a continuous in-service training program, and competent supervision

designed to improve patient care and employee efficiency.

- Establishes and maintains an ongoing public relations program and marketing plan to increase community understanding, improve relations with physicians and other care clinicians and increase revenues. Ensures the accuracy of public information material and activities.

- Performs financial management activities including:
  - Implement an effective budgeting and accounting system.
  - Payroll
  - Accounts payables and receivables
  - Medical Billing and Coding
  - Pre Audit of Patients Chart before billing
  - Financial institution reconciliations
  - Prepares annual budget for the approval of the Board.
  - Provides Financial/Administration resource for reimbursements.

Allstate Home Health Services

Las Vegas, Nevada

Administrator and Financial Officer

July 2017 to Present

- Organize and direct the ongoing function of the agency including:
  - Assures the organization's compliance with Federal, State and local regulations.
  - Provide procedures and a system of staff communication that ensures coordinated implementation of Plans of Treatment and the utilization of necessary services for comprehensive care of patients.
  - Negotiate contracts and agreements for the provision of services and assures enforcement of the agreements.
  - Implements record systems and statistical reporting systems and program documentation, planning
  - Provide initial orientation of all new employees, a continuous in service training program, and competent supervision designed to improve patient care and employee efficiency.
  - Establishes and maintains an ongoing public relations program and marketing plan to increase community understanding, improve relations with physicians and other care clinicians and

increase revenues. Ensures the accuracy of public information material and activities.

- Performs financial management activities including:
  - Implement an effective budgeting and accounting system.
  - Payroll
  - Accounts payables and receivables
  - Medical Billing and Coding
  - Pre Audit of Patients Chart before billing
  - Financial institution reconciliations
  - Prepares annual budget for the approval of the Board.
  - Provides Financial/Administration resource for reimbursements.

United Home Health Care, LLC.

Las Vegas, Nevada

Assistant Administrator and Financial Officer

June 2009 to March 2017

- Organize and direct the ongoing function of the agency including:
  - Assures the organization's compliance with Federal, State and local regulations.
  - Provide procedures and a system of staff communication that ensures coordinated implementation of Plans of Treatment and the utilization of necessary services for comprehensive care of patients.
  - Negotiate contracts and agreements for the provision of services and assures enforcement of the agreements.
  - Implements record systems and statistical reporting systems and program documentation, planning
  - Provide initial orientation of all new employees, a continuous in service training program, and competent supervision designed to improve patient care and employee efficiency.
  - Establishes and maintains an ongoing public relations program and marketing plan to increase community understanding, improve relations with physicians and other care clinicians and increase revenues. Ensures the accuracy of public information material and activities.

- Performs financial management activities including:
  - Implement an effective budgeting and accounting system.
  - Payroll
  - Accounts payables and receivables
  - Medical Billing and Coding
  - Pre Audit of Patients Chart before billing
  - Financial institution reconciliations
  - Prepares annual budget for the approval of the Board.
  - Provides Financial/Administration resource for reimbursements.
  - Insures that resident's care checked on daily. Reports any problems to Administrator.
  - When a residential vacancy occurs or is anticipated, contacts community agency seeking referrals.
  - Coordinates the evaluation of all potential residential placements. Meets with family or referral agent to acquaint them with the services provided at the Facility.
  - Assist residents in taking medications.
  - Insure that scheduled employees carry out their assigned duties in a safe and satisfactory manner, per each employee's job description. Consult with Med Room Supervisor.
  - Insures that all personnel and resident files are up-to-date at all times.
  - Insure all annual resident and staff paperwork state requirements are met at all times.
  - Coordinate discharge planning of facility residents.

Charleston Assistive Living

Las Vegas, Nevada

Assistant Administrator/Director Residential Care

December 2009 to December 2010

- Job Functions are as follows:
  - In the absence of the Administrator or Executive Director, assumes responsibility for overall operation of the facility.
  - Recruits, interviews, hires, trains, supervises, evaluates and terminates desk clerk staff, in accordance with personnel policies and procedures.
  - Insures that the facility has adequate staff coverage at all times.

- Supervises the purchasing of quality food in the most cost efficient manner.
- Insures that resident's care checked on daily. Reports any problems to Administrator.
- When a residential vacancy occurs or is anticipated, contacts community agency seeking referrals.
- Coordinates the evaluation of all potential residential placements. Meets with family or referral agent to acquaint them with the services provided at the Facility.
- Assist residents in taking medications.
- Insure that scheduled employees carry out their assigned duties in a safe and satisfactory manner, per each employee's job description. Consult with Med Room Supervisor.
- Insures that all personnel and resident files are up-to-date at all times.
- Insure all annual resident and staff paperwork state requirements are met at all times.
- Coordinate discharge planning of facility residents.

Church's Chicken

Huntington Park, California

Franchisee/Restaurant General Manager

2007 to 2009

- Primary responsibilities include:
  - Oversee and manage all areas of the restaurant and make final decisions on matters of importance.
  - Adhere the company standards and service levels to increase sales and minimize costs, including food, beverage, supply, utility and labor costs.
  - Responsible for ensuring that all financial (invoices, reporting) and personnel/payroll related administrative duties are completed accurately, on time and in accordance with company policies and procedures.
  - Enforce sanitary practices for food handling, general cleanliness, and maintenance of kitchen and dining areas.
  - Ensures compliance with operational standards, company policies, federal/state/local laws and ordinances.
  - Maintain professional restaurant image, including restaurant cleanliness, proper uniforms, and appearance standards.

JMJ Therapea Home Health Services

Cerritos, California

Board Secretary, Administrator, Financial Officer

2002 to 2006

- Job Functions are as follows:
  - Perform Board Secretary duties.
  - Manages Agency's operations
  - Assures the organization's compliance with Federal, State and local regulations.
  - Provide procedures and a system of staff communication that ensures coordinated implementation of Plans of Treatment and the utilization of necessary services for comprehensive care of patients.
  - Negotiate contracts and agreements for the provision of services and assures enforcement of the agreements.
- Performs financial management activities including:
  - Implement an effective budgeting and accounting system.
  - Bookkeeping
  - Accounts payables and receivables
  - Medical Billing and Coding
  - Pre Audit of Patients Chart before billing

Unishare Home Health Services

Santa Fe Springs, California

Financial Officer

1997 to 2002

- Performs financial management activities including:
  - Implement an effective budgeting and accounting system.
  - Bookkeeping
  - Accounts payables and receivables
  - Medical Billing and Coding Pre Audit of Patients Chart before billing
  - Pre Audit of Patients Chart before billing
  - Financial Institution reconciliations
  - Provides Financial/Administration resources for reimbursements.

Skills:

Microsoft Word, Excel, PowerPoint
Practice Fusion
Quickbooks
Datasoft
Hospicemd
Notified

References upon request

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ARLENE Mclendres
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

OCTOBER 13, 2022
Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, ARLENE PALOMO MCLENDRES, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

OCTOBER 13, 2022
Date

Subscribed and Sworn to before me this 13th day of OCTOBER 2022

Notary Public Signature

BERNARDO T. ARRIOLA JR.
Notary Public, State of Nevada
Appointment No. 20-6684-01
My Appt. Expires Oct 24, 2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler SWIFT PHARMACETICAL INC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 7501 TRINITY PEAK AVENUE

City LAS VEGAS State NV Zip 89128

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First MARY ROSE Middle ISORENA Last ARRIOLA

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]MEADOWGRASS LANE

City LAS VEGAS State NV Zip 89103

Telephone [redacted] Email [redacted]@yahoo.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
CENTRO ESCOLAR UNIVERSITY		06/1983-03/1988	
Address	**City**	**State**	**Zip**
MENDIOLA	MANILA	PHILS	
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
TABACO PEI CHING SCHOOL		06-1980-03/1983	
Address	**City**	**State**	**Zip**
T CABILES STREET	TABACO CITY	PHILS	
Diploma/Degree obtained, If any			
HIGH SCHOOL			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, If any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2016-PRESENT	[redacted] MEADOWGRASS LANE	LAS VEGAS	NV	89103
01/2010-05/2016	[redacted] BIRD CHERRY STREET	LAS VEGAS	NV	89148
03/2004-01/2009	[redacted] SAKHALIN AVENUE	LAS VEGAS	NV	89136
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
SPECIALTY CARE RX			08/2015-04/2022
Business Address	**City**	**State**	**Zip**
801 S RANCHO DR STE D	LAS VEGAS	NV	89106
Phone	**Title**		**Number of Employed Hours**
702-790-4404	PHARMACIST IN CHARGE		40 HRS PER WEEK
Description of Duties			
DAILY PHARMACY DUTIES; DISPENSING; INVENTORY; PRESCRIBER VERIFICATION/CALLS; PATIENT COUNSELING (SPECIALTY MEDS)			

Business Name			From - To (MM/YY – MM/YY)
CNS SCRIPS			03/2011 TO PRESENT
Business Address	**City**	**State**	**Zip**
6625 S VALLEY VIEW BLVD STE 100	LAS VEGAS	NV	89118
Phone	**Title**		**Number of Employed Hours**
702-731-4800	STAFF RPH PER DIEM		PER DIEM
Description of Duties			
LONG TERM CARE/CLOSED DOOR PHARMACY; CHECKING CYCLE MEDICATIONS; SUPERVISOR PHARMACY TECHNICIAN; RECEIVED TELEPHONE ORDERS FROM PRESCRIBERS			

Business Name			From - To (MM/YY – MM/YY)
FAMILY CARE PHARMACY			03/2011-08/2017
Business Address	**City**	**State**	**Zip**
5625 S RAINBOW BLVD STE F	LAS VEGAS	NV	89118
Phone	**Title**		**Number of Employed Hours**
702-457-2100	STAFF RPH		32 HRS/WEEK THEN PD
Description of Duties			
DAILY RETAIL PHARMACY OPERATIONS; SUPERVISE PHARMACY TECHNICIANS; INVENTORY MONITORING ORDERING			

Business Name			From - To (MM/YY – MM/YY)
LONG'S DRUG			03/2003-01/2009
Business Address	**City**	**State**	**Zip**
1725 S RAINBOW BLVD	LAS VEGAS	NV	89146
Phone	**Title**		**Number of Employed Hours**
			40 HOURS/WEEK
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/5/2021

Date

I, MARY ROSE I. ARRIOLA, **certify that as the designated representative for**

_____,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MRA ✓ I am at least 21 years of age;
3. MRA ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MRA ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MRA ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MRA ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MRA ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

MARY ROSE I. ARRIOLA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/3/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MARY ROSE I. ARRIOLA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/13/2022

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, MARY ROSE I. ARRIOLA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/13/2022

Date

Subscribed and Sworn to before me this 13th day of Oct, 2022.

Notary Public Signature

CHU PING YUAN
Notary Public - State of Nevada
County of Clark
APPT. NO. 19-5698-01
My App. Expires Sept. 1, 2023

(Seal)

11

11A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH PH01895	☒ Retail/Community ☐ Hospital (# beds _____) ☒ Internet ☐ Nuclear ☐ Other:	☐ Retail/Community ☒ Non-sterile Compounding ☒ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: AleraCare Arizona Pharmacy, LLC dba AleraCare Pharmacy

Physical Address: 4045 E Bell Road, Suite 163

City: Phoenix State: AZ Zip: 85032

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: (602) 971-6950 Toll Free # (NAC 639.708, NRS 639.23286): (877) 971-3001

Fax: (602) 404-2504 Contact Email: kris.l@aleracare.com

Website: www.aleracare.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Kristine Lowe

Supervising/Managing Pharmacist NV Pharmacist Registration #: 12361

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Kristine Lowe	NV Pharmacist Registration #: 12361
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.		

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: None	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): AleraCare Intermediate, LLC

Corporation/Organization Name: AleraCare Arizona Pharmacy, LLC

Mailing Address: 4045 E. Bell Road, Suite 163

City: Phoenix State: AZ Zip: 85032

Telephone: (602) 971-6950 Email: admin@aleracare.com

Contact Person Name: Kristine Lowe

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO (title) for AlevaCare Arizona Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Russell Lawson

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/17/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

N/A

Affidavit for Pharmacy License

I, _____ hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the _____ (title) for _____ (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Russell Lovell

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/17/22

Date

Board Use Only	Date Received: 11-23-22	Amount: 500.00 CK-906159

Aleracare Arizona Pharmacy, LLC
Change of Ownership

1. Please find the list of LLC officers listed below:

Name	Title	Date of Birth	Business Address	Phone Number	Email
William Meury	President	[redacted]	745 Fifth Avenue, Suite 1701 New York, NY 10151	[redacted]	[redacted]
Russel Corvese	CEO		4045 E. Bell Road, Suite 157 Phoenix, AZ 85032		
Thomas Pascoe	CFO		4045 E. Bell Road, Suite 157 Phoenix, AZ 85032		
Meen Kang	COO		4045 E. Bell Road, Suite 157 Phoenix, AZ 85032		
Scott Friedman	Executive Vice President		4045 E. Bell Road, Suite 157 Phoenix, AZ 85032		
Stephen Hallenbeck	Secretary		745 Fifth Avenue, Suite 1701 New York, NY 10151		

2. AleraCare Intermediate, LLC is the sole direct owner of AleraCare Arizona Pharmacy, LLC and owns 100%.

3. AleraCare Intermediate, LLC owns 100% of AleraCare Arizona Pharmacy, LLC, and no other entity directly owns the entity.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALERACARE ARIZONA PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

6839543 8300

SR# 20223562663

Authentication: 204427744

Date: 09-19-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 12/14/2022 for AleraCare Pharmacy

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
Y009438	10/31/2024	AleraCare Pharmacy

Address :

4045 E. Bell Road

Zip :	City :	State :
85032	Phoenix	AZ

Phone :	Fax :	Email :
(602) 971-6950	(602) 404-2504	kris.l@aleracare.com

Inspection Date :	PIC :	Pic License Exp Date :
12/14/2022	Kristine Lowe	10/31/2024

DEA # :	DEA # Exp. date :	DEA Inventory Opening Date :
FA2325783	06/30/2025	12/14/2024

Inspection Reviewed With :	Reviewers License# :	Inspection type :
Kristine Lowe	S015310	Change of Ownership

Inspection Conducted By :

Dennis Waggoner

ACTIVITIES

1	Nonsterile Compounding	◉YES ○NO
2	Nonsterile Hazardous Compounding	◉YES ○NO
3	Sterile Compounding	◉YES ○NO
4	Sterile Hazardous Compounding	◉YES ○NO

Hospital Facility Data

# Licensed Beds	DHS License #

PHARMACY DEPARTMENT

1	Size/Personnel Total area of pharmacy spaces = 1958sqft which allows for up to 30 personnel.	◉S ○C/P ○U ○N/A R4-23-609(A); R4-23-655(B)(C); R4-23-670 to 675
2	Shelves	◉S ○C/P ○U ○N/A R4-23-609(A); R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

3	Design-efficient, safe pharmacy practice	◉S ○C/P ○U ○N/A	R4-22-609(A); R4-23-655(C); R4-23-672(A); R4-23-673(A)(B); R4-23-674(A)(3); R4-23-675(A)
4	Counter	◉S ○C/P ○U ○N/A	R4-23-609(B); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Aisles	◉S ○C/P ○U ○N/A	R4-23-609(C); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
6	Consultation area	◉S ○C/P ○U ○N/A	R4-23-609(D)
7	Enclosed (barrier)	◉S ○C/P ○U ○N/A	R4-23-609(F); R4-23-655(D); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675
8	Entry doors	◉S ○C/P ○U ○N/A	R4-23-609(F); R4-23-610(B); R4-23-655(D); R4-23-657(A)(2); R4-23-672(A)(F)(2); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
9	Lighting	◉S ○C/P ○U ○N/A	R4-23-609(G); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
10	Temperature controlled/Ventilation	◉S ○C/P ○U ○N/A	R4-23-609(G); R4-23-655(E); R4-23-656(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Working counter barrier	○S ○C/P ○U ◉N/A	R4-23-609(H)
12	Receiving/checking area	◉S ○C/P ○U ○N/A	R4-23-610(E); R4-23-655(E); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
13	Opening for Rx receipt when closed	○S ○C/P ○U ◉N/A	R4-23-610(F)
14	Walls	◉S ○C/P ○U ○N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
15	Ceilings	◉S ○C/P ○U ○N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
16	Windows	◉S ○C/P ○U ○N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
17	Floors	◉S ○C/P ○U ○N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
18	Restroom 4 restrooms within the suite.	◉S ○C/P ○U ○N/A	R4-23-611(A)(4)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	Sink (hot and cold running water)	◉S ○C/P ○U ○N/A	R4-23-611(A)(9); R4-23-656(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

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20	Nonsterile compounding area Non-sterile, hazardous compounding area = 337sqft. Non-sterile, non-hazardous compounding area = 640sqft.	◉S ○C/P ○U ○N/A R4-23-410(E)

SECURITY

1	Controlled substances Kept in a safe with pharmacist-only access.	◉S ○C/P ○U ○N/A R4-23-609(E); R4-23-657(A)(1); R4-23-658(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Pharmacist access	◉S ○C/P ○U ○N/A R4-23-609(F); R4-23-610(B); R4-23-657(A)(1); R4-23-671(B)(1); R4-23-672(A)(B)(F); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Additional pharmacy drug storage areas	○S ○C/P ○U ◉N/A R4-23-609(G)(2); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
4	Filled Rx medication storage	◉S ○C/P ○U ○N/A R4-23-610(G); R4-23-673(E); R4-23-674(C); R4-23-675(C)
5	Remote drug storage (hospitals)	○S ○C/P ○U ◉N/A R4-23-654(D); R4-23-672(C)

PHARMACY LIBRARY

1	Pharmacology or Toxicology reference Online references.	◉S ○C/P ○U ○N/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Therapeutics reference Online references.	◉S ○C/P ○U ○N/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Drug compatibility reference Online references.	◉S ○C/P ○U ○N/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
4	Drug product equivalency reference Online references.	◉S ○C/P ○U ○N/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Sterile products reference Online references.	◉S ○C/P ○U ○N/A R4-23-612(A)(9); R4-23-656(1); R4-23-670(B)(6); R4-23-672(A); R4-23-673(C); R4-23-675(A)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

6	Policy and procedure manual-pharmacy operations R4-23-610(A); R4-23-653(A); R4-23-658(A); R4-23-671(E); R4-23-672(A)(G); R4-23-673(G); R4-23-674(F); R4-23-675(D)	◉S ○C/P ○U ○N/A
7	Policy and procedure manual-technicians R4-23-610(A); R4-23-653; R4-23-672(A)(G); R4-23-673(C); R4-23-674(F); R4-23-675(D)	◉S ○C/P ○U ○N/A
8	Policy and procedure manual-automation R4-23-614; R4-23-615; R4-23-616; R4-23-654(D); R4-23-701.02; R4-23-701.04	◉S ○C/P ○U ○N/A
9	Policy and procedure manual-compounding R4-23-410; R4-23-670	◉S ○C/P ○U ○N/A
10	Arizona statutes/rules R4-23-612(A)(8); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A) Online access.	◉S ○C/P ○U ○N/A
11	Current antidote/drug interaction information R4-23-612(A)(12); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A) Online references.	◉S ○C/P ○U ○N/A
12	Poison Control # displayed R4-23-612(A)(13); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A) Stickers provided.	◉S ○C/P ○U ○N/A

PHARMACY EQUIPMENT/FORMS

1	Refrigerator R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670; R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S ○C/P ○U ○N/A
2	Freezer R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670(B)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	◉S ○C/P ○U ○N/A
3	Computer-security/data storage R4-23-408	◉S ○C/P ○U ○N/A
4	Computer-patient profiles R4-23-408(B)(3)	◉S ○C/P ○U ○N/A
5	Computer-single drug usage report R4-23-408(B)(4)	◉S ○C/P ○U ○N/A
6	Computer-pharmacist log book/hard copy print out R4-23-408(C)(4) Daily reports printed and signed.	◉S ○C/P ○U ○N/A
7	Prescription label ARS 32-1963.01; ARS 32-1968; R4-23-612(A)(10); R4-23-658(D)(1)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)(D); R4-23-701.01(2); R4-23-703(C)	◉S ○C/P ○U ○N/A

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

8	Federal transfer labels	◉S ○C/P ○U ○N/A	R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
9	Warning labels	◉S ○C/P ○U ○N/A	R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
10	Written patient information	◉S ○C/P ○U ○N/A	R4-23-402(C)(4); R4-23-402(I)
11	Consultation log Manual log signed by pharmacist.	◉S ○C/P ○U ○N/A	R4-23-402(G)
12	Federal medication guides	◉S ○C/P ○U ○N/A	21 CFR part 208
13	Hospital IV label	○S ○C/P ○U ◉N/A	R4-23-658
14	Generic Rx blanks	◉S ○C/P ○U ○N/A	R4-23-402(A); R4-23-407(D)
15	Immunization administration recordkeeping Immunizations not provided.	○S ○C/P ○U ◉N/A	R4-23-411(F)
16	Schedule V register Not sold without a prescription.	○S ○C/P ○U ◉N/A	R4-23-612(A)(2)
17	Methamphetamine precursor sales log Not sold without a prescription.	○S ○C/P ○U ◉N/A	ARS 32-1977
18	Red C stamp Invoices and prescriptions filed separately.	○S ○C/P ○U ◉N/A	R4-23-612(A)(11); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	CSPMP reporting	◉S ○C/P ○U ○N/A	R4-23-502
20	Graduates	◉S ○C/P ○U ○N/A	R4-23-612(A)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
21	Mortar & Pestle	◉S ○C/P ○U ○N/A	R4-23-612(A)(4); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

22	Steel spatulas	◉S ○C/P ○U ○N/A R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
23	Rubber (nonmetallic) spatula	◉S ○C/P ○U ○N/A R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
24	Approved Rx balance	◉S ○C/P ○U ○N/A R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
25	Weights for Rx balance	◉S ○C/P ○U ○N/A R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
26	Ointment tile	◉S ○C/P ○U ○N/A R4-23-612(A)(7); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
27	Automated storage and distribution system (patient access)	○S ○C/P ○U ◉N/A R4-23-614(A)(B)(1)(2)
28	Automated storage and distribution system (hospital)	○S ○C/P ○U ◉N/A R4-23-614(A)(B)(1)(3); R4-23-654(D)
29	Mechanical storage and counting device	○S ○C/P ○U ◉N/A R4-23-615
30	Mechanical counting device	○S ○C/P ○U ◉N/A R4-23-616
31	Emergency drug supply units (LTC)	○S ○C/P ○U ◉N/A R4-23-701.02
32	Automated emergency drug supply units (LTC)	○S ○C/P ○U ◉N/A R4-23-701.02(E)
33	Automated dispensing system (LTC)	○S ○C/P ○U ◉N/A R4-23-701.04

STERILE PRODUCT COMPOUNDING AREA/EQUIPMENT:

1	Size All sterile compounds treated as hazardous. Buffer room = 107sqft, powder room = 25sqft, ante room = 116sqft.	◉S ○C/P ○U ○N/A R4-23-670(A)
2	Dedicated to compounding sterile products	◉S ○C/P ○U ○N/A R4-23-670(A)(1); R4-23-656(5)
3	Isolated from other pharmacy functions	◉S ○C/P ○U ○N/A R4-23-670(A)(2)
4	Restricts entry/access	◉S ○C/P ○U ○N/A R4-23-670(A)(3)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

5	Free from unnecessary disturbances airflow	◉S ○C/P ○U ○N/A R4-23-670(A)(4)
6	Nonporous and cleanable floor	◉S ○C/P ○U ○N/A R4-23-670(A)(5)
7	Nonporous and cleanable walls	◉S ○C/P ○U ○N/A R4-23-670(A)(5)
8	Nonporous and cleanable ceiling	◉S ○C/P ○U ○N/A R4-23-670(A)(5)
9	Environment ISO 7	◉S ○C/P ○U ○N/A R4-23-670(A)(6)
10	Hood ISO 5 2 biological safety cabinets.	◉S ○C/P ○U ○N/A R4-23-670(B)
11	Prep area ISO 7/ISO 8	◉S ○C/P ○U ○N/A R4-23-110; R4-23-670(E)(F)

NOTES

Hours of operation: Monday-Friday 7:30A-5:30P, Saturday 9:00A-1:00P

AleraCare Arizona Pharmacy, LLC
Post-Closing List of Officers (After 12/31/22)

Officer Name	Title	Address
Andrew Goldman	President	745 Fifth Avenue, Suite 1701 New York, NY 10151
Russel Corvese	Chief Executive Officer	4045 E. Bell Road, Suite 157 Phoenix, AZ 85032
Thomas Pascoe	Chief Financial Officer	4045 E. Bell Road, Suite 157 Phoenix, AZ 85032
Meen Kang	Chief Operations Officer	4045 E. Bell Road, Suite 157 Phoenix, AZ 85032
Scott Friedman	Executive Vice President	4045 E. Bell Road, Suite 157 Phoenix, AZ 85032
Stephen Hallenbeck	Secretary	745 Fifth Avenue, Suite 1701 New York, NY 10151

AleraCare Intermediate, LLC is the parent entity and sole member of Applicant.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA2325783	06-30-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	12-12-2022

ALERACARE PHARMACY
4045 E BELL RD STE 163
PHOENIX, AZ 850322240

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA2325783	06-30-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	12-12-2022

ALERACARE PHARMACY
4045 E BELL RD STE 163
PHOENIX, AZ 850322240

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Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA2325783	06-30-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	12-12-2022

ALERACARE PHARMACY
4045 E BELL RD STE 163
PHOENIX, AZ 850322240

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

ARIZONA STATE BOARD OF PHARMACY
P. O. Box 18520 Phoenix, AZ 85005
p) 602-771-2727 f) 602-771-2749
www.azpharmacy.gov

09/26/2022

EQUIPMENT LOG

Pharmacy Name: Vasco Rx
Address: 4045 E Bell Road, Suite 163
City: Phoenix, AZ 85032
Phone Number: 602-971-6950
Fax Number: 602-404-2504
Classification: Independent

AFFIX PHARMACY LABEL

☐ New Pharmacy ☒ Remodel ☐ Ownership Change ☐ Location Change

PHARMACISTS	LICENSE #	POSTED	PHARMACISTS	LICENSE #	POSTED
PIC: Kristine Lowe	S015310	X			☐
		☐			☐

Pharmacy Permit: Y007977
NonRx Drug Permit
DEA Reg. Number FV8240412
CMG Permit
DEA Inventory
Opening Date
Annual Date

PHARMACY DEPARTMENT

Enclosed ___ Size ___
Lighting ___ Shelves ___
Counter ___ Aisles ___
Sink / Water ___ Hot ___ Cold ___
Sneeze Barrier (66") ___
Recving / Checking Area ___
Consultation Area ___
Restroom ___
Sterile Prod Cpdg Area ___

SECURITY

1. Key Access ___
2. Barrier Complete

PHARMACY LIBRARY

1. Current Reference for Each Subject Area
   - A. Pharmacology or Toxicology ___
   - B. Therapeutics ___
   - C. Drug Compatibility ___
   - D. Drug Product Equivalency ___
2. Sterile Products Reference ___
3. Policy and Procedure Manual ___
   - A. Technician ___
   - B. Pharmacy Operations ___
4. Arizona Laws and Rules ___
5. Current Antidotes ___
6. Poison Control # Posted ___

EQUIPMENT

1. Refrigerator Temp ___
2. Comp. ___
3. Patient Profiles ___
4. Schedule V Reg. ___
5. Graduates (ass't) ___
6. Mortar and Pestle (l) ___
7. Steel Spatulas (ass't) ___
8. Rubber Spatulas (l) ___
9. Ointment Tile ___
10. Prescription Label ___
11. Fed. Transfer Labels ___
12. Warning Labels ___
13. Red "C" Stamp ___
14. Generic Rx Blanks ___
15. Approvd Rx Balance ___
16. Weights ___
17. Class 100 Hood ___

General Remarks:

Confirmed completion of barrier wall adjacent to infusion suite.

Inspection Rating: Satisfactory
Compliance Officer: Dennis Waggoner

DEA Power of Attorney Explanation

Vitalab Pharmacy, Inc.'s (Vasco Rx) DEA registration number is pending. However, Applicant intends to continue using Vasco Rx's DEA registration (No. FV8240412) pursuant to a valid power of attorney until Applicant's new DEA registration number is issued.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FV8240412	05-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-21-2022

VASCO RX
4045 E BELL RD STE 163
PHOENIX, AZ 850322240

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FV8240412	05-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-21-2022

VASCO RX
4045 E BELL RD STE 163
PHOENIX, AZ 850322240

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Home State License

Please be advised that Seller's current Arizona resident pharmacy license ("Home State License") number is Y007977. Buyer has applied for an Arizona Home State License pursuant to the anticipated change of ownership and intends to submit a copy of the Home State License to the Board of Pharmacy upon approval. Arizona does not provide official license pharmacy verifications. However, Arizona does provide an online verification database that serves as primary source verification. As such, we have included a screenshot from the Arizona Board of Pharmacy website stating that it no longer offers verifications, a copy of the Seller's pharmacy license, and a copy of the pharmacy license verification from the website.

Arizona State Board of Pharmacy
Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
P) 602-771-2727 F) 602-771-2749 www.ezpharmacy.gov

4/19/2022

Lynette Kelecich
150 N. Riverside Plaza Suite 3000
Chicago, IL 60606

Re: Resident License Verification Request
Vasco Rx (License Number Y007977)

Dear **Lynette Kelecich**

The Arizona State Board of Pharmacy is in receipt of your license verification request. Your request is being returned to you, as the Board no longer completes license verification forms for licensees. Please visit the Board's verification page to print a license verification.
https://azbop.igovsolution.com/online/Lookups/AZIndividual_Lookup.aspx

If you have any questions, please feel free to contact the Board office.

Thank you,
Hannah Boltz

Enclosure: Correspondence to Mr. Jordan
License Verification Form
Pre-paid FedEx envelope

Dubai man-Citizen Arrest - Get the facts on COVID-19

ARIZONA
STATE BOARD OF PHARMACY

About Licenses Permits Meetings Resources Profile Login CSPMP Contact Us

Home / Verify Status/Licenses/Permits

Verify Status/Licenses/Permits

The Arizona State Board of Pharmacy no longer provides hardcopy verifications of licensure, however we are still able to offer this service via our website.
Use the options below to verify applications, licenses, and permits:

****Please note printing of this verification *is not* a license**

Click here to verify the status of an application
Click here to verify a license
Click here to verify a permit

When verifying your application status should a "no records found" message appear, please try your search using the license/permit tab.

Pursuant to A.R.S. § 32-3214(C), a person may obtain additional public records related to any licensee or certificate holder, including dismissed complaints and non-disciplinary actions and orders, by contacting the Board directly. Please click here to submit a public records request.

ARIZONA

Contact

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260,
Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

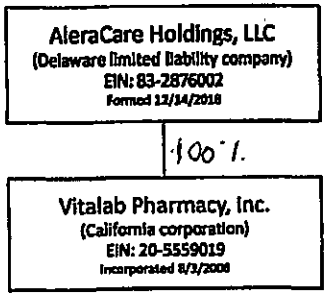
Name :	AleraCare Pharmacy
Address :	4045 E. Bell Road Suite 163 Phoenix AZ 85032
License No :	Y009438
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	12/14/2022
Expiration Date :	10/31/2024
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

AleraCare Arizona Pharmacy, LLC
Nonresident Pharmacy License

Pre-Closing Legal Entity Organizational Chart

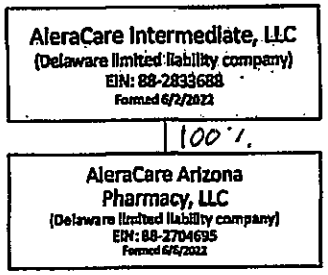


The following non-resident licenses are currently held by Vitalab Pharmacy, Inc., d/b/a Vasco Rx, 4045 East Bell Road, #163, Phoenix, AZ 85032. Applicant, AleraCare Arizona Pharmacy, LLC, d/b/a AleraCare Pharmacy anticipates seeking changes of ownership of theforegoing licenses or applying for new leases in the respective states listed below.

State	License Type	Name on Current License	Approval Date	License/Permit Number
Alabama	Non-Resident Pharmacy Registration & CS	Vasco Rx	11/9/2009	113335
Alaska	Out-of-State Pharmacy License	Vasco Rx	10/11/2019	147503
Arizona	Pharmacy Permit	Vasco Rx	3/26/2019	Y007977
Arkansas	Retail Pharmacy License Permit	Vasco Rx	3/25/2014	OS02482
California	Non-Resident Pharmacy Permit	Vasco Rx	3/26/2019	NRP2239
California	Non-Resident Sterile Compounding License	Vasco Rx	3/25/2019	NSC101364
Colorado	Prescription Drug Outlet Out-of-State License	Vasco Rx	5/28/2004	OSP.0005511
Connecticut	Nonresident Pharmacy Registration	Vasco Rx	6/24/2009	PCN.002096
Delaware	Non-Resident Pharmacy Professional License	Vasco Rx	10/25/2019	A9-0002427
Delaware	Controlled Substance Registration	Vasco Rx	1/9/2020	PH-0014314
District of Columbia	Non-Resident Pharmacy License	Vasco Rx	4/24/2019	NRX1901547
District of Columbia	Controlled Substance Registration	Vasco Rx	4/24/2019	???
Florida	Non-Resident Pharmacy Permit	Vitalab, Inc. Vasco Rx	7/31/2007	PH22839
Florida	Non-Resident Sterile Compounding License	Vitalab Pharmacy Inc. Vasco Rx	6/17/2015	NSC126
Hawaii	Miscellaneous Permit – Pharmacy	Vitalab Pharmacy, Inc. dba Vasco Rx	3/16/2020 eff. 1/1/2020	PMP-1684

AleraCare Arizona Pharmacy, LLC
Nonresident Pharmacy License

Post-Closing Legal Entity Organizational Chart



APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application
(Only required if providing internet services)

GENERAL INFORMATION

Name of Nevada license pharmacy: AleraCare Arizona Pharmacy, LLC d/b/a AleraCare Pharmacy

Nevada license number: pending

Websites in use or intended to be used: aleracare.com

Affiliated websites (websites that link to or otherwise direct users to your website):

vascorx.com, vascospecialty.com, vascocompounding.com, aleracare.com

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☑

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☑ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☑ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☑ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☑ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☑ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☑ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☑ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☑ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☑ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☑ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☑ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☑ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☑ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☑ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☑ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☑ No ☐

   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☑ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☑ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☑ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.

Signature of Owner

11/17/2022

Date

Georgia	Non-Resident Pharmacy License	VascoRx	3/9/2016	PHNR000883
Idaho	Mail Service Pharmacy License	Vasco Rx	6/11/2019	54027MS
Illinois	Non-Resident License	Vitalab Pharmacy Inc. dba Vasco Rx	4/15/2019	054.021209
Illinois	Controlled Substance Registration	Vitalab Pharmacy Inc. dba Vasco Rx	4/15/2019	320.013013
Indiana	Non-Resident Pharmacy Permit	Vasco Rx	10/9/2019	64002851A
Iowa	Nonresident Pharmacy License	Vasco Rx	1/1/2012	4082
Iowa	CSA - Business Registration	Vasco Rx	11/17/2017	1108119
Kansas	Nonresident Pharmacy Registration	Vasco Rx	5/8/2019	22-109155
Kentucky	Out-of-State Pharmacy Permit	Vitalab Pharmacy Inc dba Vasco Rx	2/26/2019	AZ2479
Louisiana	Out-of-State Pharmacy Permit	Vasco Rx	9/19/2019	PHY.007985-NR
Maine	Mail Order Pharmacy Registration	Vitalab Pharmacy Inc dba Vasco Rx	6/14/2019	MO40002584
Maryland	Non-Resident Pharmacy Permit	Vasco Rx	3/1/2019	P08015
Michigan	Pharmacy License	Vitalab Pharmacy Inc dba Vasco Rx	11/4/2009	5301009240 / 5315043585 (CS)
Minnesota	Pharmacy License	Vasco Rx	4/25/2019	265830
Mississippi	Non-Resident Pharmacy Permit	Vitalab, Inc. dba Vasco Rx	4/4/2019	08307 / 7.1
Mississippi	Controlled Substance Registration	Vitalab, Inc. dba Vasco Rx	4/4/2019	CS-08307

Mississippi	Compounding Certificate	Vitalab, Inc. dba Vasco Rx	2/4/2020	CC-08307
Missouri	Pharmacy License – Class A, D, H	Vitalab Pharmacy Inc Vasco Rx	6/13/2019	2019020729
Montana	Mail Order Pharmacy License	Vitalab Pharmacy Inc dba Vasco Rx	4/5/2019	PHA-MOP-LIC-58827
Nebraska	Mail Service Pharmacy Permit	Vasco Rx	11/21/2013	776
Nevada	Out-of-State Pharmacy Permit	Vasco Rx	12/4/2003	PH01895
New Hampshire	Non-Resident/Mail-Order Pharmacy Permit	Vitalab Pharmacy Inc Vasco Rx	5/10/2019	NR1730
New Jersey	Out-of-State Pharmacy Permit	Vasco Rx	6/3/2009	28RO00037100
New Mexico	Non-Resident Pharmacy License	Vasco Rx	1/16/2020	PH00004953
New Mexico	Controlled Substance Registration	Vitalab Pharmacy, Inc. dba Vasco Rx	1/16/2020	CS00228347
New York	Non-Resident Pharmacy Establishment Registration	Vitalab Pharmacy Inc dba Vasco Rx	4/10/2009	029450
North Carolina	Nonresident Pharmacy Registration and Permit	Vasco Rx	4/1/2019	14080
North Dakota	Class G – Out of State Pharmacy License	Vasco Rx	4/11/2019	Phar1584
Ohio	Non-Resident Terminal Distributor of Dangerous Drugs License	Vasco Rx	4/9/2009	NRP.021959450-03
Oklahoma	Non-Resident Pharmacy License	Vitalab Pharmacy Inc Vasco Rx	4/2/2019	99-8412
Oregon	Retail Drug Outlet License	Vitalab Pharmacy Inc Vasco Rx	10/6/2011	RP-0002671
Oregon	Controlled Substance Registration	Vitalab Pharmacy Inc Vasco Rx	10/6/2011	RP-0002671-CS

Pennsylvania	Non-Resident Pharmacy License	Vasco Rx	7/5/2016	NP000488
Rhode Island	NonResident Pharmacy License	Vasco Rx	3/6/2019	PHN11635
Rhode Island	Controlled Substance Registration	Vasco Rx	9/17/2019	CPHN11635
South Carolina	Non-Resident Pharmacy Permit	Vitalab Pharmacy, Inc. Vasco Rx	5/14/2019	18720
South Carolina	Controlled Substance Registration	Vitalab Pharmacy, Inc. Vasco Rx	7/1/2020	13-18720
South Dakota	Non-Resident Pharmacy Permit	Vitalab Pharmacy Inc dba Vasco Rx	3/15/2012	400-0989
Tennessee	Out-of-State Pharmacy License	Vasco Rx	5/23/2012	5020
Texas	Non Resident Sterile Compounding License	Vasco Rx	9/5/2007	25722
Utah	Out-of-State Mail Order Class D License	Vitalab Pharmacy, Inc. dba Vasco Rx	4/9/2019	11163379-1708
Utah	Dispensing Controlled Substance License	Vitalab Pharmacy, Inc. dba Vasco Rx	4/9/2019	11163379-8913
Vermont	Non-Resident Pharmacy License	Vitalab Pharmacy, Inc.	7/29/2019	036.0134285
Virginia	Non-Resident Pharmacy Registration	Vitalab Pharmacy Inc. dba Vasco Rx	3/27/2013	0214001477
Washington	Nonresident Pharmacy License	Vasco Rx	Unknown	PHNR.FO.60103369
West Virginia	Mail Order Pharmacy Permit / Controlled Substance Registration	Vasco Rx	4/2/2019	MO0561385
Wisconsin	Non-Resident Pharmacy License	Vasco Rx	1/20/2010	524-43
Wyoming	Non-Resident Retail Pharmacy License	Vasco Rx	4/4/2019	NR-51646

Wyoming	Controlled Substance Registration	Vasco Rx	4/4/2019	CSB00763

Alera	Policy Title: COMPLAINTS AND SATISFACTION POLICY	Policy Number:

POLICY

Patient and prescriber complaints and satisfaction scores are used to improve the quality of pharmacy services. Data is reviewed and analyzed quarterly at the Quality Management Committee meeting.

PROCEDURE

1. Complaints
   - A. Upon receipt of a complaint, a pharmacy staff member will record relevant information in CPR+. Complaints may be received from patients, physicians, family members, prescribers, or pharmacists. Each event will be escalated to the appropriate member of pharmacy staff or leadership with an initial response provided within 5 calendar days. After initial response to the complaint, follow up will be completed that includes:
     - i. Verbal notice and explanation of a resolution to the complainant within 14 days.
     - ii. Further options to pursue the complaint if necessary (e.g. Board of Pharmacy, accreditation body)
     - iii. Complaint log entry will be completed with resolution time
     - iv. An analysis of complaints will be reported quarterly to the Quality Management Committee, including the percentage of time that goal resolution time is met, as well as the complaints per Rx's shipped.
     - v. We will notify the patient and prescriber of the results of our complaint analysis and come to a mutually agreed upon resolution for the patient.
   - B. Patient and prescriber complaints will be analyzed, and trends identified for review by the Quality Management Committee quarterly.
   - C. Action plans will be developed, typically in the form of Quality Improvement Projects, to improve or correct identified problems.

2. Satisfaction
   - A. Satisfaction data will be collected in the following way:
     - i. Patient satisfaction surveys are distributed are collected via the telephone at the time delivery is scheduled by the PSR. The surveys are collected, reviewed and reported on quarterly.
     - ii. Provider satisfaction surveys are distributed to providers via fax and / or mail quarterly. The results are collected and reported on quarterly.
     - iii. Employee satisfaction surveys are distributed annually at the time of annual review.
   - B. Collected satisfaction data will be analyzed, and trends identified for review by the Quality Management Committee quarterly.
   - C. Action plans will be developed, typically in the form of Quality Improvement Projects, to improve or correct identified problems.

Commented [LMC1]: DRX2-4B Medicare supplier standards

Commented [LC2]: CPE 4-1 a

Commented [LC3]: PSC 2-1 a

Commented [LMC4]: DRX2-4B Medicare supplier standards

Commented [LC5]: CPE 4-1 b

Commented [LC6]: CPE 4-1 c

Commented [LC7]: CPE 4-1 d

Commented [LC8]: CPE 4-1 e

Commented [LC9]: PSC 2-1 b.i PSC 2-1 b.ii

Commented [LC10]: PSC 2-1 c

Commented [LMC11]: DRX1-4A

Commented [LMC12]: DRX1-4A DRX6-3E

Commented [LMC13]: DRX6-3C

Commented [LR14]: PSC 2-2 b i

Commented [LC15]: PSC 2-2 a

Commented [LC16]: PSC 2-2 c

RELATED PROCESS DOCUMENTS

Alera	Policy Title: PRESCRIPTION PROCESSING POLICY	Policy Number:

POLICY

A. To implement mechanisms within the pharmacy insuring accurate and complete prescription dispensing while ensuring safety for patients and consumers. A pharmacist must oversee and define roles and responsibilities of all pharmacy operations and personnel. Each prescription will be filled in compliance with state and federal law, with appropriate recordkeeping and reporting activities as required.

PROCEDURE

1. Prescription Intake
   A. The pharmacy can accept all methods of receiving prescriptions. Most prescriptions are sent electronically, however, we may receive some prescriptions via fax, telephone, mail and patient drop off. — Commented [LC1]: OPS 4-1 b
   B. When a prescription is received a technician will review the appropriateness of the prescription for the available pharmacy services. The patient's disease state, prescribed medication and pharmacy access, and counseling requirements will be taken into consideration. If the prescription is in question, the question will be escalated to the appropriate member of pharmacy staff including the PIC and pharmacy leadership. — Commented [LC2]: OPS 4-1 b.i
   C. Upon receipt of a prescription, a specialty pharmacy technician will enter the prescription into the pharmacy dispensing system and obtain the following information from the patient, patient's prescriber, or Electronic Health Record (EHR) (if available):
      i. Patient health history, including current diagnosis
      ii. Medication history and current medication list including OTC and herbal products
      iii. Current allergies and past sensitivities
      iv. Name of primary caregiver and emergency contact
      v. Physician name and appropriate contact information — Commented [LMC3]: DRX5-1A
   D. All information is maintained in the patient chart and verified upon any and all follow up phone calls including patient inquiries and reassessment calls.
   ~~D.~~E. A pharmacist will review the prescription for accuracy and obtain any information necessary to consult with the prescriber and counsel the patient and caregivers. This information may include, but is not limited to social determinants of health, lab values, adherence history, etc. and may be obtained from the patient, prescriber or EHR. In addition, components of the patient record will include, but are not limited to: — Commented [LC4]: OPS 4-1 a
      i. Provider orders that include medications, dietary, treatment and activity orders (as appropriate to the level of care/service the client/patient is receiving)
      ii. Advance Directives, if applicable
      iii. Admission and discharge dates from a hospital or other institution, if applicable
      iv. Names of power of attorney and/or healthcare power of attorney, if applicable
      v. Evidence of coordination of care/service provided by the organization with others who may be providing care/service, if applicable
      vi. Signed and dated clinical and progress notes
      vii. Copies of summary reports sent to providers, if applicable
      viii. Client/patient/family response to care/service provided
      ix. A discharge summary, if applicable
      x. Initial and/or updated plan of care — Commented [LC5]: DRX5-1B

E.F. If the pharmacy is unable to fill a prescription, the prescription will be transferred to the most appropriate location to meet the needs of the patient. Both the patient and provider will be notified of the transfer and provided with all relevant details regarding the new pharmacy of record.

Commented [LMC6]: DRX5-12A

2. Verifying Eligibility
   A. A pharmacy technician will verify the patient's coverage benefits and the availability of financial assistance, if necessary. When financial assistance is necessary the pharmacy will utilize manufacturer copay cards, patient assistance programs or nonprofit assistance as available.

Commented [LC7]: OPS 4-2 b.ii
OPS 4-2 b.iii

   B. Each prescription is reviewed for cost effectiveness. A full patient chart review is completed by the pharmacist to ensure that an attempt has been made to decrease the cost burden to the patient and the health system, if applicable. Examples of interventions include generic substitution or decreasing polypharmacy.

Commented [LC8]: OPS 4-2 a

3. Prescription Verification

Commented [LMC9]: DRX5-10A

   A. Each prescription is reviewed by a pharmacist to verify the authenticity of the source (including verification of DEA/NPI, validating prescribers, etc.), clarify illegibility and resolve any discrepancies.

Commented [LC10]: OPS 5-2 a

   B. The following circumstances cause alert to pharmacy staff to questions the authenticity of a written prescription drug order include, but are not limited to:
      i. Prescriber's handwriting appears too legible
      ii. Prescription blank appears photocopied
      iii. Directions written in full with no abbreviations
      iv. Different colored inks or different types of handwriting are used
      v. Quantities, directions, or dosages that differ from usual medical usage
      vi. Prescription order written on hospital prescription blanks
      vii. Date on prescription order is not within a reasonable length since prescriber wrote it
      viii. DEA registration number is invalid
      ix. Changes made with no initials to deem an alteration authentic
      x. Patient offers to personally pay for a prescription, particularly controlled substances and "lifestyle medications" such as Viagra®, Propecia®, Meridia®, and Retin-A®
      xi. Patient lives far from or in a state that is different from that of the prescriber
   C. In addition, the following circumstances must alert pharmacy staff to question the authenticity of a telephoned prescription drug order include, but are not limited to:
      i. Caller sounds unprofessional, nervous, or hesitates when answering questions
      ii. Caller does not use standard medical terminology or lingo
      iii. Quantities, directions, or dosages that differ from usual medical usage
      iv. DEA registration number is invalid
      v. Difficulty in spelling or pronouncing drug names, particularly generic drugs
   D. A drug utilization review is performed by the pharmacist. Quarterly aggregated DUR reports are analyzed and presented to the Quality Management Committee for review and comment. Each DUR includes review of the following:
      i. Therapeutic appropriateness
      ii. Over and under utilization
      iii. Generic use

iv. Therapeutic interchange
v. Duplication
vi. Drug-disease contraindications
vii. Drug-drug and drug-allergy interactions
viii. Drug dosage
ix. Duration of treatment
x. Drug misuse
xi. Drug-age precautions
xii. Drug-gender precautions
xiii. Drug-pregnancy precautions
xiv. Regulatory limitations

E. If a problem is detected that is drug related or coverage/benefit related, a pharmacy staff member will contact the provider's office or payer by telephone to resolve the issue. Communications with the provider or payer are recorded in the patient's chart. Pharmacists and technicians follow state and federal regulations regarding tasks allowed per state and federal laws and regulations.

Commented [LC11]: OPS 5-1c
OPS 5-1d

F. Aggregation and summary of drug utilization reporting will be completed quarterly and presented to the Quality Management Program for approval.

Commented [LMC12]: OPS 5-1b

G. The pharmacist will work with the prescriber to ensure medications are ordered in the most cost-effective manner for the patient. This includes, but is not limited to:
   i. Managing dispensing to the client/patient small quantities of drugs with frequently adjusted doses in order to reduce waste
   ii. Routinely reviewing client/patient medication records at least every 30 days for therapeutic medications that may not be necessary for treatment, and communicating the findings to the prescriber
   iii. Using evidence-based modification strategies based on laboratory values and/or client/patient response, to minimize the risk of toxicity development

4. Generic Substitution
   A. The pharmacist will automatically substitute a generic equivalent which carries any "A" rating as indicated by the FDA Orange Book when allowed by State or Statutes and as allowed by the prescription.
   B. Generic substitution will be limited regardless of FDA equivalency rating if the pharmacist determines this is inappropriate based on therapeutic considerations.
   C. If the third-party payor requests or requires substitution of a non-A rated generic, the pharmacist will consult with the prescriber prior to generic substitution.
   D. The patient has the final approval for all substitution. The pharmacist will notify the patient if substitution has taken place and the prescription bottle will reflect substitution per state and federal guidelines.

5. Labeling and Packaging
   A. All medications and prescription containers are labeled properly according to state and federal regulations.
   Medications are labeled by technicians or pharmacists preparing the fill, and then verified by a pharmacist.
   ~~A.~~B. The pharmacy periodically monitors updates, including updates to labeling requirements by the State Boards of Pharmacy and other regulatory bodies to ensure it meets labeling requirements for each state it's licensed in.

Commented [URAC13]: OPS 6-1a

B.C. The packaging of products is verified by a pharmacist to ensure that the medication will maintain its integrity and prevent contamination. This includes light sensitive packaging, childproof caps, unit dose packaging, or bubble wrap when appropriate. Packaging includes both medication bottles and packaging for shipping and distribution.

Commented [LC14]: OPS 6-1 b

Commented [LMC15]: DRX7-8J

a. Contamination Containment Strategies During Dispensing Include:
   i. No Hazardous drugs/materials are stored or dispensed by the pharmacy.
   ii. Daily cleaning of counting trays and area with 70% isopropyl alcohol at beginning and end of shift.
   iii. Cleaning of counting trays after counting medications with residual powder or known allergic potential.
   iv. Utilizing bins to separate patients/drugs in the dispensing/verification area.

Commented [URAC16]: OPS 6-1 c

C.D. Procedures for safe handling, labeling, storing, transporting, and dispensing chemotherapy medications are followed in accordance with local, state, and federal guidelines, when applicable.

6. Medication Verification
   A. Medications dispensed are verified by the pharmacist to ensure appropriate labeling and that they match their prescription for the following:

Commented [LMC17]: DRX7-8J.01

      i. Patient
      ii. Route of administration
      iii. Dosage and strength
      iv. Medication
      v. Administration schedule or time

Commented [LC18]: OPS 7-1 a

   B. Patient educational materials are verified and provided with initial dispensing and as needed thereafter. Appropriate medication specific monographs will be verified and dispensed by the pharmacist with each new fill and refills as needed.

Commented [LC19]: OPS 7-1 b

   C. Patient education and counseling is provided according to the Patient Management Program and as specified by law under the Omnibus Budget Reconciliation Act (OBRA).

Commented [LMC20]: DRX5-5F

Commented [LMC21]: DRX5-7A

7. Over-the-Counter Products
   B. Any over-the-counter products identified as precursors for manufacturing or compounding illegal products will be stored in a secured location and must be purchased directly from the pharmacy counter.
   C. Each transaction will be identified in compliance with state and federal law, and the transaction will trigger recordkeeping and reporting activities as required.
   D. Reporting suspicious activities and/or orders to outside authorities will be the responsibility of pharmacy leadership and the compliance officer.

RELATED PROCESS DOCUMENTS

AleraCare Arizona Pharmacy, LLC

Please be advised that past discipline was previously disclosed to the Board of Pharmacy by Vitalab Pharmacy, Inc. d/b/a Vasco Rx (the "Seller"). **However, AleraCare Arizona Pharmacy, LLC d/b/a AleraCare Pharmacy (the "Applicant"), has not been subject to disciplinary action by any state regulatory board.**

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: AleraCare Arizona Pharmacy, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): pending

Physical Address: 4045 E Bell Road, Suite 163

City: Phoenix State: AZ Zip: 85032

Mailing Address (if different from physical address): N/A

City: State: Zip:

Telephone: (602) 971-6950 Toll Free # (NAC 639.708, NRS 639.23286): (877) 971-3001

Fax: (602) 404-2504 Contact Email:

Website: www.aleracare.com

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Kristine Lowe

Supervising/Managing Pharmacist NV Pharmacist Registration #: 12361

Name of Person with direct knowledge of compounding procedures: Kristine Lowe

Email of Person with direct knowledge of compounding procedures: kris.l@aleracare.com

Telephone of Person with direct knowledge of compounding procedures: 602-971-6950

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☑ Low ☑ Medium ☑ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☑ Yes ☐ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
Trimix, Progesterone in various oils, Leuprolide PF, Leuprolide microdose, Leuprolide Mini-flare, Test Cyp in sesame oil, Tacrolimus eye drops, cyclosporine eye drops

4. Will you be utilizing beyond use dates in excess of USP-797? ☑ Yes ☐ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:
USP 71 validated sterility, USP 85 Endotoxin, time point studies, published formulas/studies.

6. What laboratory performs this additional testing?
Name: See attached
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?
Visual inspection pre and post agitation with an illuminated black and white background

8. How often do you perform glove fingertip and medial fill testing?

Twice per year at minimum

9. What is your policy if an employee fails a glove fingertip or media-fill test?

If an employee fails a gloved fingertip or media fill test, they will repeat the failed test. Should they fail the repeat test, they will be retrained prior to them performing any further compounding.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

SOP training, Media fills and 3 finger touch plates for initial training. Annual training consists of a written assesment in addition to media fills and finger touch plates.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

We use sterile IPA 70% and Peridox RTU. These agents are used daily. Hoods are cleaned multiple times per day, Floors, counters, and cars are cleaned daily. Walls, ceilings and waste recepticals are cleaned twice per month.

12. Who performs the sterile compounding process at your facility?

Compounding Technicians: Francis Sullivan, Kobra Salehi, Lauren Smith

13. Who is responsible and accountable for the sterile compounding process at your facility?

Kris Lowe PIC and Matt Potter Director of Compounding

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

AleraCare ships out of state packages through FedEx overnight delivery so they can be tracked to confirm delivery. Refrigerated products are shipped with ice packs and insulated coolers, while room temperature products are wrapped in bubble wrap and boxed to minimize damage.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Class 2 A2 BSC: Nuaire NU-543-600 and NU-543-400		
2. Is your BSC or CACI vented 100% to the outside?	☑ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☑ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☑ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☑ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☑ Yes	☐ No
7. If yes, list the name of the device: Custom bag and tubing sets from PALL filtation company. (Allegro KA02EKV and Allegro KM5EKV)		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? Patients are informed how to store meds and are encouraged to follow their local guidelines for disposal.		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs? Initial training includes training on SOP's, Media Fills, 3 finger touch plates and specific training on USP 800 and a hazardous acknowledgment sign off sheet when completed.		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

see attached

2. What sterilization methods are utilized at your facility?

see attached

3. Does your facility utilize biological indicators? ☑ Yes ☐ No

4. If yes, describe how they are utilized:

each autoclave cycle

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kristine Lowe
Name of Person who Completed the Form

Pharmacist in Charge
Title

Kristine Lowe
Signature (copies or stamps not accepted)

11/17/2022
Date

Board Use Only	Date Received: 11-23-22 Date Approved: _____ Approved By: _____

1. List the specific high risk sterile products that your facility compounds:

C-Cyclosporine 1% op sol
C-DHEA 50MG/ML IN CASTOR OIL INJECTION (L)
C-HYDROXYPROG CAPROATE 250MG/ML-SESAME OIL INJECTION (L)
C-LEUPROLIDE (10ML VIAL MINI FLARE) 40MCG/0.2ML INJ. (L)
C-LEUPROLIDE (MICRODOSE) 50MCG/0.1ML INJECTION **6ML VIAL** (L)
C-LEUPROLIDE (PF) TRIGGER 5MG/ML (1ML) VIAL (L)
C-LEUPROLIDE 5MG/ML PF THERAPY SINGLE DOSE VIAL (L)
C-NANDROLONE DEC 200MG/ML-SESAME OIL (5ML VIAL) INJECTION (3)
C-PROGESTERONE 100MG/ML IN ETHYL OLEATE (10ML VIAL) INJECTION (L)
C-PROGESTERONE 50MG/ML IN ETHYL OLEATE (10ML VIAL) INJECTION (L)
C-PROGESTERONE 50MG/ML IN OLIVE OIL (10ML VIAL) INJECTION (L)
C-Tacrolimus 0.03% op sol.
C-TESTOSTERONE CYPIONATE IN SESAME OIL 200MG/ML (5 ML) INJ. (3)
C-TESTOSTERONE CYPIONATE IN SESAME OIL 25MG/ML (5ML) INJ. (3)
C-TESTOSTERONE CYPIONATE IN SESAME OIL 200MG/ML (10 ML) INJ. (3)
C-TRIMIX ST1 (PAPAVERINE 30 MG /PHENTOLAMINE 1.5MG/ PROSTAGLANDIN 45 MCG/ML) INJ. (L)
C-TRIMIX T101 (PAPAVERINE 17.65MG/ PHENTOLAMINE 0.59 MG/PROSTAGLANDIN 5.9 MCG/ML) INJ. (L)
C-TRIMIX T104 (PAPAVERINE 30MG/ PHENTOLAMINE 2MG/ PROSTAGLANDIN 20MCG/ML) INJ. (L)

2. What sterilization methods are utilized at your facility?

All compounds are sterileized via 0.2 micron filter
Sterilization via autoclave is used for sterile supplies but NOT compounded meds.

Question 6

AleraCare Arizona Pharmacy, LLC uses the following laboratories for additional testing:

1. Eagle Analytical Services- 1111 S. Wilcrest Dr S1000, Houston TX 77099. 800-745-8916
2. Compounders International Analytical Laboratory-4760 Castelton Way Castle Rock CO 80109 800-788-9922
3. ARL 840 Research PKWY #546, Oklahoma City OK 73104 405-271-1144

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/07/2022
Receipt Number: 2022138214
Receipt Amount $: 480.00

Pharmacy - Independent

PERMIT NO	EXPIRES
Y007977	10/31/2024

Issued to :

Vasco Rx
Vitalab Pharmacy Inc.
4045 E. BELL ROAD SUITE 163
PHOENIX, AZ 85032

Vasco Rx
4045 E. BELL ROAD SUITE 163
PHOENIX, AZ 85032

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Vitalab Pharmacy Inc.
LICENSE NUMBER : Y007977
EXPIRES : 10/31/2024

http://www.azpharmacy.gov

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	Vasco Rx
Address :	4045 E. Bell Road Suite 163 Phoenix AZ 85032
License No :	Y007977
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	03/26/2019
Expiration Date :	10/31/2024
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

Arizona State Board of Pharmacy

PHARMACY INSPECTION REPORT on 06/29/2022 for Vasco Rx

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Sterile product reference	◉S ○N/I ○V ○N/A	R4-23-670(B)(6)
4	Certification hood / environment	◉S ○N/I ○V ○N/A	R4-23-670(D)(14)(g)
5	Documentation routine cleaning / maintenance	◉S ○N/I ○V ○N/A	R4-23-670(D)(14)(g)
6	Personnel protective clothing	◉S ○N/I ○V ○N/A	R4-23-670(E)(3)(F)(2)
7	Annual / semi-annual media fill tests	◉S ○N/I ○V ○N/A	R4-23-670(E)(4)(F)(3)
8	Documentation of product compounded	◉S ○N/I ○V ○N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
9	Beyond-use dates	◉S ○N/I ○V ○N/A	R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)
10	Process / product validation testing	◉S ○N/I ○V ○N/A	R4-23-670(D)(14)(f)
11	Policies and procedures	◉S ○N/I ○V ○N/A	R4-23-670(C)(D)

AUDIT

Date Of Inventory : 05/01/2022

Inventory Taken : Open

Date Of Audit : 06/29/2022

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
Hycodan tab	450	450	900	435	465	900	0	0.00
Zolpidem 10mg tab	57	100	157	67	90	157	0	0.00
Phentermine 37.5mg tab	32	2000	2032	2	2030	2032	0	0.00

NOTES

Hours of operation: Mo-Fr 7:30A-5:30P, Sa 9:00A-1:00P, Su closed

Handouts: Prescriptive Authority chart, 2020/2021 Statute/Rule Changes summary, R9-6-205 DHS Reporting, ARS 32-1926 reminder, DEA Form 106 Reporting reminder, AzBOP Newsletter February 2022, Continuing Education Audit information, AzBOP Scam Alert, FDA advisory on insulin pen packaging and dispensing, DEA reminder on manual signature for prescribers

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

5	Work outside pharmacy	○S ○N/I ○V ◉N/A	R4-23-621(F)
6	Policies and procedures	○S ○N/I ○V ◉N/A	R4-23-621(E)

COMPOUNDING PRACTICES (GENERAL)

1	Documentation product compounded	◉S ○N/I ○V ○N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
2	Patient label	◉S ○N/I ○V ○N/A	R4-23-410(I)(4)
3	Beyond-use dates	◉S ○N/I ○V ○N/A	R4-23-410(I)(4)(b); R4-23-410(B)(3)(d)
4	Equipment	◉S ○N/I ○V ○N/A	R4-23-410(F)(G)
5	Product produced in excess	◉S ○N/I ○V ○N/A	R4-23-410(B)(2); R4-23-410(J)
6	Component removed from original container	◉S ○N/I ○V ○N/A	R4-23-410(I)(6)
7	Compounds for medical practitioners	○S ○N/I ○V ◉N/A	R4-23-410(B)(3); R4-23-601(D); R4-23-1003(A)(4)
8	Patient written list	◉S ○N/I ○V ○N/A	R4-23-410(I)(5)
9	Protective apparel	◉S ○N/I ○V ○N/A	R4-23-410(C)(2)(c)
10	Facility	◉S ○N/I ○V ○N/A	R4-23-410(E)
11	Components for compounding/storage	◉S ○N/I ○V ○N/A	R4-23-410(B)(H)
12	Policies and procedures	◉S ○N/I ○V ○N/A	R4-23-410(D)(G)(H)(I)(K)

STERILE COMPOUNDING

1	Compounding area	◉S ○N/I ○V ○N/A	R4-23-670(A)(E)(F)
2	Equipment	◉S ○N/I ○V ○N/A	R4-23-670(B)

Arizona State Board of Pharmacy

PHARMACY INSPECTION REPORT on 06/29/2022 for Vasco Rx

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Badges - name / title	◉S ○N/I ○V ○N/A	R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)
2	Sales of drugs to practitioners Reminder to generate/file invoice for controlled substances sales.	◉S ○N/I ○V ○N/A	ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)
3	Schedule V register	○S ○N/I ○V ◉N/A	ARS § 36-2525(J)
4	Delivery	◉S ○N/I ○V ○N/A	ARS § 32-1901.01(B)(23); R4-23-402(I)
5	CQA training / Policies and procedures	◉S ○N/I ○V ○N/A	ARS § 32-1973; R4-23-620
6	Non-controlled substances purchase / sale / disposal	◉S ○N/I ○V ○N/A	R4-23-601(D)
7	Dextromethorphan sales restrictions	○S ○N/I ○V ◉N/A	ARS 32-1978
8	Federal medication guides	◉S ○N/I ○V ○N/A	21 CFR part 208
9	Pharmacy to pharmacy transfer of drugs (intracompany)	○S ○N/I ○V ◉N/A	R4-23-601(D); R4-23-1003(A)(4)

METHAMPHETAMINE PRECURSORS

1	Storage	○S ○N/I ○V ◉N/A	ARS § 32-1977(B)
2	Documentation	○S ○N/I ○V ◉N/A	ARS § 32-1977(C); 21 CFR 1314
3	Self-certification	○S ○N/I ○V ◉N/A	21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

1	Current resident / nonresident permit	○S ○N/I ○V ◉N/A	R4-23-621(A)
2	Same owner / written contract / common electronic file	○S ○N/I ○V ◉N/A	R4-23-621(B)
3	Notification to patients	○S ○N/I ○V ◉N/A	R4-23-621(C)
4	Maintain manual / electronic records	○S ○N/I ○V ◉N/A	R4-23-621(D)

Arizona State Board of Pharmacy

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2	Paper / electronic log	○S ○N/I ○V ◉N/A	R4-23-615(A)(2)(3)
3	Training	○S ○N/I ○V ◉N/A	R4-23-615(C)(1)(D)
4	Maintenance	○S ○N/I ○V ◉N/A	R4-23-615(C)(2)(D)
5	Accuracy validation testing	○S ○N/I ○V ◉N/A	R4-23-615(C)(3)(D)
6	Return by approval only	○S ○N/I ○V ◉N/A	R4-23-615(B)(G)
7	Policies and procedures	○S ○N/I ○V ◉N/A	R4-23-615(E)

MECHANICAL COUNTING DEVICES

1	Training	○S ○N/I ○V ◉N/A	R4-23-616(A)(1)(B)
2	Maintenance	○S ○N/I ○V ◉N/A	R4-23-616(A)(2)(B)
3	Accuracy validation testing	○S ○N/I ○V ◉N/A	R4-23-616(A)(3)(B)
4	Policies and procedures	○S ○N/I ○V ◉N/A	R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

1	CIIs purchase / sale / disposal	◉S ○N/I ○V ○N/A	ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B)
2	CIII - CVs purchase / sale / disposal	◉S ○N/I ○V ○N/A	ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)
3	Inventory Reminder to add Number of Commercial Containers and Commercial Container Size to inventory document.	◉S ○N/I ○V ○N/A	ARS § 36-2523(B); R4-23-1003
4	Audit	◉S ○N/I ○V ○N/A	ARS § 36-2523
5	DEA 106 Theft/Loss reporting	○S ○N/I ○V ◉N/A	R4-23-1003(A)(2); 21 CFR 1301.76(b)

MISCELLANEOUS

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14	Foreign prescriptions	○S ○N/I ○V ◉N/A	ARS § 32-1969
15	Prescription blank advertising prohibited	○S ○N/I ○V ◉N/A	R4-23-404(B); ARS § 32-1901.01(B)(25)
16	Prescription audit numbers Random hard copies and eRx reviewed.		

COMPUTER REQUIREMENTS

1	Security	◉S ○N/I ○V ○N/A	R4-23-408(F)
2	Log books / printout Reminder to add printed name to daily signature log.	◉S ○N/I ○V ○N/A	R4-23-408(C)(4)
3	Reports	◉S ○N/I ○V ○N/A	R4-23-408(B)(5)(6)
4	Policies and procedures	○S ○N/I ○V ◉N/A	R4-23-408(A)

IMMUNIZATIONS

1	Certification	○S ○N/I ○V ◉N/A	ARS § 32-1974(D)(K); R4-23-411(A)
2	Recordkeeping	○S ○N/I ○V ◉N/A	ARS § 32-1974(F)(3); R4-23-411(F)(I)
3	Reporting requirements	○S ○N/I ○V ◉N/A	ARS § 32-1974(F); R4-23-411(F)(2)
4	Current certificate maintained	○S ○N/I ○V ◉N/A	R4-23-411(C)(2)
5	Administration without a prescription	○S ○N/I ○V ◉N/A	ARS § 32-1974(A)(B); R4-23-411(A)
6	Prescription only administration	○S ○N/I ○V ◉N/A	ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I)

MECHANICAL STORAGE / COUNTING DEVICES

1	Cell identification	○S ○N/I ○V ◉N/A	R4-23-615(A)(1)

Arizona State Board of Pharmacy

PHARMACY INSPECTION REPORT on 06/29/2022 for Vasco Rx

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1	Documentation	◉S ○N/I ○V ○N/A R4-23-402(G)(H)
2	Oral consultation	◉S ○N/I ○V ○N/A R4-23-402(C)(D)(E)
3	Written information	◉S ○N/I ○V ○N/A R4-23-402(C)(I)

PRESCRIPTION AUDIT

1	Prescription files	◉S ○N/I ○V ○N/A ARS § 32-1964; ARS § 36-2525(C)(1)(2)
2	Prescription label	◉S ○N/I ○V ○N/A ARS § 32-1968(D); ARS § 36-2525(L)
3	CII prescriptions	◉S ○N/I ○V ○N/A ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A) Reminder that date and time of prescriber authorization must be documented for changes/corrections to C2 prescriptions.
4	CIII - CV prescriptions	◉S ○N/I ○V ○N/A ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A)
5	Non-controlled prescriptions	◉S ○N/I ○V ○N/A ARS § 32-1968; R4-23-407(A)
6	Transfers	◉S ○N/I ○V ○N/A R4-23-407(D)
7	Telephone	◉S ○N/I ○V ○N/A ARS § 32-1968(A)(5); R4-23-402(A)(1)(2)
8	Refill authorizations	◉S ○N/I ○V ○N/A ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)
9	Facsimile	◉S ○N/I ○V ○N/A R4-23-407(E)
10	Electronically transmitted	◉S ○N/I ○V ○N/A R4-23-407(F); R4-23-408(H)
11	Patient information	◉S ○N/I ○V ○N/A R4-23-402(A)(3)(4)
12	Allergies / medical conditions	◉S ○N/I ○V ○N/A R4-23-402(A)(3)(b)
13	Brand / generic	◉S ○N/I ○V ○N/A ARS § 32-1963.01

Arizona State Board of Pharmacy

PHARMACY INSPECTION REPORT on 06/29/2022 for Vasco Rx

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3	Technicians / Trainees	◉S ○N/I ○V ○N/A	ARS § 32-1925(A); R4-23-1101(A); R4-23-1102(D); R4-23-1103(B)(2)
4	Current renewal licenses maintained Reminder that Board website verification is not a substitute for a license.	◉S ○N/I ○V ○N/A	ARS § 32-1933(B)

PHARMACY

1	Drug storage and security Shared wall with infusion suite is not a complete barrier.	○S ◉N/I ○V ○N/A	R4-23-609(G)(H)
2	Personnel and security procedures	◉S ○N/I ○V ○N/A	R4-23-610
3	Facilities	◉S ○N/I ○V ○N/A	R4-23-611(A)
4	Drug supply	◉S ○N/I ○V ○N/A	R4-23-611(B)
5	Quarantine expired drugs	◉S ○N/I ○V ○N/A	R4-23-611(B)(4)
6	Equipment	◉S ○N/I ○V ○N/A	R4-23-612
7	Policies and procedures	◉S ○N/I ○V ○N/A	R4-23-610(A); R4-23-611(B)

TECHNICIANS

1	Training program	◉S ○N/I ○V ○N/A	R4-23-1105(B)(D)
2	Training program - compounds	◉S ○N/I ○V ○N/A	R4-23-1105(C)
3	Activities - trainees	◉S ○N/I ○V ○N/A	R4-23-1104(A)
4	Activities - technicians	◉S ○N/I ○V ○N/A	R4-23-1104(A)(B)
5	Policies and procedures	◉S ○N/I ○V ○N/A	R4-23-1104(F)(G)

COUNSELING

Arizona State Board of Pharmacy

PHARMACY INSPECTION REPORT on 06/29/2022 for Vasco Rx

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DEMOGRAPHICS

AZ permit# : Y007977	AZ Permit Exp.Date : 10/31/2022	Business Name : Vasco Rx
Address : 4045 E. Bell Road		
Zip : 85032	City : Phoenix	State : AZ
Phone : (602) 971-6950	Fax : (602) 404-2504	Email : kris.l@vascorx.com
Inspection Date : 06/29/2022	PIC : Kristine Lowe	Pic License Exp Date : 10/31/2022
DEA # : FV8240412	DEA # Exp. date : 05/31/2025	Inspection Reviewed With : Kristine Lowe
Reviewers License# : S015310	Inspection type : Routine	
Inspection Conducted By : Dennis Waggoner		

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
2000	280	7.142857142857143

PERMITS

1	Arizona	◉S ○N/I ○V ○N/A	ARS § 32-1933(A); R4-23-606(A)
2	DEA	◉S ○N/I ○V ○N/A	ARS § 36-2522(A)(2); 21 CFR 1301.35(c)
3	Suppliers	◉S ○N/I ○V ○N/A	ARS § 32-1929; R4-23-601(A); R4-23-604(A); R4-23-605(A); R4-23-607(A)

LICENSES

1	Pharmacists	◉S ○N/I ○V ○N/A	ARS § 32-1925(A); R4-23-201(A)
2	Interns / Graduate interns	○S ○N/I ○V ◉N/A	ARS § 32-1923(B); R4-23-301(G)

Executive Director
Arizona State Board of Pharmacy

Date: 01/03/2023

Executive Director
Arizona State Board of Pharmacy

Date: 10/13/2022

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: AleraCare Arizona Pharmacy, LLC

Pharmacy/Wholesaler License # (if applicable): pending

Physical Address: 4045 E Bell Road, Suite 163

City: Phoenix State: AZ Zip: 85032

Mailing Address (if different from physical address): N/A

City: State: Zip:

Telephone: (602) 971-6950 Website: www.aleracare.com

Licensing Company Email: admin@aleracare.com

Section 2: Personal Information

First: Kristine Middle: Ann Last: Lowe

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: 4045 E Bell Road, Suite 163

City: Phoenix State: AZ Zip: 85032

Telephone: (602) 971-6950 Email: kris.l@aleracare.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of California - San Francisco		1990 - 1994	
Address	**City**	**State**	**Zip**
500 Parnassus Ave	San Francisco	CA	94143
Diploma/Degree obtained, if any			
Doctor of Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
College of Notre Dame		1988 - 1990	
Address	**City**	**State**	**Zip**
1500 Ralston Ave	Belmont	CA	94002
Diploma/Degree obtained, if any			
MBA			
School Name		**From - To (MM/YY – MM/YY)**	
Cal Poly San Luis Obispo		1982 - 1987	
Address	**City**	**State**	**Zip**
Cal Poly 1 Grand Avenue	San Luis Obispo	CA	93407
Diploma/Degree obtained, if any			
B.S. Biochemistry			
School Name		**From - To (MM/YY – MM/YY)**	
San Mateo High School		1978-1982	
Address	**City**	**State**	**Zip**
506 N. Delaware St.	San Mateo	CA	94401
Diploma/Degree obtained, if any			
Diploma			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2013 - present	[redacted] E Chuckwalla Trail	Cave Creek	AZ	85331
2005 - 2013	[redacted] E Smokehouse Trail	Scottsdale	AZ	85262

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Vitalab Pharmacy, Inc.			06/09 - present
Business Address	**City**	**State**	**Zip**
4045 E. Bell Road, Suite 163	Phoenix	AZ	85032
Phone	**Title**	**Number of Employed Hours**	
(602) 971-6950		about 2080/year (approximately 27,000)	

Description of Duties

I am the PIC of Vasco Rx and have traditional pharmacist duties as well as regulatory and compliance responsibilities. I carry out narcotic inventories, maintain pharmacy records, and assist with licensing. I am involved with checking prescriptions, counseling patients, overseeing technicians and other day to day responsibilities.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See all documentation attached

Kristine Hoare

Original Signature (electronic, copies or stamps not accepted)

11/17/2022

Date

I, Kristine Lowe, **certify that as the designated representative for** AlexaCare Arizona Pharmacy, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. KL I am at least 21 years of age;
3. KL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. KL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. KL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Kristine Lowe
Print Name (First, Last)

Kristine Lowe
Original Signature (electronic, copies or stamps not accepted)

11/17/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kristine Lowe

Print Name (First, Last)

Kristine Lowe — 11-18-22

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Kristine Lowe, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Kristine Lowe — 11/18/22

Original Signature — **Date**

Subscribed and Sworn to before me this 18th day of November.

Hannah

Notary Public Signature

Hannah Coyle
Notary Public
Maricopa County, Arizona
My Comm. Expires 08-19-25
Commission No. 612780

(Seal)

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Kristine Lowe Pharmacist Registration #: 12361

Pharmacy Name: AlteraCare Arizona Pharmacy, LLC

Initial each statement below to indicate you have read and agree with the following:

KL I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

KL I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

KL I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

KL I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

KL I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
See attached			

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kristine Lowe
Original signature of Managing Pharmacist (copies or stamps not accepted)

11/17/22
Date

Pharmacist-in-Charge
Non-Discipline Letter of Admonishment

Please be advised that the enclosed **admonishments** pertaining to Kristine Lowe are not considered "discipline" by the California Board of Pharmacy ("CA BOP"). Cal Bus & Prof Code § 4315(h) provides that "The issuance of a letter of admonishment pursuant to subdivision (b) shall not be construed as a disciplinary action or discipline for purposes of licensure or the reporting of discipline for licensure." As such, this information is being provided out of an abundance of precaution and desire for full transparency with the Board.

The California Board of Pharmacy (the "CA BOP) issued two citations and fines to the Pharmacist-in-Charge, Kristine Lowe related to routine pharmacy inspection findings. These citations are in correlation to the CA BOP citations issued to Vasco Rx and were reduced to letters of admonishment and no fines were assessed. California pharmacy regulations make clear that such letters are not discipline for purposes of licensure.

1. **October 11, 2018** - Citation Number CI 2017 81581 (in conjunction with pharmacy matter CI 2018 81580): After investigation, the action was dismissed as issued and reduced to a letter of admonishment.

2. **October 18, 2018** - Citation Number CI 2018 81590 (in conjunction with pharmacy matter CI 2018 81589): After Ms. Lowe completed two hours of continuing education in sterile compounding, the action was reduced to a letter of admonishment.

CALIFORNIA BOARD OF PHARMACY

CITATION CI 2018 81590 – Kristine Lowe

California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7800
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

October 18, 2018

DATED MATERIAL ENCLOSED

KRISTINE ANN LOWE
[redacted] E CHUCKWALLA TRAIL
CAVE CREEK, AZ 85331

RE: CI 2018 81590
KRISTINE ANN LOWE
RPH 47156

The attached Citation and Fine, Order of Abatement ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Forms and Publications).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation and indicates, within the Order of Abatement, information and/or material to be submitted to the Board.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- November 17, 2018: Unless the Citation is contested, Proof of Abatement and payment of fine(s) must be received by the Board, or as directed in Order of Abatement at the bottom of your citation.
- November 01, 2018: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- November 17, 2018: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), timely payment of any fine(s) and the submission of Proof of Abatement shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations title 16 section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely

Virginia Herold

Virginia Herold
Executive Officer
Board of Pharmacy

Attachments

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE
ORDER OF ABATEMENT

Citation Number	Name, License No
CI 2018 81590	KRISTINE ANN LOWE , RPH 47156

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
CCR, Title 16, § 1735.2 subd. (i)(3)(A)(B)(C)	Extension of a beyond use date is only allowable when supported by the following: (A) Method Suitability Test, (B) Container Closure Integrity Test and, (C) Stability Studies	$2,500.00
CCR, Title 16, § 1751.7 subd. (e)(1)	Sterile Compounding Quality Assurance and Process Validation; Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients shall be subject to...	$2,500.00

CONDUCT:

California Code of Regulations section 1735.2 (i)(3)(A)(B)(C) states in pertinent part, extension of a beyond use date is only allowable when supported by the following (A) Method Suitability Test (B) Container Closure Test(C) Stability Studies. Kristine Lowe RPH 47156, while employed as a pharmacist at Vasco Rx located at 4045 E. Bell Road #163, Phoenix, AZ 85032 was not compliant. Specifically, in 2017 Vasco Rx shipped at least the 2,468 orders containing compounded leuprolide into California. Batch records reviewed showed a beyond use date of 180 day was assigned to at least 2,038 of these compounding leuprolide order. Vasco Rx had no stability study to allow this extension of the beyond use date. This was a violation of pharmacy law.

California Code of Regulations section 1751.7 (e)(1) states in pertinent part, Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients, except as provided in paragraph (2), shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens. Sterility testing shall be USP chapter 71 compliant. Kristine Lowe RPH 47156, while employed as a pharmacist at Vasco Rx located at 4045 E. Bell Road #163, Phoenix, AZ 85032 was not compliant. Specifically, in 2017 Vasco Rx shipped at least the 2,468 orders containing compounded leuprolide into California. Batch records reviewed showed end product sterility testing was done by SCAN RDI, not a USP chapter 71 compliant testing method. This was a violation of pharmacy law.

ORDER OF ABATEMENT

By the Abatement date/payment date submit to the Board the following:

- Either (1) full payment of the assessed fine(s), or (2) $2,500.00 and

proof of completion of four (4) hours of continuing education in sterile compounding as specified below.

If Kristine Lowe chooses option (2), Kristine Lowe shall submit proof of completion of four (4) hours of continuing education in sterile compounding within 6 months of the date of this citation. Any failure to do so shall be deemed a failure to meet the abatement requirements of this citation.

If Kristine Lowe timely enrolls in, initiates, and successfully completes four (4) hours of continuing education in sterile compounding within 6 months, the fine(s) levied by this citation shall be reduced to $2,500.00 and completion of four (4) hours of continuing education in sterile compounding shall be considered satisfactory abatement of the citation. If Kristine Lowe fails to timely and successfully complete the four (4) hours of continuing education in sterile compounding, the stay shall be lifted and the fine(s) shall be due and owing from Kristine Lowe within thirty (30) days of any such failure.

CITATION ISSUED ON: October 18, 2018	TOTAL AMOUNT OF FINE(S): $5,000.00
PROOF OF ABATEMENT AND PAYMENT OF FINE(S) DUE BY: November 17, 2018	

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: KRISTINE ANN LOWE , RPH 47156
Citation and Fine CI 2018 81590

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On October 18, 2018, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Order of Abatement, Proof of Abatement, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME	CERTIFIED MAIL NO
KRISTINE ANN LOWE [redacted]E CHUCKWALLA TRAIL CAVE CREEK, AZ 85331	7017 0530 0000 7764 1668

I declare under penalty of perjury that the forgoing is true and correct.

Executed on October 18, 2018, at Sacramento, California.

DECLARANT
Christina Metzen
Associate Enforcement Analyst

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

MODIFIED CITATION AND FINE
ORDER OF ABATEMENT

Citation Number	Name, License No
CI 2018 81690	KRISTINE ANN LOWE , RPH 47156

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
CCR, Title 16, § 1735.2 subd. (l)(3)(A)(B)(C)	Extension of a beyond use date is only allowable when supported by the following: (A) Method Suitability Test, (B) Container Closure Integrity Test and, (C) Stability Studies	$1,250.00
CCR, Title 16, § 1751.7 subd. (e)(1)	Sterile Compounding Quality Assurance and Process Validation; Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients shall be subject to...	$1,250.00

CONDUCT:

California Code of Regulations section 1735.2 (l)(3)(A)(B)(C) states in pertinent part, extension of a beyond use date is only allowable when supported by the following (A) Method Suitability Test (B) Container Closure Test(C) Stability Studies. Kristine Lowe RPH 47156, while employed as a pharmacist at Vasco Rx located at 4045 E. Bell Road #163, Phoenix, AZ 85032 was not compliant. Specifically, in 2017 Vasco Rx shipped at least the 2,468 orders containing compounded leuprolide into California. Batch records reviewed showed a beyond use date of 180 day was assigned to at least 2,038 of these compounding leuprolide order. Vasco Rx had no stability study to allow this extension of the beyond use date. This was a violation of pharmacy law.

California Code of Regulations section 1751.7 (e)(1) states in pertinent part, Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients, except as provided in paragraph (2), shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens. Sterility testing shall be USP chapter 71 compliant. Kristine Lowe RPH 47156, while employed as a pharmacist at Vasco Rx located at 4045 E. Bell Road #163, Phoenix, AZ 85032 was not compliant. Specifically, in 2017 Vasco Rx shipped at least the 2,468 orders containing compounded leuprolide into California. Batch records reviewed showed end product sterility testing was done by SCAN RDI, not a USP chapter 71 compliant testing method. This was a violation of pharmacy law.

ORDER OF ABATEMENT

By the Abatement date/payment date submit to the Board the following:

- Either (1) full payment of the assessed fine(s) $2,500.00, or (2) proof of completion of two (2) additional hours of continuing education in sterile compounding as specified below.

If Kristine Lowe chooses option (2), Kristine Lowe shall submit proof of completion of two (2) additional hours of continuing education in sterile compounding within 6 months of the date of this citation. Any failure to do so shall be deemed a failure to meet the abatement requirements of this citation.

If Kristine Lowe timely enrolls in, initiates, and successfully completes two (2) additional hours of continuing education in sterile compounding within 6 months, the fine(s) levied by this citation shall be reduced to zero and the matter will be reduced to a Letter of Abatement and completion of the two (2) additional hours of continuing education in sterile compounding shall be considered satisfactory abatement of the citation.

If Kristine Lowe fails to timely and successfully complete the two (2) additional hours of continuing education in sterile compounding, the stay shall be lifted and the fine(s) shall be due and owing from Kristine Lowe within thirty (30) days of any such failure.

CITATION ISSUED ON: March 19, 2019	TOTAL AMOUNT OF FINE(S): $2,500.00
PROOF OF ABATEMENT AND PAYMENT OF FINE(S) DUE BY: April 18, 2019	

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: KRISTINE ANN LOWE , RPH 47156
Citation and Fine CI 2018 81590

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On March 19, 2019, I served the attached:

Cover Letter, Citation, Order of Abatement, Proof of Abatement, Request for Appeal.

In said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME	CERTIFIED MAIL NO
KRISTINE ANN LOWE [redacted]E CHUCKWALLA TRAIL CAVE CREEK, AZ 85331	7018 0680 0000 1183 1158
Quarles & Brady, Susan Trujillo One Renaissance Square Two North Central Avenue Phoenix, AZ 85004-2391	7018 0680 0000 1183 1165

I declare under penalty of perjury that the forgoing is true and correct.

Executed on March 19, 2019, at Sacramento, California.

Jennifer Sevilla

DECLARANT

Jennifer Sevilla
Associate Enforcement Analyst

California State Board of Pharmacy
1625 N. Market Blvd, N219
Sacramento, CA 95834
Phone: (916) 574-7900 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

LETTER OF ADMONISHMENT

KRISTINE ANN LOWE
[redacted]E CHUCKWALLA TRAIL
CAVE CREEK, AZ 85331

Quarles & Brady, Susan Trujillo
One Renaissance Square
Two North Central Avenue
Phoenix, AZ 85004-2391

RE: CI 2018 81590
KRISTINE ANN LOWE
RPH 47156

This LETTER OF ADMONISHMENT is being issued pursuant to Business and Professions Code section 4005 and section 4315 et seq. for failure to comply with the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the board's website at www.pharmacy.ca.gov, under Forms and Publications.)

The Board of Pharmacy has completed its investigation in the above referenced matter. All documentation and/or statements relating to the investigation have been accepted and included in an Investigation Report on file in this office. Facts contained in this report and/or in other sources lead to the conclusion that the following violations of pharmacy laws or regulations have occurred:

JURISDICTION: Bus. & Prof. Code § 4315; 1735.2(i)(3)(A)(B)(C) - Extension of a beyond use date is only allowable when supported by the following: (A) Method Suitability Test, (B) Container Closure Integrity Test and, (C) Stability Studies; 1751.7(e)(1) - Sterile Compounding Quality Assurance and Process Validation; Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients shall be subject to...

California Code of Regulations section 1735.2 (i)(3)(A)(B)(C) states in pertinent part, extension of a beyond use date is only allowable when supported by the following (A) Method Suitability Test (B) Container Closure Test(C) Stability Studies. Kristine Lowe RPH 47156, while employed as a pharmacist at Vasco Rx located at 4045 E. Bell Road #163, Phoenix, AZ 85032 was not compliant. Specifically, in 2017 Vasco Rx shipped at least the 2,468 orders containing compounded leuprolide into California. Batch records reviewed showed a beyond use date of 180 day was assigned to at least 2,038 of these compounding leuprolide order. Vasco Rx had no stability study to allow

this extension of the beyond use date. This was a violation of pharmacy law.

California Code of Regulations section 1751.7 (e)(1) states in pertinent part, Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients, except as provided in paragraph (2), shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens. Sterility testing shall be USP chapter 71 compliant. Kristine Lowe RPH 47156, while employed as a pharmacist at Vasco Rx located at 4045 E. Bell Road #163, Phoenix, AZ 85032 was not compliant. Specifically, in 2017 Vasco Rx shipped at least the 2,468 orders containing compounded leuprolide into California. Batch records reviewed showed end product sterility testing was done by SCAN RDI, not a USP chapter 71 compliant testing method. This was a violation of pharmacy law.

This is the final decision in the administrative order regarding the attached letter of admonishment.

You shall maintain and have readily available on the pharmacy premises a copy of this Letter of Admonishment and any written corrective action plan submitted in response hereto for at least three years from the date of issuance of this letter. The Letter of Admonishment will be considered a public record for purposes of disclosure for three years. The issuance of this Letter of Admonishment does not limit the board's ability to pursue other disciplinary or administrative action under Business and Professions Code section 4315, subdivision (f).

Pursuant to the provisions of Business and Professions Code section 4315 subdivision (h), issuance of this Letter of Admonishment shall not be construed as a disciplinary action or discipline for purposes of licensure of the reporting of discipline for licensure.

If you have any questions regarding this Letter of Admonishment, please contact Jennifer Sevilla, Associate Enforcement Analyst at (916) 574-7925.

Sincerely

Anne Sodergren

Anne Sodergren
Interim Executive Officer
Board of Pharmacy

DECLARATION OF SERVICE BY FIRST CLASS CERTIFIED MAIL

RE: CI 2018 81580
KRISTINE ANN LOWE
RPH 47166

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On March 29, 2019, I served the attached:

March 29, 2019

In said cause, by placing a true copy thereof enclosed in two separate sealed envelopes with postage thereon fully prepaid by Certified Mail and First Class Mail, in the United States mail at Sacramento, California, addresses as follows:

NAME	CERTIFIED MAIL NO
KRISTINE ANN LOWE [redacted]E CHUCKWALLA TRAIL CAVE CREEK, AZ 85331	7018 1830 0000 8093 0233
Quarles & Brady, Susan Trujillo One Renaissance Square Two North Central Avenue Phoenix, AZ 85004-2391	7018 1830 0000 8093 0240

I declare under penalty of perjury that the forgoing is true and correct.

Executed on March 29, 2019, at Sacramento, California.

DECLARANT
Jennifer Sevilla
Associate Enforcement Analyst

CALIFORNIA BOARD OF PHARMACY

CITATION CI 2018 81581 – Kristine Lowe

California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

October 11, 2018

DATED MATERIAL ENCLOSED

KRISTINE ANN LOWE
5936 E CHUCKWALLA TRAIL
CAVE CREEK, AZ 85331

RE: CI 2018 81581
KRISTINE ANN LOWE
RPH 47166

The attached Citation, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Forms and Publications).

The attached Citation references the specific statutes and regulations violated, and defines each violation charged. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND IF CONTESTING THE CITATION TO RESPOND WITHIN THE FOLLOWING TIME FRAMES:

- October 25, 2018: Any contest of the Citation by request for an Informal Office Conference must be received by the Board.
- November 10, 2018: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. The acceptance of the Citation(s) shall not constitute an admission of the violation(s) charged.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
CITATION

Citation Number	Name, License No
CI 2018 81681	KRISTINE ANN LOWE , RPH 47156

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)

VIOLATION CODE SECTION	OFFENSE
CCR, Title 16, § 1735.2 subd. (l)	The pharmacist performing or supervising compounding is responsible for the proper preparation, labeling, storage, and delivery of the compounded drug product
CCR, Title 16, § 1751.7 subd. (e)(1)	Sterile Compounding Quality Assurance and Process Validation; Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients shall be subject to...

CONDUCT:

California Code of Regulations section 1735.2(l) stats every compounded drug preparation shall be given beyond use date representing the date or date and time beyond which the compounded drug preparation should not be used, stored, transported or administered, and determined based on the professional judgment of the pharmacist performing or supervising the compounding. (3) For sterile compounded drug preparations, extension of a beyond use date is only allowable when supported by the following: (A) Method Suitability Test, (B) Container Closure Integrity Test, and (C) Stability Studies. Vasco Rx, NRP856 located at 4045 E. Bell Rd. Ste. 163, Phoenix, AZ 85032 and Kristine Lowe as PIC were not compliant. Specifically, Vasco assigned a beyond used date of 180 day for at least the following C- methylcobalamin 1mg/ml lot 1282017@31 and lot 01312018@40 without first having the required studies to support this beyond use date. This is a violation of pharmacy law.

California Code of Regulations section 1751.7 (e)(1) stats batch-produced sterile drug preparations compounded from one or more non-sterile ingredients, except as provided in paragraph (2), shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens. Sterility testing shall be USP chapter 71 compliant and pyrogens testing shall confirm acceptable levels of pyrogens per USP chapter 85 limits, before dispensing. This requirement of end product testing confirming sterility and acceptable levels of pyrogens prior to dispensing shall apply regardless of any sterility or pyrogen testing that may have been conducted on any ingredient or combination of ingredients that were previously non-sterile. Vasco Rx, NRP856 located at 4045 E. Bell Rd. Ste. 163, Phoenix, AZ 85032 and Kristine Lowe as PIC were not compliant. Specifically, Vasco dispensed at least C- methylcobalamin 1mg/ml lot 1282017@31 and lot 01312018@40 without first having a USP chapter 71 compliant sterility test confirming end product sterility. This is a violation of pharmacy law.

CITATION ISSUED ON: October 11, 2018

Cpwlla

California State Board of Pharmacy
1625 N. Market Blvd, N219
Sacramento, CA 95834
Phone: (916) 574-7900 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

March 19, 2019

CERTIFIED MAIL

Kristine Ann Lowe
[redacted] E Chuckwall Trail
Cave Creek, AZ 85331

Quarles & Brady, Susan Trujillo
One Renaissance Square
Two North Central Avenue
Phoenix, AZ 855004-2391

RE: CI 2018 81581
Kristine Ann Lowe
RPH 47168

After thorough and careful consideration, it was decided to dismiss Citation and Fine CI 2018 81581 as originally issued. Effective immediately the fines assessed in Citation CI 2018 81581, have been dismissed and the matter has been reduced to a letter of admonishment.

This decision is the final administrative order regarding the Citation the letter of admonishment is attached.

Please contact Associate Enforcement Analyst Jennifer Sevilla at (916) 574-7925, if you have any questions.

Sincerely,

Thomas P. Lenox

Thomas P. Lenox
Chief of Enforcement

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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

March 19, 2019

LETTER OF ADMONISHMENT

Kristine Ann Lowe
[redacted] E Chuckwall Trail
Cave Creek, AZ 85331

CI 2018 81581
Kristine Ann Lowe
RPH 47166

This **LETTER OF ADMONISHMENT** is being issued pursuant to Business and Professions Code section 4005 and section 4315 et seq. for failure to comply with the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the board's website at www.pharmacy.ca.gov, under Forms and Publications.)

The Board of Pharmacy has completed its investigation in the above referenced matter. Statements relating to the investigation have been accepted and included in an Investigation Report on file in this office. Facts contained in this report lead to the conclusion that the following violations of pharmacy laws or regulations have occurred:

JURISDICTION: Bus. & Prof. Code § 4005; 4315; CCR, Title 16, § 1735.2 subd. (i)- The pharmacist performing or supervising compounding is responsible for the proper preparation, labeling, storage, and delivery of the compounded drug product; CCR, Title 16, § 1751.7 subd. (e)(1)- Sterile Compounding Quality Assurance and Process Validation; Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients shall be subject to...

Unlawful Extension Beyond Used Date: California Code of Regulations section 1735.2(l) states every compounded drug preparation shall be given beyond use date representing the date or date and time beyond which the compounded drug preparation should not be used, stored, transported or administered, and determined based on the professional judgment of the pharmacist performing or supervising the compounding. (3) For sterile compounded drug preparations, extension of a beyond use date is only allowable when supported by the following: (A) Method Suitability Test, (B) Container Closure Integrity Test, and (C) Stability Studies. Vasco Rx, NRP856 located at 4045 E. Bell Rd. Ste. 163, Phoenix, AZ 85032 and Kristine Lowe as PIC were not compliant. Specifically, Vasco assigned a beyond used date of 180 day for at least the following C-methylcobalamin 1mg/ml lot 1282017@31 and lot 01312018@40 without first having the required studies to support this beyond use date. This is a violation of pharmacy law.

Failure to preform required end product sterility testing: California Code of Regulations section 1751.7 (e)(1) states batch-produced sterile drug preparations compounded from one or more non-sterile ingredients, except as provided in paragraph (2), shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens. Sterility testing shall be USP chapter 71 compliant and pyrogens testing shall confirm acceptable levels of pyrogens per USP chapter 85 limits, before dispensing. This requirement of end product testing confirming sterility and acceptable levels of pyrogens prior to dispensing shall apply regardless of any sterility or pyrogen testing that may have been conducted on any ingredient or combination of ingredients that were previously non-sterile. Vasco Rx, NRP856 located at 4045 E. Bell Rd. Ste. 163, Phoenix, AZ 85032 and Kristine Lowe as PIC were not compliant. Specifically, Vasco dispensed at least C- methylcobalamin 1mg/ml lot 1282017@31 and lot 01312018@40 without first having a USP chapter 71 compliant sterility test confirming end product sterility. This is a violation of pharmacy law.

DECLARATION OF SERVICE BY FIRST CLASS CERTIFIED MAIL

RE: CI 2018 81681
KRISTINE ANN LOWE
RPH 47156

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On March 18, 2019, I served the attached:

March 19, 2019

In said cause, by placing a true copy thereof enclosed in two separate sealed envelopes with postage thereon fully prepaid by Certified Mail and First Class Mail, in the United States mail at Sacramento, California, addresses as follows:

NAME	CERTIFIED MAIL NO
KRISTINE ANN LOWE [redacted]E CHUCKWALLA TRAIL CAVE CREEK, AZ 85331	7018 0680 0000 1183 1134
Quarles & Brady, Susan Trujillo One Renaissance Square Two North Central Avenue Phoenix, AZ 85004-2391	7018 0680 0000 1183 1141

I declare under penalty of perjury that the forgoing is true and correct.

Executed on March 18, 2019, at Sacramento, California.

DECLARANT
Jennifer Sevilla
Associate Enforcement Analyst

11B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 02534	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Basic Home Infusion, LLC

Physical Address: 1401 Valley Road, 4th Floor

City: Wayne State: NJ Zip: 07470

Mailing Address (if different from physical address): c/o State License Servicing - 1751 State Route 17A, Ste 3

City: Florida State: NY Zip: 10921

Telephone: (201) 475-0500 Toll Free # (NAC 639.708, NRS 639.23286): (888) 822-7428

Fax: (973) 706-8009 Contact Email: BHI2@slsny.com

Website: www.BasicHomeInfusion.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Roy C Putrino ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21913 ✓

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	■ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Roy C Putrino	NV Pharmacist Registration #: 21913
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New Jersey

Parent Company (if any): BCDI BHI Intermediate 2, LP

Corporation/Organization Name: Basic Home Infusion, LLC

Mailing Address: c/o State License Servicing - 1751 State Route 17A, Ste 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Email: BHI2@slsny.com

Contact Person Name: Christine Cannon

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Executive Chairman (title) for Basic Home Infusion, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Roy C Putrino

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

Date

N/A- Basic Home Infusion, LLC is currently performing Sterile Compounding

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, _____ hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the _____ (title) for _____ (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Roy C Putrino Pharmacist Registration #: 21913

Pharmacy Name: Basic Home Infusion, LLC

Initial each statement below to indicate you have read and agree with the following:

RCP I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

RCP I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

RCP I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

RCP I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

RCP I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Roy C Putrino

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Roy C Putrino

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted) Date

Board Use Only	Date Received: _____	Amount: 500 CHECK# 67801 ✓

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Basic Home Infusion

NV Pharmacy or Outsourcing facility license # (if applicable): PH 02534

Physical Address: 1401 Valley Road 4th Floor

City: WAYNE State: NJ Zip: 07470

Mailing Address (if different from physical address): same as above

City: State: Zip:

Telephone: 201-475-0500 Toll Free # (NAC 639.708, NRS 639.23286): 888-822-7428

Fax: 888-589-6481 Contact Email: licensing@basichi.com

Website: basichomeinfusion.com

Nevada Business License # (if applicable) NV20171410560

Supervising/Managing Pharmacist Name (NRS 639.220): Ray Putrino

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21913

Name of Person with direct knowledge of compounding procedures: Dean Duclos

Email of Person with direct knowledge of compounding procedures: dduclos@basichi.com

Telephone of Person with direct knowledge of compounding procedures: 201-475-0500 x119

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☒ Low ☒ Medium ☒ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ☒ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Lioresal

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☒ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

N/A

6. What laboratory performs this additional testing?

Name: N/A

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?

The use of a black and white box.

8. How often do you perform glove fingertip and medial fill testing?

We perform glove fingertip and medial fill testing bi-annually.

9. What is your policy if an employee fails a glove fingertip or media-fill test?

The employee is re-educated and then required to retest.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

Our initial and ongoing training program includes biannual competency and personel aseptic along technique test with didactic training through ASHP.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

See attached policy document.

12. Who performs the sterile compounding process at your facility?

Pharmacists and pharmacy technicians

13. Who is responsible and accountable for the sterile compounding process at your facility?

Pharmacist in charge

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

FDA compliant insulated mailers and cold packs

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? N/A		
2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☐ No
7. If yes, list the name of the device:		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

- morphine
- hydromorphone
- fetanyl
- sufetanyl
- bupivacaine
- clonidine

2. What sterilization methods are utilized at your facility?

filtration

3. Does your facility utilize biological indicators? ☒ Yes ☐ No

4. If yes, describe how they are utilized:

during our oven validation process

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Roy Putrino

Name of Person who Completed the Form

Executive Chairman

Title

Signature (copies or stamps not accepted)

10/10/2022

Date

Board Use Only	Date Received:	Date Approved:	Approved By:

BHI	TITLE Cleaning and Disinfecting of the Pharmacy		IDENTIFICATION NUMBER PH-35
ORGANIZATION(S) Basic Home Infusion	LEVEL ☒ System ☒ Organization ☒ Division ☒ Department	CATEGORY ☒ Clinical ☒ Management ☒ Regulatory	POSTING DATE 03/10/2022 EFFECTIVE DATE 03/10/2022
REVIEW CYCLE ☒ 1 year ☐ 3 years LAST REVIEW DATE: 03/10/2022		REPLACES 1024 & 1025 TITLE: Cleaning and Disinfecting of the Clean Room, Ante-Area, Prep Room and General Pharmacy Area EFFECTIVE DATE(S): 11/29/2018	

POLICY STATEMENT

All pharmacy staff will be thoroughly trained on the following standards and procedures. Staff competency in this area shall be assessed after initial training, at regular intervals thereafter, and whenever deficiencies are identified. All pharmacy staff will adhere to the procedures listed below.

PURPOSE

To mitigate the risk of harm to our patients, which could result from microbial contamination of compounded sterile products by ensuring the processes of, cleaning and disinfecting the pharmacy workspace to meet or exceed compendia and state regulatory standards.

SCOPE

Applies to all pharmacy staff.

DEFINITIONS

sIPA – Sterile Isopropyl Alcohol 70%

Germicidal – a substance or other agent that destroys harmful microorganisms

Sporicidal – An agent that destroys bacterial and fungal spores when used in sufficient concentration for a specified contact time.

RESPONSIBILITIES

PROCEDURES

I. Any staff member performing cleaning tasks will wear appropriate, OSHA-compliant protection to prevent unnecessary exposure to cleaning agents. This includes gloves at all times and eye protection when spraying/pouring/mixing cleaning agents and when cleaning above eye level. At their option, staff may use a cleanroom-appropriate respirator if they experience respiratory irritation from cleaning agent vapors.
    a. Daily cleaning should be done in the sequence listed in the following sections II – V.

II. Buffer Room
    a. Hoods
        i. Clean and disinfect Laminar Airflow Workbenches (LAFWs) at the beginning of each shift using lint-free wipes and Sterile Water for Injection/Irrigation (SWFI). Once dry, follow with sIPA. Surface is also cleaned and wiped with sIPA no longer than 30 minutes following the previous surface disinfection when ongoing compounding activities occur, after spills, and when surface contamination is known or suspected.

ii. At the end of each shift Laminar Airflow Workbenches (LAFWs) are cleaned with Sterile Water followed by STERI-PEROX® 6% Wipes for a minimum of 5 minutes contact time. Once dry, follow with sIPA.
iii. On work days when no compounding occurs, all daily cleaning/disinfecting tasks will still be completed.
iv. Hoods should be cleaned in the following order in an over-lapping wiping motion:
1. Ceiling
2. Back
3. Sides
4. Hanging rod
5. Deck

b. After compounding activities are completed for the day, CaviWipes will be used on the listed items followed by sIPA after a 3 minute contact time. sIPA contact time is at least 30 seconds. Counters and easily cleanable work surfaces are cleaned a daily basis. On a monthly basis the following interiors and exteriors shall be cleaned with Clorox Healthcare Bleach Germicidal Cleaner:
i. Cart 1
ii. Cart 2
iii. Rolling Table
iv. Pass-thru
v. Chairs
vi. Trash (Monthly only)
vii. Sharps Container (Monthly only)

c. Medication bins are wiped daily with sIPA before being passed back into the Buffer Room.
d. The supply cart in the Buffer Room is cleaned monthly with Clorox Healthcare Bleach Germicidal Cleaner.
e. Ceiling and walls in the Buffer room shall be cleaned on a monthly basis with Clorox Healthcare Bleach Germicidal Cleaner.
f. Windows and Doors
i. Windows will be cleaned with CaviWipes monthly.
ii. Visible dirt/oil/smudges on door windows should first be cleaned with Caviwipes, then with sIPA and a lint-free cloth.
iii. Door handles are to be cleaned and disinfected daily with CaviWipes and then sIPA.
iv. All door surfaces, including frame, are cleaned monthly with Clorox Healthcare Bleach Germicidal cleaner, and Sterile Water.

III. Ante Area
a. At the end of each day CaviWipes will be used on the listed items followed by sIPA after a 3 minute contact time. 70% sIPA contact time is at least 30 seconds. Counters and easily cleanable work surfaces are cleaned a daily basis. On a monthly basis the following interiors and exteriors shall be cleaned with Clorox Healthcare Bleach Germicidal Cleaner:
i. Cart 4
ii. Sink

b. Eye Wash Station
i. Weekly cleaning of the eye wash aerators. CaviWipes will be used followed by sIPA after a 3 minute contact time. sIPA contact time is at least 30 seconds. Flush with water for 10 seconds.
ii. Keep plastic float-off covers on outlet heads when the unit is not in use.

c. Floors
i. Floors shall be cleaned and disinfected daily with Lysol IC in a pump sprayer after compounding activities are completed for the day, when spills occur, or when contamination is known/suspected. Lysol IC will be prepared according to manufacturer's directions daily. Lysol IC contact time is a minimum of 10 minutes.
1. Remove all garbage from rooms prior to cleaning.
2. Mop in one direction, overlapping each pass, and always work towards exit

3. Floors should be cleaned starting with the Buffer Room, then Ante-Area.
4. A mop dedicated for use in the Buffer Room/Ante Area will be used, and may not be taken beyond the Ante Area.

ii. On work days when no compounding occurs, floors will still be cleaned according to policy.

d. Ceiling and Walls
   i. Ceiling and walls in the Buffer room shall be cleaned on a monthly basis with Clorox Healthcare Bleach Germicidal Cleaner.
      1. Using the appropriately labeled gallon pump sprayer, saturate a new Alphamop head cover to wet all required surfaces.
      2. Respray/remop as needed to ensure contact time of 10 minutes.
      3. When time has elapsed, use a new mop head cover to mop up excess disinfecting solution and allow to air dry.
      4. When cleaning is complete discard mop head cover. Clean mop handle before returning it to the mop holder.
      5. For ceiling cleaning, place a saturated mop head cover on the Alphamop head, and begin farthest from the entrance. Mop using an overlapping, side-to-side motion.
      6. For wall cleaning, place a new saturated mop head cover on the Alphamop head, and begin farthest from the entrance. Mop top to bottom, using an overlapping motion.

e. Windows and Doors
   i. Windows will be cleaned with CaviWipes monthly.
   ii. Visible dirt/oil/smudges on door windows should first be cleaned with Caviwipes, then with sIPA and a lint-free cloth.
   iii. Door handles are to be cleaned and disinfected daily with CaviWipes and then sIPA.
   iv. All door surfaces, including frame, are cleaned monthly with Clorox Healthcare Bleach Germicidal cleaner, and Sterile Water.

f. Trash Disposal and Containment
   i. Trash bags will be removed from the bins in the Buffer Room and Ante Area at the end of the compounding day.
   ii. Cans will be relined with a new liner every time trash is taken out.
   iii. Trash can shall be cleaned with Clorox Healthcare Bleach Germicidal on a monthly basis

IV. Prep Room

a. After compounding activities are completed for the day, CaviWipes will be used on the listed items followed by 70% sIPA after a 3 minute contact time. sIPA contact time is at least 30 seconds. Counters and easily cleanable work surfaces are cleaned a daily basis. On a monthly basis the following interiors and exteriors shall be cleaned with Clorox Healthcare Bleach Germicidal Cleaner:
   i. Tables
   ii. Pass-thru
   iii. Scale table
   iv. Cart near sink
   v. Sink
   vi. Oven table
   vii. Ductless fume hood
   viii. Scale
   ix. Chair
   x. Sharps Container (Monthly only)
   xi. Trash (Monthly only)

b. Trash bins and Sharps container in the Prep Room are cleaned on a weekly basis with CaviWipes and sIPA.

c. Oven

i. The inside of the oven is wiped monthly with Sterile Water and a lint-free wipe. The exterior of the oven is cleaned monthly with CaviWipes and sIPA.
ii. Preventative Maintenance
    1. Preventative maintenance cleaning is to be performed on a yearly basis, prior to revalidation.
    2. Use adequate personal safety controls (gloves, goggles)
    3. Disconnect chamber from power supply. Disconnect power plug.
    4. Remove racks from the oven.
    5. Apply sterile isopropanol (IPA) to a lint free cloth. Clean exterior surface, chamber, racks, and door gaskets. Do not clean the rear chamber wall or hinges.
    6. Do not use detergents with acid or halides.
    7. Wet a lint free cloth in sterile water and wipe away any sterile IPA.
    8. Wipe down oven with a dry lint free cloth.
    9. Place the trays in their original positions. Leave chamber door open.
    10. Allow chamber to dry completely before turning it on again.

d. Safe
    i. The exterior of the safe is cleaned weekly with CaviWipes and sIPA. The interior is cleaned monthly with CaviWipes.

e. Floors
    i. Floors shall be cleaned and disinfected daily with Lysol IC in a pump sprayer after compounding activities are completed for the day, when spills occur, or when contamination is known/suspected. Lysol IC will be prepared according to manufacturer's directions daily. Contact time for Lysol IC is at least 10 minutes.
        1. Remove all garbage from rooms prior to cleaning.
        2. Mop in one direction, overlapping each pass, and always work towards exit
        3. A mop dedicated for use in the Prep Room will be used, and may not be taken beyond the Prep Room.
    ii. On work days when no compounding occurs, floors will still be cleaned according to policy.

f. Ceiling and Walls
    i. Ceiling and walls in the Prep Room shall be cleaned on a monthly basis with Clorox Healthcare Bleach Germicidal Cleaner.
        1. Using the appropriately labeled gallon pump sprayer, saturate a new Alphamop head cover to wet all required surfaces.
        2. Respray/remop as needed to ensure contact time of 10 minutes.
        3. When time has elapsed, use a new mop head cover to mop up excess disinfecting solution and allow to air dry.
        4. When cleaning is complete discard mop head cover. Clean mop handle before returning it to the mop holder.
    ii. For ceiling cleaning, place a saturated mop head cover on the Alphamop head, and begin farthest from the entrance. Mop using an overlapping, side-to-side motion.
    iii. For wall cleaning, place a new saturated mop head cover on the Alphamop head, and begin farthest from the entrance. Mop top to bottom, using an overlapping motion.

g. Windows and Doors
    i. Windows will be cleaned with CaviWipes monthly.
    ii. Visible dirt/oil/smudges on door windows should first be cleaned with Caviwipes, then with sIPA and a lint-free cloth.
    iii. Door handles are to be cleaned and disinfected daily with CaviWipes and then sIPA.
    iv. All door surfaces, including frame, are cleaned monthly with Clorox Healthcare Bleach Germicidal cleaner, and Sterile Water.

h. Trash Disposal and Containment
    i. Trash bags will be removed from the bins in the Prep Room at the end of the compounding day.
    ii. Cans will be relined with a new liner every time trash is taken out.

V. General Pharmacy Area
   a. Cleaning Tasks
      i. Wipe down countertops, telephone and door handles weekly and as needed with Clorox Wipes. Contact time for Clorox Wipes is at least 4 minutes.
      ii. Wipe steel cabinet, incubator table, incubator, garbing table, freezer, and refrigerator with Clorox Wipes monthly. Contact time for Clorox Wipes is at least 4 minutes.
      iii. Dusting bookcases, supply rack, and supply bins monthly.
      iv. Clean external windows, including door windows, with CaviWipes monthly.
      v. Tacky mats will be changed when visibly soiled and during periods of heavy traffic.
      vi. Trash bags will be removed from the bins in the General Pharmacy Area at the end of the day. Cans will be relined with a new liner every time trash is taken out.
      vii. Sweep floor as needed.
      viii. Clean floor with Lysol IC using a designated General Pharmacy Area mop and Alphamop head weekly at a minimum, or as needed.

REFERENCES

ATTACHMENTS

Cleaning & Disinfecting Agent List

Cleaning/Disinfecting Agent (Mfg)	Type of Agent	Antimicrobial Spectrum	Contact Time Required for "cidal" Effect
Sterile Water for Irrigation	General cleaner	None	N/A
Sterile Isopropyl Alcohol 70%	General disinfectant	Bactericidal/Virucidal/ Fungicidal/ Tuberculocidal	At least 30 seconds
CaviWipes (Cavicide pre-wetted wipes)	One-step Quaternary ammonium cleaner/disinfectant	Bactericidal/Virucidal/ Fungicidal/ Tuberculocidal	At least 3 minutes
Clorox Wipes	One-step Quaternary ammonium cleaner/disinfectant	Bactericidal/Virucidal/ Fungicidal	At least 4 minutes
Lysol IC	One-step Quaternary ammonium cleaner/disinfectant	Bactericidal/Virucidal/ Fungicidal/ Tuberculocidal	At least 10 minutes
Sterile STERI-PEROX® 6% Wipes	Hydrogen Peroxide 6.0%	Cold Sterilant/ Bactericidal/Fungicidal/ Sporicidal	At least 5 minutes as a Germicidal 60 minutes as a Sporicidal
Clorox Healthcare™ Bleach Germicidal Cleaner (550ppm NaOCl)	Chlorine-based Sporicidal/Sterilant Agent	Bactericidal/Virucidal/ Fungicidal/ Tuberculocidal/ Sporicidal	At Least 5-10 minutes for 5-6 log spore kill

BasicHomeInfusion

Specialty
Intrathecal Pump Management
Spasticity and Pain

ACHC ACCREDITED PHARMACY

BASIC HOME INFUSION PHARMACY DISCIPLINES

This summary is inclusive of all disciplinary actions ever accrued by Basic Home Infusion (BHI). Please note that BHI's most recent disciplines stem from a clerical error when a former employee failed to report prior disciplines on state Board of Pharmacy applications and renewal applications. This clerical error was discovered in December 2014 and BHI self-reported this error to each state licensing board. **All below finalized disciplines have been previously reported to each Board of Pharmacy.**

Consent Order and Stipulation
Michigan Board of Pharmacy
10/18/19
BHI was in receipt of the State of Michigan Department of Licensing and Regulatory Affairs Bureau of Professional Licensing Board of Pharmacy Consent Order and Stipulation complaint/file number 53-17-149978 on October 18, 2019. The BHI Pharmacy was sanctioned by the Alabama State Board of Pharmacy on March 6, 2017 based on issues identified in a March 1, 2016 inspection and licensee's failure to notify the Alabama Board of disciplinary action taken in five other states (MI, SC, NJ, CO, and AK). These issues have already been corrected and reported to the State of Michigan Board of Pharmacy, and BHI has submitted an appeal that remains pending. Between March of 2004 and November of 2018, the State of New Jersey Board of Pharmacy took five other disciplinary actions all based on issues identified during inspections of the facility, and all of which have been corrected and reported to the State of Michigan Board of Pharmacy. A consent order for this action with BHI's signature was submitted to the Michigan Board of Pharmacy on October 28, 2019. This Consent Order has an effective date of January 10, 2020.

Warning
New Jersey State Board of Pharmacy
11/02/2018
The BHI Pharmacy was issued a warning in regards to Inspection Report #8-1526A-18-X dated February 14, 2018. BHI changed the label on dispensed container of a compounded sterile product (CSP) to "Beyond Use Date" to be in compliance with USP Chapter 797 standards and at the request of a California Inspector. NJ requires the label to have "Use By" phrase and time. A certification form was signed and corrective actions were submitted to the NJ Board of Pharmacy on November 16, 2018. Please note that there were no deficiencies noted on the inspection report. Upon Board Review, the NJ Board of Pharmacy deemed that the BHI Pharmacy did not have any violations and issued BHI a warning based on the inconsistency between USP Chapter 797 regulations and NJ regulations.

Consent Order
New Jersey State Board of Pharmacy
12/28/2016
The BHI Pharmacy had violations noted on an Inspection Report #8-1526A-15X dated July 20, 2015. A consent order and corrective actions were submitted to the NJ Board of Pharmacy and a fine was paid in the amount of $1100.00 on June 28, 2017.

Administrative Fine and Final Order
Alabama Board of Pharmacy
03/06/2017
The BHI non-resident pharmacy license was illegally placed on suspension until BHI was able to gain Verified Pharmacy Program (VPP) accreditation from the NABP due to deficiencies found on a 6/27/16 NABP inspection and prior failure to report disciplinary actions to multiple state Boards. *** Please note there is no such VPP accreditation given by the NABP.*** BHI subsequently appealed and filed a motion to stay the Board's action on or around June 2, 2017, which was granted, and has since continued the appeal process. On December 13, 2018, the Circuit Court entered into an Order affirming the Alabama

Board's Administrative Fine and Order. On April 16, 2019, BHI submitted an appeal to the Circuit Court of Alabama. The decision was still pending. On July 16, 2019, BHI obtained a new VPP inspection, which was submitted to the Alabama State Board of Pharmacy. On September 18, 2019, the Alabama State Board of Pharmacy reversed the suspension. The BHI license is now on probation. BHI requested that the lifted suspension be expunged from record. BHI contacted the Alabama Board of Pharmacy regarding next steps for this license. **It is important to note that all of the alleged claims by the Alabama BOP were clerical in nature only. Never was a patient in danger at any time, and none of the claims involved any clinical issues. In addition, all of the other 46 states in which BHI is licensed with were immediately notified of this matter and have either dismissed this case, closed this case or have otherwise not taken further action against BHI regarding this matter at this time. All 46 of these BHI state licenses remain in good and active standing.**

Stipulation and Final Agency Order
Alaska State Board of Pharmacy
11/01/2016
The BHI Pharmacy failed to report its disciplines incurred from the New Jersey Board of Pharmacy in 1999 and 2004 during an initial application for pharmacy licensure in Alaska, and failed to report later disciplines issued by the New Jersey Board upon licensure renewal in Alaska. BHI disclosed these disciplinary actions to the Alaska Board of Pharmacy in April of 2015 within a comprehensive disciplinary history notification, sent to all state pharmacy boards in which BHI held active licensure. As corrective action, a fine was paid and the BHI pharmacy now provides appropriate notification of all prior disciplinary actions to all state boards and agencies issuing current licensure.

Stipulation and Final Agency Order
Colorado State Board of Pharmacy
6/23/2016
The BHI Pharmacy failed to report its disciplines incurred from the New Jersey Board of Pharmacy in 1999 and 2004 during an initial application for pharmacy licensure in Colorado, and failed to report later disciplines issued by the New Jersey Board in 2009 and 2011 upon licensure renewal in Colorado. BHI disclosed these disciplinary actions to the Colorado Board of Pharmacy in April of 2015 within a comprehensive disciplinary history notification, sent to all state pharmacy boards in which BHI held active licensure. As corrective action, a fine was paid and the BHI pharmacy now provides appropriate notification of all prior disciplinary actions to all state boards and agencies issuing current licensure.

Consent Order and Stipulation
Michigan Department of Licensing and Regulatory Affairs
3/10/2016
The BHI pharmacy failed to disclose prior disciplines related to clerical errors (failing to disclose prior disciplines) from Colorado in 2010 and 2011, from Illinois in 2012, and from Alabama in 2015 until notifying the Michigan Board of Pharmacy in April of 2015; this pharmacy also failed to disclose a prior discipline related to inspection deficiencies from New Jersey in 2011. As corrective action, a fine was paid and the BHI pharmacy now provides appropriate notification of all prior disciplinary actions to all state boards and agencies issuing current licensure.

Consent Agreement
South Carolina Board of Pharmacy
1/13/2016
The BHI pharmacy failed to disclose to the South Carolina Board of Pharmacy prior disciplinary actions from Colorado in 2010 and 2011, from Illinois in 2012 until their inclusion with a comprehensive disciplinary history notification in April of 2015. As corrective action, BHI paid a fine and will be placed on a probationary status for a period of two years contingent upon compliance with state regulations.

Fine
Illinois Department of Public Health

1/7/2016
BHI is licensed to provide home nursing services under license #4000353 within Illinois and failed to submit an application for license renewal within the requisite time frame prior to license expiration per state regulations. As corrective action, BHI remitted payment for the imposed fine along with the application and fee for license renewal on 1/14/2015 and provided appropriate notification to all state boards and agencies issuing current active licensure.

Inspection Deficiencies
New Jersey Board of Pharmacy
10/26/2015
The Board issuing our resident license found, during an inspection on 11/19/2014 that our pharmacy failed to document whether our inventory (required on a biennial basis) was taken at the opening or closing of the business day and that our pharmacy failed to provide a nail cleaner to remove debris from underneath fingernails per state rules and regulations. As corrective action regarding our failure to provide a nail cleaner, the resultant monetary fine was paid and, on November 20, 2014, BHI purchased disposable cleaners; our policy has also been updated to reflect our present practice of keeping these nail cleaners on hand and their use is so reflected as part of our hand scrub procedure. Regarding our warning concerning the time of day at which inventory is taken, our pharmacy has updated policy to record inventory – performed on a quarterly basis because we work with powders – at the close of the business day.

Consent Order
Alabama Board of Pharmacy
4/14/2015
The BHI pharmacy failed to disclose prior disciplines per Alabama Board regulations until submitting subsequent pharmacy license renewal applications in 2011 and again in 2013. This clerical error was discovered in December 2014. As corrective action, the pharmacy made restitution to the Alabama Board in the form of the resultant monetary penalty and provides appropriate notification of all prior disciplines to all state boards where our pharmacy holds active licensure.

Consent Order
Illinois Department of Financial and Professional Regulation
8/14/2012
The BHI pharmacy failed to disclose past disciplines until submitting a change of location application in 2012. Corrective action included the subsequent full disclosure of past disciplines to licensing authorities and the continued application of all prior corrective actions.

Cease and Desist Order
New Jersey Board of Pharmacy
10/12/2011
After relocating in August of 2011, the BHI pharmacy was found deficient upon inspection for utilizing prescription labels that listed the previous address and not the new and current pharmacy address while the pharmacy awaited an updated copy of the facility license reflecting the new address. A letter of corrective action was provided to the New Jersey Board and prescription labels have since reflected the current pharmacy address.

Stipulation and Final Agency Orders
Colorado Board of Pharmacy
10/15/2010 and 8/18/2011
The BHI pharmacy failed to submit "zero" reports to indicate no dispensing transactions in Colorado during the relevant reporting period as required by the state's Prescription Drug Monitoring Program (PDMP). As corrective action, a fine was paid and the pharmacy has remained in full compliance with PDMP regulations in all states in which we are licensed since that time.

Inspection Deficiencies
New Jersey Board of Pharmacy
12/22/2009
During a routine inspection, this pharmacy was found to be missing a current reference text, missing documentation reflecting required PIC training, and missing required information in patient profile system. As corrective action, a fine was paid, the text *Handbook on Injectable Drugs* by the American Society of Health-System Pharmacists was purchased and placed in pharmacy, and the PIC was re-administered the QI Medical PATT 2 Personal Aseptic Technique Test (this documentation is currently on file). In addition, our pharmacy reviewed and revised all intake procedures and verified that no required information was omitted from patient profile system.

Inspection Deficiencies
New Jersey Board of Pharmacy
1/26/2006
It was determined during an inspection conducted by the New Jersey Board that not all pharmacy staff were wearing ID tags, the name of pharmacy was not displayed on the outside premises, not all entrances to the pharmacy were connected to a security device, and the policies and procedures manual was not reviewed on a biannual basis. In addition to the payment of the resultant monetary penalty, all pharmacy personnel wear nametags at all times, the pharmacy name is prominently displayed, all entrances to the pharmacy are secured appropriately, and the pharmacy holds weekly policy and procedure meetings.

Inspection Deficiencies
New Jersey Board of Pharmacy
2/10/2004
Inspection deficiencies were noted after relocation and remodeling. Three out-of-date containers were found, surface sampling was not performed twice annually in clean room, pharmacist training documentation was not on file, compounding procedure documentation was not on file, prescription labels were missing pertinent information, floors were missing covering to sidewalls, and there was no hot running water in the clean room. Fines were paid and relevant corrective actions were instituted as related to construction of clean the room: inventory reports are run monthly, expired medication is removed from shelves, compounding tracking sheets are utilized and filed in medical records software, pharmacy labels now include the time of compounding and the current name of pharmacy, the policy and procedure manual is continually updated to reflect current practices, surface sampling is performed monthly, floors were caulked to the sidewall, and a Board-approved hands-free sink was installed. Please note that we are no longer at this location.

Inspection Deficiencies
New Jersey Board of Pharmacy
9/17/1999
Inspection deficiencies found included a failure to display license of pharmacist in charge (PIC), a failure to obtain appropriate certification from Department of Weights and Measures within year prior, and a failure to disclose the name of the PIC on prescription labels. Mandatory air & surface sampling wasn't performed monthly and Trissel's *Handbook of Injectable Drugs* was not on hand in pharmacy. As corrective action, all required licenses and certifications for pharmacy, devices and all personnel are displayed and kept current; air and surface sampling is performed and recorded monthly; the *Handbook of Injectable Drugs* was purchased and is kept on hand in pharmacy; and prescription labels now disclose the name of the PIC.

Good Standing

2712

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

BASIC HOME INFUSION, INC.
0100457879

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on July 19, 1990.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ROY PUTRINO
C/O BASIC HOME INFUSION INC
1401 VALLEY ROAD, 4TH FL
WAYNE, NJ 07470

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 23rd day of May, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6132169148

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

NEW JERSEY DIVISION OF CONSUMER AFFAIRS

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Acting Direct
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License Information

Accurate as of July 13, 2022 3:13 PM

Return to Search Results

Name: BASIC HOME INFUSION, INC., D/B/A BASIC HOME INFUSION

Address: Wayne,NJ

Profession/License Type: Pharmacy,Pharmacy

License No: 28RS00513100

License Status: Active

Status Change Reason: License Renewal

Issue Date: 5/24/1995

Expiration Date: 6/30/2023

Board Action: YES*

Please visit DCA's website to see the final disposition documents.

* A "YES" in the "Board Action" field indicates that the licensee has a public record of some form of action on file with the Board/Committee. Board actions may come in the form o and Desist Order, Interim Order, Reprimand, a finalized Uniform Penalty Letter, agreed upon Settlement Letter or Final Order. In some instances, "Yes" will represent that a public such as an Administrative Complaint or a Provisional Order of Discipline may have been filed with the Board/Committee. Such documents represent the filing of allegations by the not represent a finding of misconduct until the matter is adjudicated by the Board. Contact the Board/Committee directly to obtain a copy of such documents.

To obtain copies of such documents not readily available on the "Actions (Disciplinary and Other)" page of the Board's website, or if no documents are displayed below, please c NJBOPVerifications@dca.lps.state.nj.us.

Documents

28RS00513100 - BASIC HOME INFUSION INC DBA BASIC HOME INFUSION - 1012011 - Re	Pages:	4
28RS00513100 - BASIC HOME INFUSION INC DBA BASIC HOME INFUSION - 02102004 - Re	Pages:	9
28RS00513100 - BASIC HOME INFUSION INC DBA BASIC HOME INFUSION - 12222009 - Re	Pages:	3
28RS00513100 - BASIC HOME INFUSION INC DBA BASIC HOME INFUSION - 04102015 - Re	Pages:	6
28RS00513100 - BASIC HOME INFUSION INC DBA BASIC HOME INFUSION - 01262006 - Re	Pages:	5
28RS00513100 - BASIC HOME INFUSION INC DBA BASIC HOME INFUSION - 12282016 - Re	Pages:	5

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Mackenzie Winne - All Ope... > 77477

☆ Reply Add note Forward Close Merge Delete ⋮

Overdue

RE: [EXTERNAL] Verification of Licensure

DOH-PHFPP reported via email

Add summary

D **DOH-PHFPP** reported via email

18 days ago (Fri, 11 Sep 2020 at 4:44 PM)

To: "'SLSNYSupport.com'" <help@slsnysupport.com>

Thank you. Due to limited resources, the NJ Department of Health cannot complete license verification forms for other states. Please utilize the online verification system on our webpage: https://nj.gov/health/ceohs/food-drug-safety/medical-device-reg/

Jennifer Steffee | Public Health Representative
NJ Department of Health | Public Health & Food Protection
PO Box 369 | 135 E State St | Trenton, NJ 08625
609.913.5150 | http://nj.gov/health/ceohs

NJ letter- No official Verification- online only

Registrant Verification For

BASIC HOME INFUSION PHARMACY DEPARTMENT

DEA Number:	BO4796201
Expiration Date:	07/31/2025
Additional Company Info:	BASIC HOME INFUSION, INC.
Registered Address:	1401 VALLEY ROAD
	4TH FLOOR
City:	WAYNE
State:	NJ
Zip Code:	07470
Business Activity:	RETAIL PHARMACY
DEA Schedules:	2 2N 3 3N 4 5
Payment Indicator:	Paid
Registration Status:	ACTIVE
Date of Verification:	08/02/2022

Department of Justice
Drug Enforcement Administration
Diversion Control Division

This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Database.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form - Virtual Inspection

			Inspection Information
Pharmacy e-Profile ID:	621596		
Legal Business Name:	Basic Home Infusion Inc	**Virtual Inspection Date 1:**	3/26/2021
Doing Business As (DBA):	Basic Home Infusion	**Start Time: 24-hour format (13:00)**	9:30
Address:	1401 Valley Road 4th Floor	**End Time: 24-hour format (13:00)**	14:05
City:	Wayne	**Virtual Inspection Date 2:**	
State:	NJ	**Start Time: 24-hour format (13:00)**	
Zip Code:	07470	**End Time: 24-hour format (13:00)**	
Telephone number:	201-475-0500	**Inspector Name:**	Peter Ragosta
Toll free number:	888-822-7428	**Inspection Performed by (NABP, State, etc):**	NABP
Fax number:	201-475-6574	**Observer Name/Affiliation (if applicable):**	NA
Website:	basichomeinfusion.com	**Observer Name/Affiliation (if applicable):**	NA

Pharmacy Hours of Operation **Check if 24/7** ☐

	Open		Closed (X)
	Start Time: (24-hour format)	**End Time: (24-hour format)**	
Sunday			x
Monday	9:00	18:00	
Tuesday	9:00	18:00	
Wednesday	9:00	18:00	
Thursday	9:00	18:00	
Friday	9:00	18:00	
Saturday			x

Key Pharmacy Personnel	**Name**	**Contact (e-mail)**	**e-Profile ID**
Pharmacist in Charge	Roy Putrino	rputrino@basichi.com	274963
Nonsterile Compounding Supervisor	NA		
Sterile Compounding Supervisor	Dean Duclos	dduclos@basichi.com	573300
Hazardous Compounding Supervisor	NA		

Inspection Report

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Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Dean Duclos	Director of Pharmacy	y
2	Jonathan Vo	Staff Pharmacist	y
3	Daniela Velez	Pharmacy Technician	y
4	George Stagg	Staff Pharmacist	y
5	Robert Erazo	Staff Pharmacist	y
6	Nosheen Khawaja	Staff Pharmacist	y
7	Roy Putrino	PIC/owner	y
8	Ann Roxas	Staff Pharmacist	y
9	Michael Drahl	Chemist	NA
10			

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present. **No additional employees.**

Business Licensure Information for State of Residence and Federal (board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
Pharmacy/NJ Board of Pharmacy	Basic Home Infusion	Pharmacy/28RS00513100	6/30/2021
Controlled Substance/NJ Board of Pharmacy	Basic Home Infusion	Controlled Substance Registration/D06963900	10/31/2021
Controlled Substance/DEA - United States Department of Justice	Basic Home Infusion	DEA/BO4796201	7/31/2022

Inspector Notes: This VPP inspection was performed virtually with a video component; sterile compounding was observed. This pharmacy performs sterile compounding only.
List states in which Non-Resident licenses are held: AK, AR, AZ, CA, CO, CT, DC, DE, FL, FA,IA, ID,IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD,TN, TX,UT, VA, VT,WA, WI,WV,WY

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Attachments
(NO PHI, including prescription numbers)

Attachment Name	Description

	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail		Telepharmacy	
Open to the Public		Central Fill/Processing/Shared Services	
Closed Door	X	Specialty Pharmacy	
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy		Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	
HMO/PBM only		Nonsterile Hazardous Drug Compounding	
Internet Pharmacy (New Rx)		Sterile Compounding	X
Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	900	Total Pharmacists:	7
Nonsterile Compounding Room size:	NA	Number of Compounding Pharmacists	2
Nonsterile Compounding powder hoods number:	NA	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	NA	Total Student Interns:	0
Nonsterile HD Compounding BSC/CACI hoods number:	NA	Total Technicians:	2
Sterile Compounding Ante Room size:	100	Number of Compounding Technicians	1
Sterile Compounding Clean/Buffer Room size:	200	Of technicians, how many are certified?	1
Sterile Compounding Number LAFW hoods/areas:	3	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number BSC hoods:	0	Total Other Licensed Personnel:	0
Sterile Compounding Number CAI/CACI hoods:	0	Total Other Unlicensed Personnel:	1
Negative Pressure Sterile HD Room size:	NA	Ratio #tech:#RPh present at time of inspection:	2 techs to 7 RPhs
Sterile HD Compounding Number of BSC hoods:	0	Total Pharmacist Hours Per Week:	280
Sterile HD Compounding Number of CACI hoods:	0	Total Technician Hours Per Week:	80

Volume Dispensed		Volume Distributed	
Total Prescriptions Dispensed/day:	30	Total Orders Distributed/day:	0
% Veterinary Prescriptions	0%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	75%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	0%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	100%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	0%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
AK	1	0	month
AL			
AR	30	0	month
AZ	40	0	month
CA	3	0	month
CO	11	0	month
CT	4	0	month
DC	0	0	month
DE	0	0	month
FL	55	0	month
GA	16	0	month
HI			
IA	1	0	month
ID	2	0	month
IL	19	0	month
IN	7	0	month
KS	0	0	month
KY	16	0	month
LA	4	0	month
MA	0	0	month
MD	1	0	month
ME	0	0	month
MI	2	0	month
MN	0	0	month
MO	17	0	month
MS	2	0	month
MT	1	0	month

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
NC	66	0	month
ND	0	0	month
NE	4	0	month
NH	0	0	month
NJ	91	0	month
NM	0	0	month
NV	1	0	month
NY	75	0	month
OH	10	0	month
OK	2	0	month
OR	4	0	month
PA	12	0	month
RI	0	0	month
SC	42	0	month
SD	0	0	month
TN	21	0	month
TX	6	0	month
UT	16	0	month
VA	19	0	month
VT	0	0	month
WA	32	0	month
WI	1	0	month
WV	161	0	month
WY	1	0	month
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form - Virtual Inspection

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Basic Home Infusion Inc dba Basic Home Infusion
e-Profile ID: 621596
Virtual Inspection Date: 03/26/2021

		Finding	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	40 plus.
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	Yes	Tenants in the office building and not associated with Basic Home Infusion.
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	Yes	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	No	
8.00	Are photographs allowed during the inspection (**no PHI**)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		Jonathan Vo (Staff Pharmacist), Daniela Velez (Pharmacy Technician)
	Types of Practice Additional Questions **If any part of a question is no, enter "No" and explain the observation.**		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	Yes	Less than 1 % in state and out of state.
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	

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		Finding	Notes
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
	General Operations and Licensure **If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	Yes	
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	2/14/2018. Periodically.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	Yes	Syringe label terminology was not what NJ wanted for BUD. They wanted it to say "use by". Correction was made.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	Yes	CA inspection on 3/5/2021. Yearly inspection.
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	Yes	PMP zero reporting waivers in 10 states.
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	

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		Finding	Notes
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Yes	Joint Commission on Hospital Accreditation in pharmacy and nursing. 3/10/2018.
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	5 years on site.
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Both hard copy and electronic.
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Both hard copy and electronic.
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Both hard copy and electronic.
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	N/A	
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	Review all state laws yearly and purchase resources from NABP Survey of Laws in different states.

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		Finding	Notes
	Personnel **If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	P & P that the Director of Pharmacy checks the state websites at renewal time and documents this in the employee file.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	P & P that the Director of Pharmacy checks the state websites at renewal time and documents this in the employee file. Also, the HR department verifies the license is in good standing upon hiring of licensed staff.
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	Yes	3 Technicians to 1 Pharmacist. Maximum amount of staff that work together are between 6 and 7.
	Facility and Security **If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	24/7 monitoring through an alarm company.
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	Yes	
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Would physically lock all doors and ensure the safe is locked. The PIC or Director of Pharmacy would remain on site until alarm system is restored.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	no destruction onsite

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		Finding	Notes
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	Guaranteed Returns.
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	"Allied" is the waste company that comes monthly for pick up. Although they do not have any hazardous waste, this company is utilized for non-hazardous waste.
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	N/A	Never have patients come to the site.
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	72.6 F is temperature at time of inspection. Monitored 24/7 digitally and staff checks the min and max from the night before when the pharmacy was closed. This is done each day.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	Monitored 24/7 digitally and staff retroactively checks the min and max from the night before when the pharmacy was closed. This is done each day.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	Monitored 24/7 digitally and staff retroactively checks the min and max from the night before when the pharmacy was closed. This is done each day. The range is 36 - 46 F. Records are maintained for at least 5 years.
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	39 F.
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	Ice packs only.
42.01	Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	N/A	
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	Would call HVAC company for repair ASAP, bring product to the Director of Pharmacy's home for refrigeration, and if there is a question of the product integrity they would discard the drug.

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		Finding	Notes
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	Have a contract with an HVAC company that will come immediately.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	No	
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	N/A	
	Product Receipt and Inventory **If any part of a question is no, enter "No" and explain the observation.**		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	Director of Pharmacy chooses the vendors per policy and procedure.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	McKesson
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	No	Relies on McKesson for product integrity.
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	No	Relies on McKesson and repackager for this function.
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	No	Relies on McKesson and repackager for this function.

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47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	P & P to contact the wholesaler or repackager for any products that look suspicious.
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Yes	
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	Yes	Director of Pharmacy and 1 staff pharmacist has the POA. Kept in a locked file cabinet in the Director of Pharmacy's office.
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	No	
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	Yes	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	Yes	
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	Perpetual inventory with auditing every 2 weeks, quarterly physical inventory which is matched against the electronic inventory.
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	Law enforcement, DEA, and BOP would be contacted if necessary.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form - Virtual Inspection

General Pharmacy Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Basic Home Infusion Inc dba Basic Home Infusion
e-Profile ID: 621596
Virtual Inspection Date: 03/26/2021

		Finding	Notes
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	Yes	
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	Yes	Every 2 weeks each CII is counted for accuracy.
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	Yes	9/25/2020. Annually.
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Quarterly and do not have any OTCs.
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?		Quarterly.
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	No	
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	N/A	

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		Finding	Notes
	Prescription Processing **If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	Pharmacist enters the information and it is updated with each encounter.
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	Physician is contacted. Would also contact the police.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	Address of physician and patient are compared. If there is an inconsistency, the physician is called to verify why the patient is not in the same general area as the doctor.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Both controlled and non-controlled substances.
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	Yes	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	Pharmacist verifies all the information for accuracy.
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	Before the prescription is processed.

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		Finding	Notes
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	No	
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	Transmitted electronically to all states that require this information or zero refill waiver if no controlled substances are dispensed.
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	Yes	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	Only pharmacist can override and is documented in the computer system.
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	Yes	Medispan.
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	N/A	
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	N/A	
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	Verified by 2 pharmacists by signing the hard copy prescription order.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	Per state and federal law.

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		Finding	Notes
70.00	**Confidentiality**: Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	CPR Plus.
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	

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		Finding	Notes
	Patient Counseling and Communication **If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	
75.01	Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	Closed door pharmacy. Patients do not pick up medications at this site.
76.00	Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	Closed door pharmacy. Patients do not pick up medications at this site.
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	N/A	
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	Closed door pharmacy. Patients do not pick up medications at this site.
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Medications are delivered to the nursing agency arm of this company who brings it to the patient's home for infusion by a nurse. A binder is provided to each new patient that details how they can have their questions answered and other information. Information on the medication is also provided in the mailed/delivered package along with the drug when it arrives at the nursing agency.
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Offer for patients to call the toll-free number.
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	Included in the package with the drug product.
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	Yes	Included in the package with the drug product.
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	N/A	
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	Scanned into the CPR system.
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	When patients call the toll free number a voice message directs them to a pharmacist.
85.00	Are processes in place to handle a drug recall?	Yes	

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		Finding	Notes
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	
	Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	The Director of Pharmacy.
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Would be both hard copy and electronically scanned into system. Per Director of Pharmacy, they have not had an QREs but would document appropriately per their policy.

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		Finding	Notes
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	N/A	No QREs per Director of Pharmacy.
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	N/A	No QREs but would follow this process if a QRE occurs.
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	N/A	No QREs but would follow this process if a QRE occurs.
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	N/A	No QREs but would follow this process if a QRE occurs.
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	N/A	No QREs but would follow this process if a QRE occurs.
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	N/A	No QREs but would follow this process if a QRE occurs.
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	N/A	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	

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		Finding	Notes
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	Yes	If a serious QRE occurred, Director of Pharmacy would contact the state BOP to report it.
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	N/A	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	N/A	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

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Sterile Compounding Inspection

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		Finding	Notes
	Indicate the drug name, dosage or strength, and the size of the sample obtained for testing. (*NA if no sample)*		NA
	Indicate the areas/rooms of the pharmacy entered to perform the inspection. *If the inspector did not fully garb and enter buffer room(s), indicate reason.*		Observed compounding virtually. Compounder entered the prep room first, then entered the anteroom, and then the buffer room. Observed hand hygiene and garbing in the prep room and anteroom.
	General Operations Information		
1.00	Does the pharmacy **dispense** sterile compounded preparations pursuant to a prescription?	Yes	
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	Yes	5 files viewed.
1.02	Are sterile compounded prescriptions picked up at the pharmacy?	Yes	Not too common. A local RN will pick up the IV medication for home infusion visit on occasion.
1.03	Are sterile compounded prescriptions delivered/mailed to patients in their homes or residential facilities?	No	
1.04	Are sterile compounded prescriptions delivered/mailed to the practitioner for administration to the patient in the office, clinic, or facility?	Yes	Not in an office or clinic but delivered to a Basic Home Infusion nurse who brings it to the patient's home to perform infusion.
2.00	Does the pharmacy **distribute** sterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*	No	
2.01	Does the pharmacy distribute sterile compounded preparations to practitioners for office use?	N/A	
2.02	Does the pharmacy distribute sterile compounded preparations to hospitals, clinics, or surgery centers?	N/A	
2.03	Is the pharmacy registered with the FDA as an Outsourcing Facility?	No	
2.04	Does the pharmacy have a sales force that distributes samples containing active ingredients? *List samples provided.*	No	
3.00	Does the pharmacy provide sterile compounded preparations to other pharmacies for dispensing?	No	
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations?	N/A	
4.00	Which of the following sterile compounds are prepared?		

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		Finding	Notes
4.01	Allergen extracts	No	
4.02	Parenteral solutions	Yes	
4.03	Parenteral *suspensions*	No	
4.04	Preservative-free parenterals	Yes	
4.05	Ophthalmic preparations	No	
4.06	Oral or nasal *inhalation* preparations (not topical sprays)	No	
4.07	Baths and soaks for live organs and tissues	No	
4.08	Irrigations for wounds and body cavities	No	
4.09	Any other sterile preparations (implants, pellets, etc.). *Provide list.*	Yes	Intrathecal Infusions is the main product dispensed and parenteral infusions to a lesser extent.
5.00	Does the pharmacy compound investigational drugs? *Provide list.*	No	
6.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate name and volume/percent compounded currently.*	No	No longer doing this.
6.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	N/A	
6.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	N/A	
7.00	Does the pharmacy perform **low-risk** compounding? *Indicate percentage of low-risk sterile compounding.*	Yes	20%
7.01	Are all low-risk compounds assigned BUDs within USP guidelines (48 hours at controlled room temperature, 14 days refrigerated, 45 days frozen)?	Yes	
7.02	If low risk, are the compounds located in segregated area are BUD 12 hours or less?	Yes	
7.03	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		NA
7.04	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	N/A	

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Sterile Compounding Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Basic Home Infusion Inc dba Basic Home Infusion
e-Profile ID: 621596
Virtual Inspection Date: 03/26/2021

		Finding	Notes
8.00	Does the pharmacy perform **medium-risk** compounding? *Indicate percentage of medium-risk sterile compounding.*	Yes	10%
8.01	Are all medium-risk compounds assigned BUDs within USP guidelines (30 hours at controlled room temperature, 9 days refrigerated, 45 days frozen)?	Yes	
8.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		NA
8.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	N/A	
9.00	Does the pharmacy perform **high-risk** compounding? *Indicate percentage of high-risk sterile compounding.*	Yes	70%
9.01	Are all high-risk compounds assigned BUDs within USP guidelines (24 hours at controlled room temperature, 3 days refrigerated, 45 days frozen)?	Yes	
9.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		NA
9.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	N/A	
10.00	Does the pharmacy provide sterile compounded preparations to be administered via an implantable infusion pump?	Yes	
11.00	Does the pharmacy perform compounding for **immediate use?** *Indicate percentage of immediate use sterile compounding.*	No	0%
12.00	Does the pharmacy perform compounding with **hazardous drugs**? *Indicate percentage of hazardous sterile compounding.* *NIOSH list of hazardous drugs including chemotherapy, hormones, etc.*	No	0%
12.01	Does pharmacy have a plan to comply with USP Chapter <800> by the implementation date? Describe plan.	N/A	
12.02	Are hazardous drugs segregated and stored in a room that is negative pressure (at least -0.01" wc) to adjacent areas and with at least 12 ACPH?	N/A	
12.03	Is hazardous drug waste quarantined in a designated area and disposed of in compliance with local, state, and federal regulations?	N/A	

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		Finding	Notes
13.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	Yes	
14.00	Does the pharmacy perform compounding using **blood products** (or other biological materials)? Such as wound care, autologous eye drops, etc. *Describe.*	No	
15.00	Does the pharmacy compound using any Federally **controlled substances I-V**? *Indicate controlled substances used and percentage of controlled substance sterile compounding.*	Yes	Morphine Sulfate (35%) Hydromorphone (40%) Fentanyl (0%) Sufentanil (5%)
16.00	**APIs:** Does the pharmacy make any sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	Yes	
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *If not, indicate the source of APIs*	Yes	Repackager is Medisca and Fagron.
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified*	Yes	They must show the pharmacy their certificate.
16.03	Does the pharmacy use active ingredients that are not from an FDA facility? *If so, indicate sources.*	No	
16.04	Does the computer track on-hand quantities of APIs used for compounding?	Yes	
17.00	Does the pharmacy use scales/balances for sterile compounding?	Yes	
17.01	If so, what type of scale/balanced is used? *List manufacturer and model number.*		Mettler Toledo ML104T-A00
17.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency.*	Yes	Electronic and calibrated daily and with each compound as necessary.
18.00	Does the pharmacy have a **lyophilizer**?	No	
18.01	Where is the lyophilizer located? *Indicate location and ISO class of room.*		NA
18.02	Note the products lyophilized, and the volume or percent of products per week produced using the lyophilizer.		NA
18.03	Is the lyophilizer part of the viable air and surface sampling, media fill testing procedures, and cleaning schedules and procedures?	N/A	
19.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*	Yes	Glove finger tip testing and environmental sampling.

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		Finding	Notes
20.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed*	Yes	Technical Safety Services (TSS) perform air sampling, filter leak testing, smoke studies, calibrate pressure gauges, certify all hoods and rooms, test for bacteria and fungal. Perform all required testing.
21.00	**Quality Assurance/Quality Improvement**: Does the pharmacy continuous quality improvement program include sterile compounding measures? ***Note: If the facility indicates "yes", please ask each question below to verify.***	Yes	
21.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Yes	
21.02	Does the pharmacy continuous quality improvement program include nonviable environmental monitoring and testing?	Yes	
21.03	Does the pharmacy continuous quality improvement program include viable environmental testing?	Yes	
21.04	Does the pharmacy continuous quality improvement program include personnel testing and verification?	Yes	
21.05	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	Yes	
21.06	Does the pharmacy continuous quality improvement program include sterilization method testing and validation?	Yes	
21.07	Does the pharmacy continuous quality improvement program include end product testing (such as: potency, particulates, sterility, endotoxin, etc.)?	Yes	
21.08	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding CSPs?	Yes	
21.09	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	Yes	
21.10	Does the recall system include communication with both the patient and the physician/prescriber regarding the potentially contaminated CSP administered and the potential risks?	Yes	
21.11	Are QREs involving CSPs that may have been contaminated or are recalled reported to the appropriate agency such as the Board of Pharmacy and/or FDA.	N/A	Per Director of Pharmacy there have been no QREs to date.
21.12	Are all CFUs detected by any personnel, environmental, or product testing; or any other checks or tests including endotoxin, purity, potency, etc. remediated, appropriately investigated, cause determined, and processes implemented to prevent in the future, where applicable? *Review QA trends.*	N/A	No above action level CFUs or issues with potency have been detected by outside testing service.

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		Finding	Notes
Component Selection and Use			
	Total Non-Compliant (Includes Unknowns)	**0**	
22.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	Compliant	
22.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products*. NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before being used for compounding.	Compliant	
22.02	USP- or NF-grade substances used, if available.	Compliant	
22.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	N/A	
22.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels*	Compliant	
22.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding.	N/A	
22.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	Compliant	Do not batch.
22.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned is not greater than one (1) year, unless it is supported with data and/or testing. *Note: purity and quality testing may be performed to extend.*	Compliant	

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		Finding	Notes
22.08	All APIs are labeled with the date they were received.	Compliant	
22.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	N/A	
22.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	N/A	
23.00	There are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	Compliant	
24.00	When manufactured products are used for compounding, all the other excipients (in addition to the active ingredient) in the manufactured product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	Compliant	
25.00	For **animal compounding**, does the compounding meet the same standards as compounding for human patients?	N/A	
25.01	The pharmacist is knowledgeable or has the most up-to-date references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	N/A	
25.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	N/A	
25.03	The pharmacist familiar with, or has the most up-to-date reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	
25.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	
25.05	The pharmacist is familiar with, or has the most up-to-date reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	N/A	
26.00	If the pharmacy compounds **stock solutions** or components (that are then used to compound a finished product) using APIs, these stock solutions are categorized as high-risk compounding.	N/A	

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		Finding	Notes
26.01	The stock solutions are assigned BUD based on the USP<797> high-risk compound BUD, OR are assigned on the basis of direct testing or extrapolation from reliable literature sources to support an extended BUD.	N/A	
26.02	Compounded preparations using the stock solution are classified as high-risk compounds with appropriate handling with regard to BUD and testing requirements.	N/A	
	Environment		
	Total Non-Compliant (Includes Unknowns)	**0**	
27.00	If the facility performs both sterile and nonsterile compounding, the areas are separated and distinct.	N/A	
28.00	If the facility performs compounding using blood products (or other biological materials), this compounding area is separate and distinct from the general compounding areas.	N/A	
28.01	Are components used in compounding with blood products restricted to the blood compounding area (not used in other compounding areas)?	N/A	
29.00	Entry into the sterile compounding areas is limited to task critical employees (limited to only the pharmacist(s) and other trained and authorized pharmacy personnel).	Compliant	
30.00	The anteroom has a line of demarcation or other separation of the dirty to the clean side. Note: the line of demarcation may NOT be the doorway between the anteroom and the clean/buffer room.	Compliant	
30.01	Carts used to bring supplies from the storeroom are kept on the outside of the line of demarcation.	Compliant	
30.02	Carts used in the clean/buffer room are kept on the clean side of the line of demarcation.	Compliant	
31.00	All surfaces of the sterile product compounding area carts, shelves, stools, chairs, and other items are resistant to disinfectants, non-permeable, non-carpeted or upholstered, and low particulate generating.	Compliant	
32.00	Walls are constructed of durable material, which is cleanable, such as epoxy-coated or heavy-gauge polymer material. *If panels are used, they are locked together and sealed.*	Compliant	
33.00	The ceiling surface shall be impervious and hydrophobic. *If tiles are used, they shall be locked and the seams between the tiles and where they meet the walls shall be caulked and sealed.*	Compliant	

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		Finding	Notes
34.00	The floor overlaid with wide sheet flooring and seamless or with heat welded seams, with coving to the sidewall, and a sealed seam where the coving meets the wall.	Compliant	
35.00	The clean/buffer room or anteroom does not have dust collecting overhangs.	Compliant	
36.00	The exposed surfaces of:		
36.01	PEC are free of dirt, rust, chips and particulate matter.	Compliant	
36.02	Light fixtures are smooth, mounted flush, and sealed.	Compliant	
37.00	A working sink, located on the clean side of the line of demarcation, is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PEC(s).	Compliant	
38.00	There is no sink or drain in the clean/buffer room.	Compliant	
39.00	Hand drying is with lint-free disposable towels, or an electronic or HEPA filtered hand dryer.	Compliant	
39.01	If using a hand dryer, particle count and smoke testing validation is performed while dryer is in use (while someone is actively using to dry their hands) at certification, and the immediate area around the dryer is part of the viable air and surface testing program performed. *(N/A if only using towels)*	N/A	
40.00	All air ducts controlling air flow into the sterile compounding clean/buffer room and anteroom are equipped with High Efficiency Particulate Air filtered air that maintains the cleanroom with an ISO Class 7 environment and the anteroom with an ISO Class 7 (when adjacent to HD cleanroom) or ISO Class 8 environment.	Compliant	
41.00	Incoming air ducts through HEPA filters are on or near the ceiling and air return ducts are low on the walls in the anteroom and clean/buffer room.	Compliant	
42.00	If there are particle generating equipment/appliances in the clean/buffer room or anteroom (e.g. computers, printers, refrigerators, dishwashers, etc), they are located by an air return so air flows over and out of the room taking particles with it, and this air flow has been confirmed by smoke testing while in use.	N/A	
43.00	Beverages including drinking water, chewing gum, candy, or food items are prohibited from the clean/buffer room or anteroom.	Compliant	
44.00	If compounding occurs using nonsterile ingredients, products, components, or devices (for example compounding with non-sterile APIs or using nonsterile vials and closures), the pharmacy has appropriate equipment to sterilize the finished product.	Compliant	

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		Finding	Notes
44.01	Pre-sterilization procedures for high risk level CSPs (such as weighing and mixing) are performed in no worse than an ISO Class 8 environment.	Compliant	
45.00	Completely enclosed anteroom and clean/buffer room (with a door) are equipped with monitors or gauges to measure differential pressure.	Compliant	
45.01	Anteroom is at least 0.02" wc positive pressure to general pharmacy areas.	Compliant	
45.02	Clean/buffer room is at least 0.02" wc positive pressure to Anteroom.	Compliant	
45.03	Hazardous compounding room and drug storage area is at least 0.01" wc negative pressure to ISO Class 7 anteroom.	N/A	
45.04	Pressures are reviewed and documented on a log at least every work shift (minimum of once daily) or monitored by a continuous recording device. *View logs*	Compliant	
45.05	Written plan in place to detect and react to pressure differentials outside of limits.	Compliant	
46.00	If the clean/buffer room and anteroom are not fully enclosed (open or with plastic strips - no door that closes), the air flow is measured across the openings.	N/A	
46.01	The air flow is at least 40 feet per minute across the entire opening.	N/A	
46.02	Airflow is read and recorded each shift (minimum of once daily) or continuously recorded. *View logs.*	N/A	
46.03	Written plan in place to detect and react to air flow measurements outside of limits	N/A	
46.04	This area is used only for low- and medium-risk compounding (**HD and high-risk not allowed**).	N/A	
47.00	**Temperature:** The temperature of all compounding and drug storage areas shall be maintained in accordance with standards, and a written plan shall be in place and followed to address any excursions.	Compliant	
47.01	Temperature in the **compounding area** is maintained to provide comfortable working conditions for compounding personnel of 20° C or cooler (68° F or cooler); Temperature can be more restrictive if warranted by specific drug product storage requirements. *Temperature records are maintained.*	Compliant	
47.02	If drugs are stored in the compounding area, temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. *Temperature records are maintained.*	Compliant	

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		Finding	Notes
47.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas). Temperature is maintained at controlled room temperature of 20° - 25° C (68° - 77° F) or as specified by FDA approved labeling for drug product storage.	Compliant	
47.04	Temperature monitoring in the **drug storage area** is performed at least once daily and documented. *Temperature records are maintained.*	Compliant	
47.05	Temperature in the **refrigerator or cooler** is maintained to provide controlled cold temperature of 2° to 8°C (36° to 46°F) or as specified by FDA approved labeling for drug product storage.	Compliant	
47.06	Temperature monitoring in the **refrigerator** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. Alternatively, continuous monitoring or retroactive detection using min/max may be used. *Temperature records are maintained.*	Compliant	
47.07	Temperature in the **freezer** is maintained to provide controlled frozen temperature of -25° to -10°C (-13° to 14°F) or as specified by FDA approved labeling for drug product storage.	N/A	
47.08	Temperature monitoring in the **freezer** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. *Temperature records are maintained.*	N/A	
47.09	Action plan in place for any temperature excursions including evaluating excursion effects on drug product integrity for all temperature monitored areas.	Compliant	
48.00	**Humidity:** If warranted by specific drug products, humidity in the compounding area is maintained to provide humidity within the specified ranges. If drug products require storage in a "dry place", humidity is not to exceed 40%. (*Generally recommended range is 35-60% for performing sterile compounding .*)	Compliant	
48.01	If applicable, humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
48.02	If applicable, excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
48.03	If applicable, humidity monitoring is also performed in drug storage areas (if separate from the compounding areas).	Compliant	

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		Finding	Notes
49.00	Blowers on ISO 5 PECs are operated continuously during compounding activity, including during interruptions of less than eight hours.	Compliant	
50.00	When the ISO 5 PEC blower is turned off, and before other personnel enter to perform compounding activities, only one garbed person is allowed to enter the buffer area for the purposes of turning on the blower (for at least 30 minutes) and of sanitizing the work surfaces	Compliant	
51.00	The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	Compliant	
52.00	The inside and outside doors of a pass-through are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	Compliant	
53.00	**If the PEC is a BSC or LAFW that is NOT located in an ISO Class 7 clean/buffer room**: BSC or LAFW has been certified to maintain ISO Class 5 during compounding activities.	N/A	
53.01	Used only for low-risk compounded preparations with a 12-hour or less BUD assigned. *If yes, list percentage.*	N/A	
53.02	All garbing requirements are adhered to.	N/A	
53.03	Located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	N/A	
53.04	Location does not contain any unsealed windows or doors that connect to the outdoors or areas of high traffic flow, and is not adjacent to construction sites, warehouses, or food preparation areas?	N/A	
53.05	The sink is separated from the immediate area of the ISO Class 5 BSC or LAFW (not adjacent).	N/A	
54.00	**If the PEC is a CAI/CACI that is NOT located in an ISO Class 7 clean/buffer room:** CAI/CACI has been certified to maintain ISO Class 5 under dynamic conditions including transferring of ingredients, components and devices, and during preparation of CSP.	N/A	
54.01	The pharmacy has documentation from the manufacturer that the CAI or CACI will meet this standard when located in worse than ISO Class 7 environments.	N/A	
54.02	The CAI or CACI is located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	N/A	

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Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Basic Home Infusion Inc dba Basic Home Infusion
e-Profile ID: 621596
Virtual Inspection Date: 03/26/2021

		Finding	Notes
54.03	The sink is separated from the immediate area of the CAI or CACI (not adjacent).	N/A	
54.04	For NIOSH hazardous compounding in a CACI that is NOT located in a clean/buffer room, the CACI is located in a physically separated area that maintains a negative pressure of 0.01" water column pressure to adjacent areas and a minimum of 12 ACPH.	N/A	
	Cleaning and Disinfection		
	Total Non-Compliant (Includes Unknowns)	**0**	
55.00	Are all personnel performing cleaning appropriately garbed?	Compliant	
56.00	Is the sterile compounding area equipped with appropriate nonshedding cleaning equipment and supplies? *All cleaning tools, such as wipers, sponges, and mops, must be nonshedding, dedicated to and labeled for use in either the buffer or clean area (no wooden handles are allowed).*	Compliant	
57.00	If cleaning tools are reused, is there a procedure to rinse and sanitize the tools and an appropriate clean storage area?	Compliant	
58.00	Are reusable tools appropriately labeled to prevent them from being used inappropriately?	Compliant	
59.00	For cleaning and sanitizing agents that are not "ready-to -use" formulations, are there formulas and instructions for mixing or diluting the agents prior to use and is the preparation documented?	Compliant	
60.00	Are cleaning and sanitizing agents appropriately labeled including expiration dates? *Verify no expired agents present.*	Compliant	
61.00	Are appropriate cleaning agents used that are effective for bacteria, viruses, fungi, and spores?	Compliant	
62.00	Is the ISO 5 PEC cleaned at the beginning of each shift, between compounding activities, at least every 30 minutes while compounding and after spills or suspected surface contamination?	Compliant	
62.01	If heavily soiled, cleaning includes the appropriate agent. *List agent(s) used.*	Compliant	Steriperox Presaturated Wipes, Sterile IPA, Sterile Water for Injection, Cavacide, Healthcare Bleach RTU, Lysol IC (mixed and used on floors).
63.00	Does sanitizing of the ISO 5 PEC include sanitizing with sterile 70% IPA using a nonlinting wipe?	Compliant	
64.00	Does daily cleaning and sanitizing include counters and easily cleanable work surfaces?	Compliant	

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		Finding	Notes
65.00	Does daily cleaning include the floors starting from the clean/buffer room and working outwards? Floor cleaning is not to occur during compounding.	Compliant	
66.00	If fatigue mats are used, are they cleaned daily and let dry on both sides?	N/A	
67.00	Is a tacky mat used and if so, is there a procedure in place regarding replacement?	Compliant	
68.00	Are the ceilings, walls, all shelving, bins, carts, chairs, and the tops and sides of the primary engineering controls (PECs) thoroughly cleaned monthly? (*This includes removing everything from shelves and bins before cleaning, cleaning the undersides of cart surfaces and stools, wheels, etc.) Check inside bins and shelving for dust if you are garbed.*	Compliant	
69.00	Is enough time allocated for cleaning activities, including contact/dwell times for the cleaning/disinfection agents?	Compliant	
	Training *-Verify records of all compounding personnel (up to 10).*		
	Total Non-Compliant (Includes Unknowns)	**0**	
70.00	There is documentation that compounding personnel are appropriately trained including policies and procedures, documentation, hazardous drug handling, cleaning/disinfection/spills, garbing/gowning/hand hygiene, and aseptic technique. *Note that "compounding personnel" includes personnel performing compounding, supervising compounding, and performing verification of compounding. List number of personnel training files viewed.*	Compliant	5 files viewed.
70.01	All personnel performing compounding are not allowed to compound until training and initial testing is successfully completed.	Compliant	
70.02	All personnel that SUPERVISE compounding and/or perform verifications of other's compounding are not allowed to supervise or verify compounding until training and initial testing is successfully completed.	Compliant	
71.00	All personnel of reproductive capability who handle or compound hazardous drugs or chemicals have confirmed in writing that they understand the risks of handling hazardous drugs. *Teratogenicity, carcinogenicity, reproductive issues.*	N/A	

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		Finding	Notes
72.00	There is documentation, such as an observational checklist, that all personnel (including housekeeping or other outside personnel) that perform cleaning activities in the compounding areas including hazardous compounding areas are appropriately trained in garbing, cleaning and disinfection.	Compliant	
73.00	There is documentation of training on the operation of any equipment that may be used when preparing compounded sterile products. *Documentation needs to include training on operation, and troubleshooting*	Compliant	
74.00	If the pharmacy uses relief personnel from outside agencies to perform sterile compounding, training and certifications are verified. *View documentation.*	N/A	
75.00	There is documentation that all compounding personnel (including those supervising or performing verifications) have passed an initial written exam, and subsequent annual written exams for the appropriate compounding risk levels and NIOSH hazardous drugs when applicable. *Indicate frequency, if testing more than annually*	Compliant	Every 6 months.
76.00	There is documentation that all compounding personnel have passed an initial and subsequent annual competency assessments of aseptic compounding skills using observational audit tools including handling NIOSH hazardous drugs when applicable. Compounding skills evaluation to include use of equipment. *Indicate frequency, if testing more than annually.*	Compliant	Every 6 months.
77.00	There is documentation that new compounding personnel have passed an initial observed gowning procedure and three gloved fingertip sampling tests? *Personnel must pass the tests upon initial validation before being allowed to compound . Action required if the tests yield any garbing deficiencies, or if the sampling results are >0 colony-forming units (CFU)/plate on the three initial validations. Indicate frequency, if testing more than annually.*	Compliant	Every 6 months.
78.00	There is documentation that compounding personnel preparing low or medium risk-level products have passed an annual observed gowning procedure and gloved fingertip sampling test. *Action required if the tests yield any garbing deficiencies, or if the fingertip sampling results are >3 CFU (total both hands, all 10 fingers). Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than annually.*	Compliant	Every 6 months.

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		Finding	Notes
79.00	There is documentation that a media fill test procedure is performed for each compounding employee at least annually for individuals that prepare low or medium risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are incubated and failure is indicated by visible turbidity in the medium on or before 14 days.* *Indicate frequency, if testing more than annually.*	Compliant	Every 6 months.
80.00	The media-fill testing procedures include:		
80.01	Media selection (including obtaining COAs or growth promotion certificates from suppliers)	Compliant	
80.02	Fill Volume	Compliant	
80.03	Incubation time and temperature (Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.)	Compliant	
80.04	Inspection of filled units	Compliant	
80.05	Documentation	Compliant	
80.06	Interpretation of results	Compliant	
80.07	Action levels set with the corrective actions required	Compliant	
81.00	**High-Risk Sterile Compounding:** There is documentation that compounding personnel have passed an observed gowning procedure and gloved fingertip sampling test every six (6) months. *Action required if the tests yield any garbing deficiencies, or if the sampling results are >3 CFU on both hands upon revalidation. Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results.* *Indicate frequency, if testing more than every 6 months.*	Compliant	

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		Finding	Notes
82.00	**High-Risk Sterile Compounding:** There is documentation that a media fill test procedure is performed for each compounding employee at least every six (6) months for individuals that prepare high risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.*	Compliant	
83.00	**Failed testing:** Employees who have failed any testing are prohibited from compounding until training is performed/reviewed and subsequent testing is performed successfully.	Compliant	
83.01	Gloved fingertip tests that have failed have the organisms identified down to the genus to determine the most likely source of the contamination. This data is used to develop plans to prevent contamination.	Compliant	
83.02	There is a plan to evaluate the sterile compounds prepared by an employee with failed gloved fingertip tests or media fills to detect potential contamination of the sterile preparations compounded.	Compliant	
	Garbing		
	Total Non-Compliant (Includes Unknowns)	**0**	
84.00	Personnel are prohibited from compounding, or entering the clean/buffer room or anteroom if they have a rash, sunburn, weeping sores, conjunctivitis, or an active respiratory infection.	Compliant	
85.00	Personnel are required to remove all personal outer garments such as hats, scarves, sweaters, vests, coats, or jackets and any makeup or cosmetics before entering compounding areas. *Include observations in the comments.*	Compliant	Observed compounding virtually. Compounder entered the prep room first, then entered the anteroom, and then the buffer room. Observed hand hygiene and garbing in the prep room and anteroom. Bunny suits and double gloving observed.
86.00	Personnel are required to remove all hand and wrist jewelry, and all visible jewelry or piercings such as earrings, lip or eyebrow piercings, etc. before entering clean/buffer room.	Compliant	
87.00	Personnel are prohibited from wearing artificial nails or extenders, and required to keep natural nails neat and trimmed.	Compliant	
88.00	Garbing with dedicated shoes or shoe covers that are donned as the line of demarcation is crossed (with the dedicated or covered shoe never touching the same side of the line of demarcation as the dirty shoe).	Compliant	

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		Finding	Notes
89.00	Garbing includes head and facial hair covers and masks. *Note that facial hair requires both a facial hair cover AND a mask. Eye shields are optional unless using cleaning agents or preparing hazardous drugs. There is a method available to assure that all hair is covered.*	Compliant	
90.00	Hand cleaning is performed in the anteroom and includes removing debris from under the nails with a nail cleaner followed by a vigorous washing of the hands and forearms with soap for at least 30 seconds with hands and arms then dried with a non-linting disposable towel or a hand dryer. *Scrub brushes are NOT recommended as they cause skin irritation and damage.*	Compliant	
91.00	The gown is nonshedding with sleeves that fit snugly around the wrists and enclosed at the neck.	Compliant	
92.00	All bare skin is covered on the arms and the legs (no bare ankles, wrists, etc.).	Compliant	
93.00	Prior to donning sterile gloves, a waterless alcohol based surgical hand scrub with persistent activity is used and hands allowed to dry. *Note: regular Purell Hand Sanitizer is NOT appropriate. Purell or other brand surgical hand scrub is appropriate - must have residual activity.*	Compliant	
94.00	Upon leaving the sterile product compounding area, gowns are taken off and disposed of, or if used for nonhazardous compounding they are left in the anteroom and not reused for longer than one shift.	Compliant	
95.00	Pharmacists or other personnel do NOT enter the anteroom and cross the line of demarcation without donning shoe covers or dedicated shoes. *Watch for personnel traversing back and forth across the line of demarcation without doffing and donning new shoe covers or dedicated shoes.*	Compliant	
96.00	Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing (wearing just a mask to check technician's work, for example)	Compliant	
	Environmental Monitoring		
	Total Non-Compliant (Includes Unknowns)	**0**	
97.00	The most recent PEC and room certification report is available.	Compliant	
97.01	All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	Compliant	
97.02	All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, and barrier isolators) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	Compliant	

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		Finding	Notes
97.03	Certification is performed at least every six months (view date of previous certification) and whenever a device or room is relocated or altered, or major service to the facility is performed. *If non-compliant, record the date of the previous certification.*	Compliant	
97.04	Certification is performed to the Controlled Environment Testing Association (CETA) guide (USP: CETA CAG-003-2006 Certification Guide for Sterile Compounding Facilities) and is noted on the report.	Compliant	
97.05	If the certification standard used and noted on the report is NOT CETA CAG-003-2006, the facility has performed a comparison and determined the standard used is the same or better than the CETA CAG-003-2006 guide.	N/A	
97.06	The PIC/compounding supervisor is familiar with what testing is required and interpretation of results, ensures all testing is performed appropriately (under dynamic conditions where appropriate), has action levels identified, evaluates results to detect issues or trends, and action levels are further customized based on trended data of performance.	Compliant	
98.00	The certification report includes information about the equipment used for performing each test including: identification of the equipment used by model, serial number, last calibration date (or date when next calibration is due).	Compliant	
98.01	The equipment used had not exceeded its calibration date at the time of certification.	Compliant	
99.00	The HEPA filtered air changes per hour (ACPH) were measured for the compounding rooms.	Compliant	
99.01	ISO Class 7 sterile compounding room is certified as having a minimum of 30 ACPH with at least 15 ACPH from outside air sources. *Recirculated air from the PECs may account for up to 15 ACPH in nonhazardous classified rooms only.*	Compliant	
99.02	ISO class 7 anteroom is certified as having a minimum of 30 ACPH. *Anteroom must be ISO class 7 if connected to a NIOSH hazardous compounding clean/buffer room.*	Compliant	
99.03	ISO class 7 hazardous sterile compounding room is certified as having a minimum of 30 ACPH. *Typically all of the air will be from outside.*	Compliant	
99.04	If a CACI is used in a non-HEPA filtered room, the room is certified to maintain a minimum of 12 ACPH.	N/A	

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		Finding	Notes
100.00	Air pattern analysis using smoke testing was performed under dynamic conditions (people working in the PECs and rooms). The smoke flow is described in the report for the various tests such as turbulent, sluggish, smooth, etc.	Compliant	
100.01	Air pattern analysis was conducted at the critical area (direct compounding area inside the ISO Class 5 PEC) to demonstrate **unidirectional** airflow and sweeping action over and away from the product under dynamic conditions (personnel compounding or simulating compounding in PEC).	Compliant	
100.02	Air pattern analysis was conducted to confirm positive pressure (and negative pressure into hazardous compounding rooms) at all points around all openings, doorways, and pass-throughs	Compliant	
100.03	Air pattern analysis conducted around particle generating equipment *while the equipment was in operation* to confirm air flow.	Compliant	
101.00	Differential air pressure between rooms was measured.	Compliant	
101.01	The differential pressure measured was at least 0.02" water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed.	Compliant	
101.02	The differential pressure measured was at least 0.01" water column negative from the hazardous clean/buffer room to the anteroom with the doors closed.	N/A	
102.00	Displacement airflow between rooms or areas was measured. This is for a clean/buffer room without a door that closes to the anteroom - may be an open space or may have plastic strips in doorways.	N/A	
102.01	Displacement airflow (for low and medium-risk non-hazardous rooms only) was measured at a minimum differential velocity of 40 feet per minute from the cleanroom to the anteroom. *Note that it is very important to maintain this velocity across the entire opening and the report should indicate multiple points of measure across all openings.*	Compliant	
103.00	Particle counts of particles 0.5um and larger were measured under dynamic conditions.	Compliant	
103.01	ISO Class 5 areas and PECs are certified as having less than 3,520 particles per cubic meter of air (100 particles per cubic foot).	Compliant	
103.02	ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air (10,000 particles per cubic foot).	Compliant	

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		Finding	Notes
103.03	ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air (100,000 particles per cubic foot).	Compliant	
104.00	HEPA filter tests were performed.	Compliant	
104.01	All room HEPA filters were leak tested and if leaks found, they were fixed	Compliant	
104.02	All PEC HEPA filters were leak tested and if leaks found, they were fixed	Compliant	
105.00	PECs with failed tests are not used for compounding until the conditions are corrected and verified by subsequent testing.	N/A	
106.00	Viable air (every six months) and surface sampling (periodically) tests have been conducted as required. *Document frequency.*	Compliant	Every 6 months.
106.01	Appropriate growth media used (containing tryptic soy agar medium with polysorbate and lecithin (TSApl) added to neutralize cleaning agents for surface sampling) with appropriate corresponding incubation time and temperature used. *Required to use media that supports both bacterial and fungal growth for high risk compounding.*	Compliant	
106.02	Viable air sampling by active impaction using a volumetric air sampling device. *NOTE: Passive air sampling or settling plates are not compliant with USP Chapter <797>.*	Compliant	
106.03	Air samples were taken in each ISO Class 5 PEC, and in each sterile compounding room and anteroom and volume sufficient volume of air (400-1000L) was collected? *Note: 1000L must be collected in ISO Class 5 PECs to be able to detect the action level. Room samples can be 400-1000L.*	Compliant	
106.04	Surface samples performed on all direct compounding areas inside of each ISO 5 PEC, in each ISO classified room, inside any pass-throughs, and on surfaces likely to be contaminated due to position relative to doorways, etc.	Compliant	
106.05	Viable air and surface samples did not exceed USP action levels (or internal action levels if more restrictive). Classification Air Sample Surface Sample ISO Class 5 >1 CFU/m3 >3 CFU/plate ISO Class 7 >10 CFU/m3 >5 CFU/plate ISO Class 8 >100 CFU/m3 >100 CFU/plate *CFUs are TOTAL of bacterial plus fungal/mold plates. If air sampling volume is less than 1000 liters (one cubic meter), the raw total microbial count must be multiplied by the appropriate factor to determine the number of CFU/cubic meter.*	Compliant	

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		Finding	Notes
106.06	CFUs detected by any means (viable air or surface sampling, gloved fingertip testing, failed sterility tests, etc.) are identified to the genus level. *All CFUs detected must be identified even if the number of CFUs does not exceed an action level.*	Compliant	
106.07	If the number of CFUs detected **in the rooms** exceeds action levels, begin immediate remediation (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
106.08	If the number of CFUs detected **in the PECs** exceeds action levels, begin immediate remediation, (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
106.09	If any highly pathogenic microbes (e.g. mold, yeast, coagulase positive staphylococcus, or gram negative rods) were detected (whether or not the number of CFUs exceeds action levels), begin immediate remediation(e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
107.00	Facilities performing routine air or surface sampling with internal qualified personnel routinely verify sampling procedures. *Indicate the outside vendor used to verify procedures and frequency of verifications.*	Compliant	TSS is the outside vendor and provides mapping for internal routine sampling.
	Equipment		
	Total Non-Compliant (Includes Unknowns)	**0**	
108.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (autoclaves, ovens, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines.*	Compliant	
109.00	All environmental monitoring equipment and gauges (differential pressure gauges or probes, air flow and velocity measuring equipment for rooms not fully enclosed, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented.	Compliant	
110.00	All temperature and humidity (where applicable) monitoring devices (thermometers, hygrometers, probes, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented	Compliant	
111.00	Automated Compounding Devices (ACDs) are used for sterile compounding (such as repeater pumps) and there is a P&P for the use and calibration.	N/A	

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		Finding	Notes
111.01	There is documentation of the ACD tubing being changed or discarded every 24 hours	N/A	
111.02	The ACD is used when performing media fill testing.	N/A	
	Compounding Procedures		
	Total Non-Compliant (Includes Unknowns)	**0**	
112.00	Gloves are disinfected with adequate frequency with an approved disinfectant, such as sterile 70% isopropyl alcohol (IPA).	Compliant	
113.00	Nonessential objects that shed particles are prohibited in the buffer or clean area, including pencils, cardboard cartons, paper towels, reading material, and cotton items (e.g., gauze pads)?	Compliant	
114.00	Essential paper related products (syringe overwraps, work records contained in a protective plastic sleeve) are wiped down with sterile 70% IPA before being brought into the buffer or clean area.	Compliant	
115.00	Supplies required for the scheduled operations of the shift are prepared by wiping the outer surface with sterile 70% IPA (or removing the outer wrap as the item is introduced into the aseptic work area) and brought into the buffer or clean area in a bin or on a movable cart.	Compliant	
116.00	Compounding employees are using appropriate aseptic technique. *May require inspector to garb and enter clean/buffer room. Pay attention to first air, entry and exit of materials in ISO Class 5 PEC, appropriate frequent sanitization of gloves, appropriate cleaning and cleanliness of the direct compounding area (DCA).* ***Compounding MUST be observed****, if compounding is not being performed at the time of survey mark item as "Non-Compliant".*	Compliant	
116.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "* ***Denial of Authorization****" form. List individual who signs the Denial of Authorization*		Inspector was able to observe compounding virtually.
117.00	Compounding personnel ascertain that ingredients for CSPs are of the correct identity and appropriate quality by reading vendors' labels, and a unit-by-unit physical inspection of the product before use.	Compliant	
118.00	All rubber stoppers, of vials and bottles and the necks of ampules are disinfected with sterile 70% IPA waiting for at least 10 seconds before they are used to prepare CSPs.	Compliant	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form - Virtual Inspection

Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Basic Home Infusion Inc dba Basic Home Infusion
e-Profile ID: 621596
Virtual Inspection Date: 03/26/2021

		Finding	Notes
119.00	Single-dose vials exposed to ISO Class 5 or cleaner air are used within six (6) hours of the initial puncture and any remaining contents discarded. *If exposed to less than ISO Class 5 air, used within 1 hour and discarded.*	Compliant	
120.00	The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. *May not be stored for any time period.*	Compliant	
121.00	Multiple-dose vials formulated for removal of portions on multiple occasions are used within 28 days (or the manufacturer's specific BUD if less) after the initial entry or puncture and any remaining contents discarded.	Compliant	
122.00	The compounding record is complete. *View several completed compounding records and answer each of the following questions. List records reviewed.*	Compliant	Lioresal 2000mcg/ml, Gablofen 2000 mcg/ml, Mitigo 10mg/ml, Hydromorphone 10mg/ml, Morphine/Bupivacaine 10mg/10mg per ml each drug.
122.01	Official or assigned name, strength and dosage of the preparation	Compliant	
122.02	Names, lot numbers and expiration dates of all components	Compliant	
122.03	Total quantity or number of units compounded	Compliant	
122.04	Person compounding the preparation	Compliant	
122.05	Person performing the quality control procedures	Compliant	
122.06	Person who approved the preparation	Compliant	
122.07	Date of compounding	Compliant	
122.08	Assigned internal identification number or prescription number	Compliant	
122.09	Assigned BUD and reference if extended beyond USP guidelines	N/A	
122.10	Duplicate label	Compliant	
122.11	Sterilization method (if applicable)	Compliant	
122.12	Indication of the quality control procedures to perform (testing, filter integrity, etc.) and results of the testing, quality control issues, and investigation/recall if applicable	Compliant	

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Facility Name: Basic Home Infusion Inc dba Basic Home Infusion
e-Profile ID: 621596
Virtual Inspection Date: 03/26/2021

		Finding	Notes
123.00	Procedure for in-process checks is followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is* ***recommended*** *to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage.*	Compliant	
124.00	Labels on BATCH preparations include the name and quantity of all contents, date, and time of preparation (or internal code indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	N/A	
125.00	Labels on PATIENT-SPECIFIC containers, in addition to standard label requirements, also include names and quantity or concentration of active ingredients, BUD, total volume, route of administration, storage conditions and other information for safe use.	Compliant	
126.00	Inspect several different finished products and look for any particulates. Do any of the finished products inspected show any evidence of particulates? *If so, list the products including lot and expiration date and obtain photos (if possible).* **REQUEST THE PRODUCT BE QUARANTINED AND NOTIFY NABP IMMEDIATELY.**	Compliant	
127.00	Preparations without additional stability testing or supported by data are assigned BUDs within USP<797> guidelines. **Low Risk:** 48 hours room temp, 14 days refrigerated, 45 days frozen **Medium Risk:** 30 hours room temp, 9 days refrigerated, 45 days frozen **High Risk:** 24 hours room temp, 3 days refrigerated, 45 days frozen	Compliant	
128.00	If extended BUDs are assigned, are they assigned on the basis of stability data extrapolated from reliable literature sources? *View records, preparation must exactly match the preparation cited in the documentation including concentration of all active ingredients, excipients, etc.*	N/A	
129.00	If extended BUDs are assigned, has the facility performed its own stability testing? *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc. If so, view records for at least three products and list the products reviewed below. List the products reviewed.*	N/A	

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Facility Name: Basic Home Infusion Inc dba Basic Home Infusion
e-Profile ID: 621596
Virtual Inspection Date: 03/26/2021

		Finding	Notes
130.00	Compounded multiple-dose vials with extended BUDs assigned have additional instruction provided that indicates remainder must be discarded 28 days after first puncture or use.	N/A	
131.00	**Filter sterilization** in an ISO 5 environment and documentation includes:		
131.01	If the compounded preparation contains large particles, a prefilter is placed upstream from the sterilizing filter.	Compliant	
131.02	The 0.2 micron sterile microporous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP; and the filter is intended for human-use applications for sterilizing CSPs (labeling on the filter does not indicate "research only" or "laboratory only", for example).	Compliant	
131.03	Is the appropriate capacity filter being used for the volume being filtered.	Compliant	
131.04	Filtering is completed rapidly without filter replacement.	Compliant	
131.05	Confirmation of filter integrity/bubble testing is performed and value documented for each filter used with each batch sterilized by filtration. View documentation on compounding records of items sterilized by filtration to confirm.	Compliant	No batching.
132.00	**Steam sterilization** documentation includes:		NA
132.01	The autoclave has been verified for the exposure time and mass of the items to be sterilized	N/A	
132.02	Ensures live steam contacts all ingredients and surfaces to be sterilized, effectiveness verified with biological indicators and temperature sensing devices	N/A	
132.03	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization	N/A	
132.04	That the CSP will not be adversely affected by the steam and heat	N/A	
132.05	The description of steam sterilization includes conditions and duration for specific CSPs	N/A	
132.06	That the effectiveness of steam sterilization is verified each time using appropriate biological indicators of Bacillus stearothermophilus and other confirmation methods such as temperature-sensing devices.	N/A	
133.00	**Dry heat sterilization** documentation includes:		NA
133.01	Dry heat is only used for those items that cannot be sterilized by steam or would be damaged by moisture	N/A	

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Facility Name: Basic Home Infusion Inc dba Basic Home Infusion
e-Profile ID: 621596
Virtual Inspection Date: 03/26/2021

		Finding	Notes
133.02	Sufficient space is left between materials to allow for air circulation	N/A	
133.03	The description of dry heat sterilization includes conditions and duration for specific CSPs	N/A	
133.04	That the effectiveness of dry heat sterilization is verified each time using appropriate biological indicators of Bacillus subtilis and other confirmation methods such as temperature-sensing devices.	N/A	
133.05	Heated filtered air is evenly distributed throughout the chamber with a blower and the oven is equipped with a system for controlling and recording temperature and exposure period.	N/A	
134.00	**Depyrogenation by dry heat** documentation includes:		For glassware only.
134.01	Dry heat depyrogenation is used to render glassware and containers (such as vials) free from pyrogens as well as viable microbes	Compliant	
134.02	The description of the cycle and duration for specific load items	Compliant	
134.03	The effectiveness of the cycle is verified using endotoxin challenge vials (ECVs)	Compliant	
134.04	Bacterial endotoxin testing is performed on the ECVs to verify the cycle is capable of achieving a 3-log reduction in endotoxins	Compliant	
135.00	Other methods of sterilization are used with documented procedures and validation performed. *Indicate method.*	N/A	
	Finished Preparation Release Checks and Tests		
	Total Non-Compliant (Includes Unknowns)	**0**	
136.00	Are products visually checked for particulates or other foreign matter against both a light and a dark colored background as a condition of release?	Compliant	
137.00	Are there checks for container, closure integrity and any other apparent visual defects?	Compliant	
138.00	Is compounding accuracy documented by verification of steps?	Compliant	
139.00	Is verification of ingredient identity and quantity verified? *Is there a reconciliation of components?*	Compliant	

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Facility Name: Basic Home Infusion Inc dba Basic Home Infusion
e-Profile ID: 621596
Virtual Inspection Date: 03/26/2021

		Finding	Notes
140.00	Are labels verified as being correct and is a copy of the label included in the record? *Complies to regulation, contains the correct names and amounts or concentrations of ingredients, total volumes, BUDs, storage conditions, and route of administration.*	Compliant	
141.00	**Sterility testing (USP <71>).** *If testing is performed to a higher standard than the minimums below, describe.*		Send certain drugs out to Dynalabs for this testing.
141.01	Sterility testing includes both bacterial and fungal testing.	Compliant	
141.02	Sterility testing is performed for all CSPs that have extended BUDS.	N/A	
141.03	Sterility testing is performed for high-risk CSPs prepared in batches of more than 25 identical containers	N/A	No batching.
141.04	Sterility testing is performed for CSPs exposed longer than 12 hours at 2°C-8°C or longer than six hours at warmer than 8°C before being sterilized	Compliant	
141.05	The appropriate quantities of units are sterility tested. Parenterals, number of units in the batch is: 1. Not more than 100, test 10% or four units, whichever is greater 2. More than 100 but more than 500, test 10 units 3. More than 500, test 2% or 20 units, whichever is less For large volume parenterals: 2% or 10 containers, whichever is less. For non-parenterals (eye drops, inhalation, etc.): 1. Not more than 200 containers, test 5% or 2 containers, whichever is greater 2. More than 200, test 10 containers 3. If the product is packaged in unit doses, use the parenteral testing above.	N/A	No batching.
141.06	For products failing testing, product is quarantined, and an investigation is performed including microbial identification and action taken. *View testing records and note any products with failed results and actions taken.*	N/A	
141.07	If items are dispensed or distributed prior to sterility testing completion, there is a written procedure requiring daily observation of the incubated media. If there is any evidence of microbial growth, there is an immediate recall and both the patient and the physician/prescriber of the patient to whom a potentially contaminated CSP was administered are notified of the potential risk. *View testing records and note any products with failed results and actions taken.*	N/A	
142.00	**Endotoxin testing (USP <85>).** *If testing is performed to a higher standard than the minimums below, describe.*		Send certain drugs out to Dynalabs for this testing.

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Facility Name: Basic Home Infusion Inc dba Basic Home Infusion
e-Profile ID: 621596
Virtual Inspection Date: 03/26/2021

		Finding	Notes
142.01	Is endotoxin testing performed for all high-risk level CSPs for administration by injection prepared in groups of more than 25 single-dose packages (such as ampules, bags, syringes, vials)	N/A	Only compound one product at a time.
142.02	High-risk CSPs prepared in multiple dose vials for administration to multiple patients	N/A	Only compound one product at a time.
142.03	High-risk CSPs exposed longer than 12 hours at 2°C-8°C (25°F-46°F) or longer than six (6) hours at warmer than 8°C (46°F) before they are sterilized	N/A	
142.04	For products failing testing, product is quarantined, and an investigation is performed and action taken. *View testing records and note any products with failed results and actions taken.*	N/A	PIC and Director of Pharmacy have no recollection of any products that have failed.
	Patient Counseling and Communication		
	Total Non-Compliant (Includes Unknowns)	**0**	
143.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of hazardous products such as chemotherapy medications?	Compliant	
144.00	Are the above required printed drug information materials (drug information, PPI, MedGuides, etc.) provided for the compounded products?	Compliant	
145.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	
146.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated CSP was administered are notified of the potential risk.	Compliant	

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Acronym	Definition
ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ADA	Americans with Disabilities Act
ADR	Adverse Drug Reaction
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BOP	Board of Pharmacy
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CLIA	Clinical Laboratory Improvement Amendment
COA	Certificate of Analysis
C-PEC	Containment Primary Engineering Control
CQI	Continuous Quality Improvement
CS	Controlled substance
C-SCA	Containment Segregated Compounding Area
C-SEC	Containment Secondary Engineering Control
CSOS	Controlled Substance Ordering System
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DBA	Doing business as
DCA	Direct Compounding Area
DEA	Drug Enforcement Administration
DME	Durable medical equipment
DOT	Department of Transportation
DUR	Drug Utilization Review

EMT	Emergency medical technician
EPA	Environmental Protection Agency
FCC	Food Chemicals Codex
FDA	Food and Drug Administration
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	Hazardous Materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug
HEPA	High Efficiency Particulate Air (filter)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health maintenance organization
IPA	Isopropyl Alcohol
IV	Intravenous
LAFW	Laminar Air Flow Workbench
LOD	Line of Demarcation
MSDS	Material Safety Data Sheet
MTM	Medication Therapy Management
NF	National Formulary
NIOSH	National Institute for Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NSAID	Non-steroidal anti-inflammatory drug
NVLAP	National Voluntary Laboratory Accreditation Program
OIG	Office of the Inspector General
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
OTC	Over-the-Counter
P&P	Policies and Procedures
PBM	Pharmacy benefits manager
PDMP	Prescription drug monitoring program
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-charge
PMP	Prescription Monitoring Program
PPE	Personal Protective Equipment
PPI	Patient Package Insert
QA	Quality Assurance
QI	Quality Improvement

QRE	Quality Related Event
RAM	Radioactive Material
RCRA	Resource Conservation and Recovery Act
REMS	Risk evaluation mitigation strategy
RSO	Radiation Safety Officer
Rx	Prescription
SDS	Safety Data Sheet (formerly MSDS – Material Safety Data Sheet)
SOP	Standard Operating Procedure
ULPA	Ultra Low Particulate Air (filter)
USP	United States Pharmacopeia
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WD	Wholesale distributor

Term	Definition
Dispense/dispensing	Pursuant to a patient specific prescription, labeled with patient name at the pharmacy
Distribute/distributing	Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy.
Type of Practice: Central Fill/Processing/ Shared Services	Where part of the prescription processing and dispensing process occurs at another location
Type of Practice: Closed Door	Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent
Type of Practice: HMO/PBM only	Limited to only the beneficiaries of the specific insurance program - no cash patients
Type of Practice: Institutional	Such as a hospital or jail
Type of Practice: Internet Pharmacy	Pharmacy advertises on the internet, patients fill/refill prescriptions and revise patient profile information on-line.
Type of Practice: Investigational Drugs, Clinical Trials or Research	Approved to handle investigational drugs
Type of Practice: Long Term Care	Nursing Home pharmacy
Type of Practice: Manufacturer	Registered with the FDA as a manufacturer
Type of Practice: Open to the Public	Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist
Type of Practice: Outsourcing Facility	Registered with the FDA as an Outsourcing Facility
Type of Practice: Provides Office Use	Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy.
Type of Practice: Specialty Pharmacy	Business is primarily with specialty drugs and works with specific disease states
Type of Practice: Telepharmacy	Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility.
Type of Practice: Traditional retail	Also known as Community Pharmacy.
Type of Practice: Veterinary Pharmacy	Pharmacy business is primarily or exclusively for animals.
Type of Practice: Wholesale Distributor	Pharmacy is licensed or registered as a wholesale distributor

BHI Seller, Inc.
Roy Putrino – Director, President

BCDI BHI Holdco, Inc.
Klaus Koenigshausen – Director, Treasurer and Secretary
Peter Spring – Director, President

BCDI BHI Holdings, LP
Roy Putrino – Executive Chairman, Manager
Jeff Foreman – CEO, Manager
Klaus Koenigshausen – Manager
Peter Spring - Manager

BCDI BHI Intermediate 1, LP
Roy Putrino – Executive Chairman
Jeff Foreman - CEO

BCDI BHI Intermediate 2, LP
Roy Putrino – Executive Chairman
Jeff Foreman - CEO

Basic Home Infusion
Roy Putrino – Executive Chairman
Jeff Foreman - CEO

Implanted Pump Management
Roy Putrino – Executive Chairman
Jeff Foreman - CEO

Basic Home Infusion, LLC

Corporate Address: 1401 Valley Road, 4th Floor, Wayne, NJ 07470 USA
FEIN: 22-3065319
www.BasicHomeInfusion.com

Drug Labeler Code: N/A
Incorporation State:
Incorporation Date:

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
1401	1401 Valley Road 4th Floor Wayne, NJ 07470 County: Passaic	N/A	BO4796201		No	(201) 475-0500	(973) 706-8009

PHARMACISTS IN CHARGE

Name	Address	Title	Prescribing Authority
Roy C Putrino	994 Pine Lakes Dr West Wayne, NJ 07470	Executive Chairman	

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
BCDI BHI Intermediate 2, LP			100	

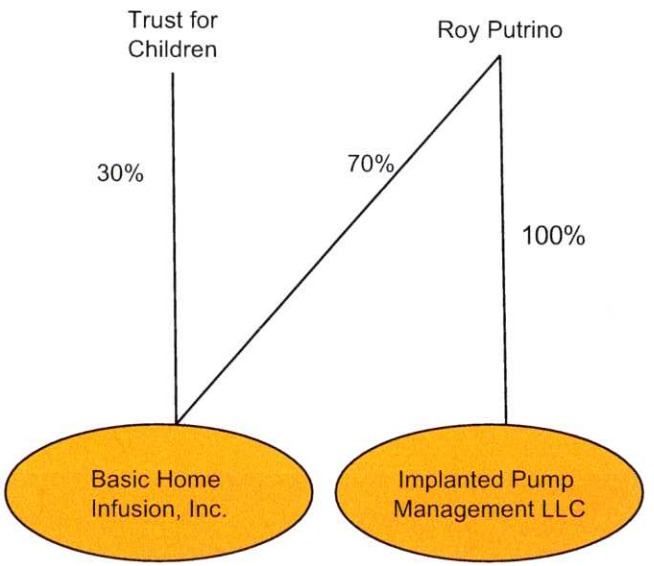
LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Jeffrey David Foreman	527 Bent Creek Lane Spartanburg, SC 29306	CEO	No
Roy C Putrino	994 Pine Lakes Dr West Wayne, NJ 07470	Executive Chairman	

Disciplinary History: MI 2019, NJ 2018, NJ 2016, AL 2017, AK 2016, CO 2016, MI 2016, SC 2016, IL 2016, NJ 2015, AL 2015, IL 2012, NJ 2011, CO 2010, CO 2011, NJ 2009, NJ 2006, NJ 2004, NJ 1999

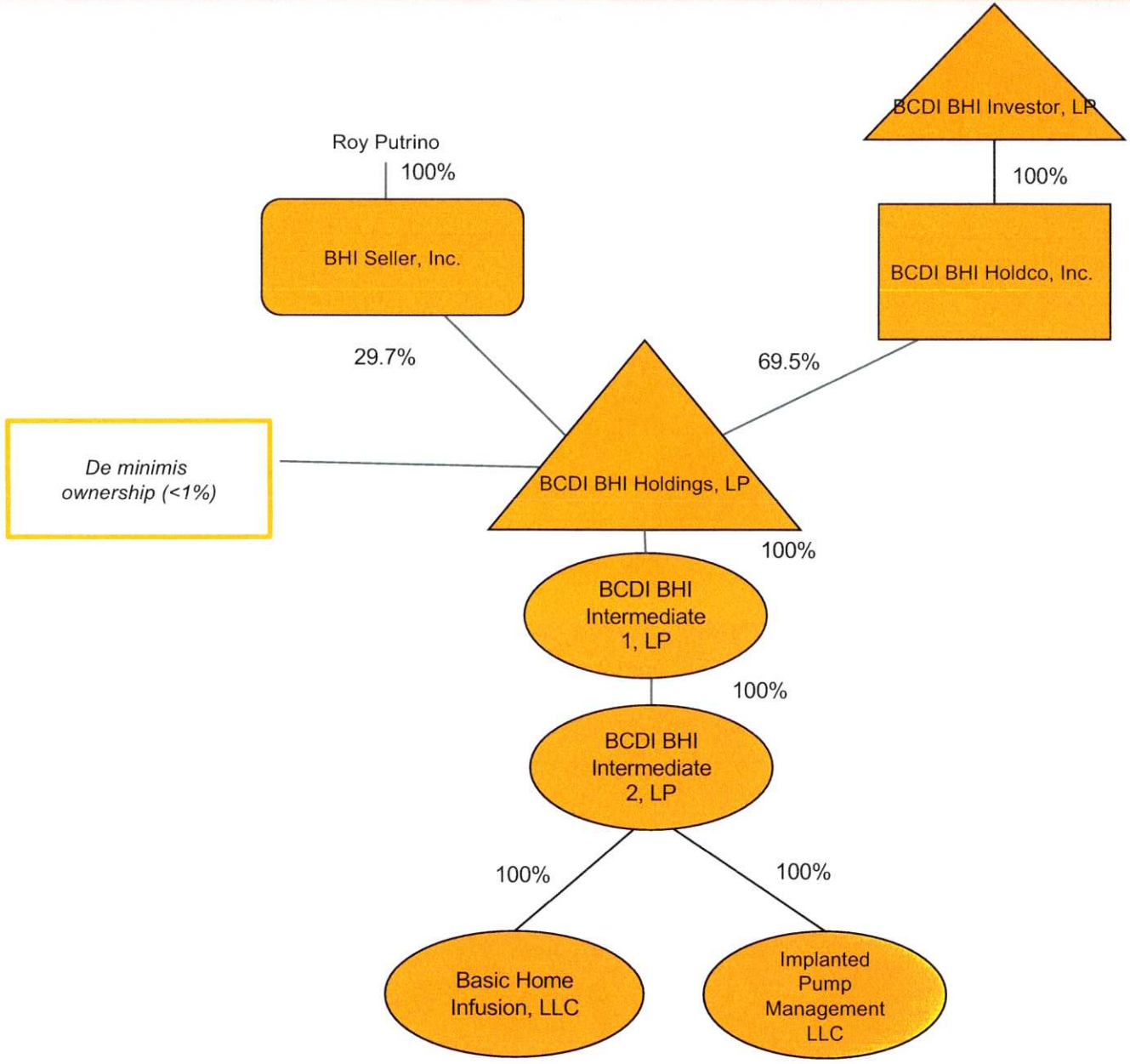
Company Particulars

Pre-Close



Org Chart Pre + Post

Post-Close


BCDI BHI Investor, LP
Roy Putrino
100%
100%
BHI Seller, Inc.
BCDI BHI Holdco, Inc.
29.7%
69.5%
De minimis ownership (<1%)
BCDI BHI Holdings, LP
100%
BCDI BHI Intermediate 1, LP
100%
BCDI BHI Intermediate 2, LP
100%
100%
Basic Home Infusion, LLC
Implanted Pump Management LLC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Basic Home Infusion, LLC

Physical Address: 1401 Valley Road, 4th Floor

City: Wayne State: NJ Zip: 07470

Mailing Address (if different from physical address): c/o State License Servicing - 1751 State Route 17A, Ste 3

City: Florida State: NY Zip: 10921

Telephone: (201) 475-0500 Website: www.BasicHomeInfusion.com

Licensing Company Email: BHI2@slsny.com

Section 2: Personal Information

First: Roy Middle: C Last: Putrino

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Pine Lakes Dr West

City: Wayne State: NJ Zip: 07470

Telephone: [redacted] Email: rputrino@basichi.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: RP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
St. Johns University		9/1975 - 06/1979	
Address	City	State	Zip
8000 Utopia Pkwy	Queens	NY	11439
Diploma/Degree obtained, if any			
BS in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Fort Lee High School		9/1969 - /1973	
Address	City	State	Zip
3000 Lemoine Avenue	Fort Lee	NJ	07024
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2010 - Present	[redacted] Pines Lake Dr West	Wayne	NJ	07470
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials BC

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Basic Home Infusion, LLC			1988 - Present
Business Address	**City**	**State**	**Zip**
1401 Valley Road, 4th Floor	Wayne	NJ	07470
Phone	**Title**		**Number of Employed Hours**
(201) 475-0500	Executive Chairman		70,720hrs

Description of Duties

Currently in charge of new product development. Pharmacist of Record (45 states) Grown BHI from 3 states to 47 states. Manage 110 employees. Achieve JCAHO accreditation for 12yrs. Develop new policy on changing health care status.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Applicant's initials

I, Roy C Putrino, **certify that as the designated representative for**

Basic Home Infusion, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Roy C Putrino

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Roy C Putrino

Print Name (First, Last)

Roy C Putrino

Original Signature (electronic, copies or stamps not accepted)

5/13/2022

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Passaic

I, Roy Putrino, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature Roy C Putrino

5/13/2022

Date

Subscribed and Sworn to before me this 13th day of May.

Notary Public Signature

(Seal)

JOHANNA M MASSA
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES MAY 26, 2026

Applicant's initials

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 04/11/2022
Amount:
License #: 21913

Roy C. Putrino

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:04/11/2022
Expires:10/31/2023

Roy C. Putrino

License #
21913
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21913
Effective Date:04/11/2022

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Roy C. Putrino

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Basic Home Infusion, LLC

Physical Address: 1401 Valley Road, 4th Floor

City: Wayne State: NJ Zip: 07470

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3 Florida, NY 10921

City: Florida State: NY Zip: 10921

Telephone: (201) 475-0500 Website: www.BasicHomeInfusion.com

Licensing Company Email: BHI2@slsny.com

Section 2: Personal Information

First: Roy Middle: C. Last: Putrino

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: _____ Sex: ■ M ☐ F ☐ X

Mailing Address: 1401 Valley Road, 4th Floor

City: Wayne State: NJ Zip: 07470

Telephone: (201) 475-0500 Email: rputrino@basichi.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Applicant's initials: _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
St. John's University			09/1975 - 06/1979	
Address	City		State	Zip
8000 Utopia Pkwy	Jamaica		NY	11439
Diploma/Degree obtained, if any				
BS in Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
Fort Lee High School			09/1969 - 1973	
Address	City		State	Zip
3000 Lemoine Avenue	Fort Lee		NJ	07024
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2010 - Present	[redacted] Pines Lake Dr West	Wayne	NJ	07470
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's Initials

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Basic Home Infusion, LLC			1988 - Present
Business Address	**City**	**State**	**Zip**
1401 Valley Road, 4th Floor	Wayne	NJ	07470
Phone	**Title**		
(201) 475-0500	CEO/President		

Description of Duties

Currently in charge of new product development. Pharmacist of Record (45 states) Grown BHI from 3 states to 47 states. Manage 110 employees. Achieve JCAHO accreditation for 12 years. Develop new policy on changing health care status.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's Initials RCP

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials RCP

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Roy C. Putrino

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/28/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Orange

I, Roy Putrino, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature Roy C. Putrino

Date 7/28/2022

Subscribed and Sworn to before me this 28 day of July.

Notary Public Signature

LAWRENCE TOWNLEY
Notary Public - State of Florida
Commission # HH 126844
My Comm. Expires May 30, 2025
Bonded through National Notary Assn.

(Seal)

Applicant's initials RCP

11C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☒ Name Change* * If making a change, provide license #: correction: PH01867 PH1867	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Specialty/Home Infusion	☐ Retail/Community ☐ Non-sterile Compounding ☒ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: IgG of America L.L.C. dba CVS/specialty

Physical Address: 514 Progress Dr., Suite X-Z

City: Linthicum Heights State: MD Zip: 21090

Mailing Address (if different from physical address): One CVS Drive MC1160

City: Woonsocket State: RI Zip: 02895

Telephone: 877-674-9700 Toll Free # (NAC 639.708, NRS 639.23286): 877-674-9700

Fax: 877-402-4042 Contact Email: Permitinfo@cvshealth.com

Website: CVSSpecialty.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Gina W. Cohenour ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21645 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Gina W. Cohenour	NV Pharmacist Registration #: 21645
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: MD

Parent Company (if any): Caremark RX, L.L.C.

Corporation/Organization Name: IgG of America L.L.C.

Mailing Address: One CVS Drive MC1160

City: Woonsocket State: RI Zip: 02895

Telephone: 401-765-1500 Email: Permitinfo@cvshealth.com

Contact Person Name: Tania Cabral

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Assistant Secretary/Kimberley DeSousa (title) for IgG of America L.L.C. dba CVS/specialty (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Kimberley DeSousa/Assistant Secretary
Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

5/11/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kimberley DeSousa/Assistant Secretary

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

8/11/22

Date

Board Use Only	Date Received: 9-20-22	Amount: 500.00 CK-50946298

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: IgG of America LLC dba CVS/specialty

NV Pharmacy or Outsourcing facility license # (if applicable): PH01867

Physical Address: 514 Progress Dr. Suite X-Z

City: Linthicum Heights State: MD Zip: 21090

Mailing Address (if different from physical address): One CVS Drive MC1160

City: Woonsocket State: RI Zip: 02895

Telephone: 877-674-9700 Toll Free # (NAC 639.708, NRS 639.23286): 877-674-9700

Fax: 877-402-4042 Contact Email: Permitinfo@cvshealth.com

Website:

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Gina Cohenour

Supervising/Managing Pharmacist NV Pharmacist Registration #: 15570

Name of Person with direct knowledge of compounding procedures: Gina Cohenour

Email of Person with direct knowledge of compounding procedures: Gina.Cohenour@cvshealth.com

Telephone of Person with direct knowledge of compounding procedures: 877-674-9700

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☑ Low ☑ Medium ☐ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ☑ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
Sterile to sterile transfer of treprostinil to Remunity cartridges for subcutaneous infusion.

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☑ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

6. What laboratory performs this additional testing?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?
Each medication draw will be visually inspected in the syringe prior to adding to the cartridge. Medication name, strength, lot, exp and volume drawn up will be checked against a compunding worksheet for every cartridge. Prepared cartridge / end product will be checked again to check label and product for accuracy prior to packing for delivery. (visual inspection of the final product for leaks, cracks and overall appearance.

8. How often do you perform glove fingertip and medial fill testing?

Upon hire (fingertip x3) and then annually.

9. What is your policy if an employee fails a glove fingertip or media-fill test?

Any microbial growth identified on sampling plates or within the media fill unit shall be identified down to the genus level by a certified laboratory. The Pharmacist in Charge or Compounding Supervisor will initiate the Root Cause Analysis (RCA) process as outlined in SPO-061213 for action level results occurring during a process validation.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

Initial training includes didactic training, completion of an approved aseptic training program, completion of all applicable corporate learning system courses, review of USP chapter 797: Pharmaceutical Compounding and review of all SOP's regarding aseptic technique and compounding. On an annual basis, all compounders and supervising pharmacists will complete 2 hours of ACPE-approved continuing education on non-sterile compounding and 2 hours of ACPE-approved continuing education on sterile compounding. Additionally, all compounding staff must review all SOP's regarding Aspectic Technique and compounding and complete the attestation.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Use non-linting wipes, mops must be disposable with non-shedding heads, use separate equipment for each compounding and prep area, use only approved detergent/disinfectant which are Opti-cide/Cavicide, Peridox RTU, Sterile 70% Isopropyl alcohol and bleach diluted to 1000ppm.
Cleaning schedules: Daily cleaning consists of full interior of ISO 5 work area, any equipment used for compounding, counters and easily cleanable work surfaces in the cleanroom and anteroom, collect trash in cleanroom and anteroom and mopping of the floors starting in the cleanroom outwards to the anteroom. Monthly cleaning consists of using a sporicidal agent to clean compounding room ceilings, walls, windows, and carts. clean walls from top to bottom. Clean anteroom ceilings, walls, shelving and storage bins. Clean permanent dedicated equipment in all rooms, totes or containers. Inspect wall chase return filter(s) in cleanroom and anteroom and inspect the LAFW prefilter.

12. Who performs the sterile compounding process at your facility?

Certified Compounding Technicians

13. Who is responsible and accountable for the sterile compounding process at your facility?

Pharmacist in Charge

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

All orders are shipped through a system that ensures the carrier and mode election is aligned with the needs of the specific order, which is based on the scheduled delivery timeline set with each patient.
In addition, for orders with additional temperature sensitive needs, another state of the art system ensures that specific packaging is used for each order depending upon NDC, weather, the calendar, time, etc

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☐ No
7. If yes, list the name of the device:		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

2. What sterilization methods are utilized at your facility?

3. Does your facility utilize biological indicators? ☐ Yes ☐ No

4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gina Cohenour
Name of Person who Completed the Form

Pharmacist in charge / Pharmacy Manager
Title

Gina Cohenour
Signature (copies or stamps not accepted)

8/31/22
Date

Board Use Only	Date Received:_____ Date Approved:_____ Approved By:_____

MARYLAND
Department of Health

Larry Hogan, Governor • Boyd Rutherford, Lt. Governor • Robert R. Neall, Secretary

MARYLAND BOARD OF PHARMACY
4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Kevin M Morgan, Board President • Deena Speights-Napata, Executive Director

Sterile Compounding Inspection Form

The Maryland Board of Pharmacy developed this inspection form in coordination with NABP and other state boards of pharmacies in an attempt to apply a uniformed approach to inspection of sterile compounding pharmacies, wherever located, for compliance of USP 797 standards. Thus, this form includes requirements of other states, items related to best practices, and informational questions related to the Board's health oversight functions. These items are highlighted with an asterisk.

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.

An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

1.00 PERMITS AND LICENSES

Corporate Pharmacy Name: IgG America

Pharmacy Name-Doing Business as (d/b/a) or Trade Name: US Bioservices

Address: 514 Progress Drive, Ste X-Z, Linthicum Heights, MD 21090

Business Telephone Number: 877-974-9700 Business Fax Number: 877-402-4042

Business Email Contact: gina.cohenour@amerisourcebergen.com

Maryland Pharmacy Permit Number: PW0285 Expiration: 05/31/2022

CDS Registration Number: NA Expiration:

DEA Registration Number: NA Expiration:

Pharmacy Hours: 8:30am - 5pm M-F, Closed S,S , Clinician on call 24/7

Inspection Date: 03/17/2022 Arrival Time: 09:00 Departure Time: 10:00

Type of Inspection: Opening ○ Annual ◉ Follow-up ○ Previous Date: 7/23/2020

Name of Inspector: Jered Pasay

2.00 PERSONNEL (COMAR 10.34.03.05)

Name of Pharmacist/Manager who is charged with ensuring compliance with all applicable laws
Gina Cohenour

Pharmacist Employees	License #	Exp. Date
See Attached		

Registered Technicians	Registration #	Exp. Date
See Attached		

Support Personnel	Title	Duties

General Operations Information

	Y	N	N/A	Follow up ☐	
3.00 The pharmacy department provides service 24 hours a day.	◉	○	○		COMAR 10.34.05.
4.00 The pharmacy hours of operation are prominently displayed.	◉	○	○		COMAR 10.34.05.03B
5.00 All permits, licenses, and registrations are posted conspicuously.	◉	○	○		HO §12-311, HO §12-408(b) and HO §12-6B-08
6.00 Does the pharmacy distribute sterile compounded preparations over state lines	◉	○	○		

6.01 States in which Pharmacy is Licensed/Permitted

Staff on call after hours. Licensed in AL, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, IL, IN, IO, KY, ME, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, PA, RH, SC, SD, TN, UT, VT, VA, WA, WV, WI, WY

7.00 Are patient profiles complete, easily accessible and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	◉	○	○		COMAR 10.34.19.07A NABP 1.01

Profiles kept electronically in Scriptmed

8.00 Does the pharmacy **dispense** sterile compounded preparations pursuant to a prescription?	◉	○	○		NABP 1 HO § 21-220
8.01 The pharmacy fills original prescriptions received via the internet. *If yes, how do pharmacists verify that a relationship exists between the patient and the prescriber?*	○	◉	○		HG §21-220; COMAR 10.19.03.02 and .07
8.02 Are sterile compounded prescriptions picked up at the pharmacy?	○	◉	○		NABP 1.02
8.03 Are sterile compounded prescriptions delivered/mailed to patients in their homes or residential facilities?	◉	○	○		NABP 1.03
8.03A Proper in-transit storage is consistent with preparation labeling	◉	○	○		COMAR 10.34.19.06(A)(2)
8.04 A reasonable effort to provide tamper-evident packaging if appropriate to setting	◉	○	○		COMAR 10.34.19.06(A)(1)
9.00 Does the pharmacy **distribute** sterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*	○	◉	○		COMAR 10.34.37 NABP 2

9.01	Does the pharmacy distribute sterile compounded preparations to practitioners for office-use?	○○◉	COMAR 10.34.37 NABP 2.01
9.02	Does the pharmacy distribute sterile compounded preparations to hospitals, clinics, or surgery centers?	○○◉	COMAR 10.34.37 NABP 2.02
9.03	Does the pharmacy distribute sterile compounded preparations to a wholesale distributor?	○○◉	COMAR 10.34.37
9.04	Does the pharmacy have a sales force that distributes samples containing active ingredients? *List samples provided.*	○○◉	COMAR 10.34.37 NABP 2.04
9.05	Does the pharmacy provide sterile compounded preparations to other pharmacies for dispensing?	○○◉	NABP 3
9.05A	Does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations?	○○◉	NABP 3.01
9.06	Proper in-transit storage is consistent with preparation labeling	○○◉	COMAR 10.34.19.06(A)(2)
9.07	A reasonable effort to provide tamper-evident packaging if appropriate to setting	○○◉	COMAR 10.34.19.06(A)(1)
10.00	Is the pharmacy registered with the FDA as an Outsourcing Facility?	○◉○	COMAR 10.34.37 NABP 2.03
11.00	Which of the following sterile compounds are prepared?		NABP 4
11.01	Allergen extracts	○◉○	NABP 4.01
11.02	Parenteral solutions	◉○○	NABP 4.02
11.03	Parenteral *suspensions*	○◉○	NABP 4.03
11.04	Preservative-free parenterals	◉○○	NABP 4.04
11.05	Ophthalmic preparations	○◉○	NABP 4.05
11.06	Oral or nasal *inhalation* preparations (not topical sprays)	○◉○	NABP 4.06
11.07	Baths and soaks for live organs and tissues	○◉○	NABP 4.07
11.08	Irrigations for wounds and body cavities	○◉○	NABP 4.08
11.09	Injectables	○◉○	
11.10	Radiopharmaceuticals	○◉○	
11.11	Any other sterile preparations (implants, pellets, etc.). *Provide list.*	○◉○	NABP 4.09
12.00	Does the pharmacy compound investigational drugs?	○◉○	NABP 5
13.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate name and volume/percent compounded currently.*	○◉○	NABP 6

13.01 If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing. NABP 6.01

13.02 If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. NABP 6.02
NOTE: Per FDA guidance, 503B facilities may continue to distribute for 60 days following removal from drug shortage list for existing orders.

14.00 Does the pharmacy provide sterile compounded preparations to be administered via an implantable infusion pump? NABP 10

15.00 Does the pharmacy perform compounding for **immediate use?** NABP 11
Indicate percentage of immediate use sterile compounding.

16.00 Does the pharmacy perform compounding with **hazardous drugs**? NABP 12
Indicate percentage of hazardous sterile compounding.
NOTE: NIOSH list of hazardous drugs including chemotherapy, hormones, etc.

16.01 Does pharmacy have a plan to comply with USP Chapter <800> by the implementation date? Describe plan. NABP 12.01

17.00 Does the pharmacy perform compounding using **blood products** (or other biological materials)? Such as wound care, autologous eye drops, etc. *Describe.* NABP 14

18.00 Does the pharmacy compound using any Federally **controlled substances I-V**? NABP 15
Indicate controlled substances used and percentage of controlled substance sterile compounding.

19.00 Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? Hazardous Drugs CSPs COMAR 10.34.07.03(E) NABP 13
Verify that personnel can access them and are familiar with the format.

Component Selection and Use

Y N N/A Follow up ☐

20.00 **APIs:** Does the pharmacy make any sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)? NABP 16

20.01 Does the pharmacy purchase APIs directly from the manufacturer/repackager? NABP 16.01
If not, indicate the source of APIs

20.02 Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified* NABP 16.02

20.03 Does the pharmacy use active ingredients that are not from an FDA facility? NABP 16.03
If so, indicate sources.

20.04 Are on-hand quantities of APIs used for compounding tracked by computer? *** NABP 16.04

21.00 If the facility performs both sterile and nonsterile compounding, the areas are separated and distinct. NABP 27.00

22.00 If the facility performs compounding using blood products (or other biological materials), this compounding area is separate and distinct from the general compounding areas. NABP 28.00

22.01 Are components used in compounding with blood products restricted to the blood compounding area (not used in other compounding areas)? NABP 28.01

One hood is dedicated to Biologics

23.00 **Active Pharmaceutical Ingredients (APIs), bulk drug substances:** Nonsterile Ingredients and Devices NABP 22
All bulk drug substances (APIs) used are:
1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or
2) A component of an FDA-approved human drug product; or
3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation
NOTE: Must comply with (1) or (2) above until the FDA list is issued

23.01 Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. Nonsterile Ingredients and Devices Verification of Compounding Accuracy and Sterility NABP 22.01
Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.
NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before being used for compounding.

23.02 USP- or NF-grade substances used, if available. Nonsterile Ingredients and Devices NABP 22.02

23.03 If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities. High-Risk Level CSPs cross reference to 795, Component Selection Handling and Storage, Item number 4 NABP 22.03

23.04 APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only," "not for drug use," or are handwritten labels from other pharmacies. High-Risk Level CSPs cross reference to 795, Component Selection Handling and Storage, Item number 4 NABP 22.04
Photograph and describe if found. Request copies of the invoices for products with questionable labels

23.05 All substances and components have a complete label including a batch control or lot number, and an expiration date. Responsibility of Compounding Personnel Ingredients and Devices Storage and Beyond-Use Dating cross reference to USP Chapter 795 NABP 22.06

23.06 For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned is not greater than one (1) year, unless it is supported with data and/or testing. **NOTE: purity and quality testing may be performed to extend.** Nonsterile Ingredients and Devices NABP 22.07

23.07	All APIs are labeled with the date they were received.	◎○○	Nonsterile Ingredients and Devices NABP 22.08
23.08	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	◎○○	Nonsterile Ingredients and Devices Determining BUD cross reference to USP Chapter 795 NABP 22.09
23.09	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones). ***	◎○○	Hazardous Drugs CSPs 22.10
24.00	There are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	◎○○	U.S. Food, Drug and Cosmetic Act List 21CFR216.64 COMAR 10.34.19.04 NABP 23
25.00	When manufactured products are used for compounding, all the other excipients (in addition to the active ingredient) in the manufactured product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	◎○○	Introduction Ingredients and Devices NABP 24
26.00	If the pharmacy compounds **stock solutions** or components (that are then used to compound a finished product), using APIs, these stock solutions are categorized as high-risk compounding. ***	◎○○	High-Risk Level CSPs NABP 26
26.01	The stock solutions are assigned BUD based on the USP<797> high-risk compound BUD, OR are assigned on the basis of direct testing or extrapolation from reliable literature sources to support an extended BUD.***	◎○○	High-Risk Level CSPs NABP 26.01
26.02	Compounded preparations using the stock solution are classified as high-risk compounds with appropriate handling with regard to BUD and testing requirements.***	◎○○	High-Risk Level CSPs NABP 26.02
27.00	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding.***	◎○○	NABP 22.05
27.01	For **animal compounding**, does the compounding meet the same standards as compounding for human patients? ***	◎○○	Cross reference USP Chapter 795 NABP 25
27.02	The pharmacist is knowledgeable or has the most up-to-date references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.***	◎○○	Cross reference USP Chapter 795 NABP 25.01
27.03	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet. ***	◎○○	Cross reference USP Chapter 795 NABP 25.02
27.04	The pharmacist familiar with, or has the most up-to-date reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.***	◎○○	Cross reference USP Chapter 795 NABP 25.03

27.05	The facility has a list of drugs and components not allowed when compounding for food-producing animals. ***	○○●	Cross reference USP Chapter 795 NABP 25.04
27.06	The pharmacist is familiar with, or has the most up-to-date reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)***	○○●	Cross reference USP Chapter 795 NABP 25.05

Environment

		Y	N	N/A	Follow up ☐	
28.00	The anteroom contains an eyewash station or sink design suitable for flushing an eye injury.	●	○	○		COMAR 10.34.19.09(C)(2)(c)
29.00	Entry into the sterile compounding areas is limited to task critical employees (limited to only the pharmacist(s) and other trained and authorized pharmacy personnel).	●	○	○		NABP 29.00
30.00	Certification is performed to the Controlled Environment Testing Association (CETA) guide (USP: CETA CAG-003-2006 Certification Guide for Sterile Compounding Facilities) and is noted on the report.	●	○	○		NABP 97.04
30.01	If the certification standard used and noted on the report is NOT CETA CAG-003-2006, the facility has performed a comparison and determined the standard used is the same or better than the CETA CAG-003-2006 guide.	○	○	●		NABP 97.05
31.00	The anteroom has a line of demarcation or other separation of the dirty to the clean side. **NOTE: The line of demarcation may NOT be the doorway between the anteroom and the clean/buffer room.** ***	●	○	○		Additional Personnel Requirements NABP 30
31.01	Carts used to bring supplies from the storeroom are kept on the outside of the line of demarcation. ***	●	○	○		Suggested SOPs NABP 30.01
31.02	Carts used in the clean/buffer room are kept on the clean side of the line of demarcation. ***	●	○	○		Suggested SOPs NABP 30.02
32.00	Hand drying is with lint-free disposable towels, or an electronic or HEPA filtered hand dryer.	●	○	○		Personnel Cleansing and Garbing COMAR 10.34.19.11(D) NABP 39
32.01	If using a hand dryer, particle count and smoke testing validation is performed while dryer is in use (while someone is actively using to dry their hands) at certification, and the immediate area around the dryer is part of the viable air and surface testing program performed. ***	○	○	●		Environmental Viable Airborne Particle Testing Program NABP 39.01
33.00	Beverages including drinking water, chewing gum, candy, or food items are prohibited from the clean/buffer room or anteroom.	●	○	○		Additional Personnel Requirements Suggested SOPs (Item 13) COMAR 10.34.19.09 NABP 43
34.00	All surfaces of the sterile product compounding area carts, shelves, stools, chairs, and other items are resistant to disinfectants, non-permeable, non-carpeted or upholstered, and low particulate generating.	●	○	○		Facility Design and Environmental Controls 10.34.19.09(B)(3) NABP 31
35.00	Walls are constructed of durable material, which is cleanable, such as epoxy-coated or heavy-gauge polymer material. *If panels are used, they are locked together and sealed.*	●	○	○		Facility Design and Environmental Controls 10.34.19.09(B)(3) NABP 32

36.00	The ceiling surface shall be impervious and hydrophobic. *If tiles are used, they shall be locked and the seams (between tiles and where the tiles meet with the walls) shall be caulked and sealed.*	◉○○	Facility Design and Environmental Controls 10.34.19.09(B)(3) NABP 33
37.00	The floor overlaid with wide sheet flooring and seamless or with heat welded seams, with coving to the sidewall, and a sealed seam where the coving meets the wall.	◉○○	Facility Design and Environmental Controls 10.34.19.09(B)(3) NABP 34
38.00	The clean/buffer room or anteroom does not have dust collecting overhangs. ***	○◉○	Facility Design and Environmental Controls NABP 35
Recommend monitoring cleaning to ensure overhangs and sills are touched during monthly cleaning			
39.00	The exposed surfaces of:		NABP 36
39.01	PEC are free of dirt, rust, chips and particulate matter.	◉○○	Cleaning and Disinfecting the Compounding Area COMAR 10.34.19.09(B)(3) NABP 36.01
39.02	Light fixtures are smooth, mounted flush, and sealed.	◉○○	Facility Design and Environmental Controls COMAR 10.34.19.09(B)(3) NABP 36.02
40.00	A working sink, located on the clean side of the line of demarcation, is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PEC(s).	◉○○	Additional Personnel Requirements COMAR 10.34.19.09(C)(2) NABP 37
41.00	The permit holder shall ensure that the clean room in the controlled environment contains no sinks or floor drains;	◉○○	Facility Design and Environmental Controls Appendix 1 COMAR 10.34.19.09(B)(2) NABP 38
42.00	All air ducts controlling air flow into the sterile compounding clean/buffer room and anteroom are equipped with High Efficiency Particulate Air filtered air that maintains the cleanroom with an ISO Class 7 environment and the anteroom with an ISO Class 7 (when adjacent to HD cleanroom) or ISO Class 8 environment.	◉○○	ISO Class 5 Air Sources, Buffer Areas, and Ante-Areas NABP 40
43.00	Incoming air ducts through HEPA filters are on or near the ceiling and air return ducts are low on the walls in the anteroom and clean/buffer room.***	◉○○	Facility Design and Environmental Controls NABP 41
44.00	If there are particle generating equipment/appliances in the clean/buffer room or anteroom (e.g. computers, printers, refrigerators, dishwashers, etc.), they are located by an air return so air flows over and out of the room taking particles with it, and this air flow has been confirmed by smoke testing while in use. ***	○○◉	ISO Class 5 Air Sources, Buffer Areas, and Ante-Areas NABP 42
45.00	If compounding occurs using nonsterile ingredients, products, components, or devices (for example compounding with non-sterile APIs or using nonsterile vials and closures), the pharmacy has appropriate equipment to sterilize the finished product.	○○◉	Verification of Compounding Accuracy and Sterility NABP 44
45.01	Pre-sterilization procedures for high-risk level CSPs (such as weighing and mixing) are performed in no worse than an ISO Class 8 environment.	○○◉	Placement of Primary Engineering Controls Appendix 1 NABP 44.01
46.00	Completely enclosed anteroom and clean/buffer room (with a door) are equipped with monitors or gauges to measure differential pressure.	◉○○	Pressure Differential Monitoring Facility Design and Environmental Controls NABP 45

46.01	Anteroom is at least 0.02" wc positive pressure to general pharmacy areas.	◉○○	Facility Design and Environment Controls NABP 45.01
46.02	Clean/buffer room is at least 0.02" wc positive pressure to Anteroom.	◉○○	Facility Design and Environment Controls NABP 45.02
46.03	Hazardous compounding room and drug storage area is at least 0.01" wc negative pressure to ISO Class 7 anteroom.	○○◉	Hazardous Drugs CSPs NABP 45.03
46.04	Pressures are reviewed and documented on a log at least every work shift (minimum of once daily) or monitored by a continuous recording device. *View logs*	◉○○	Pressure Differential Monitoring NABP 45.04
46.05	Written plan in place to detect and react to pressure differentials outside of limits.	◉○○	Facility Design and Environmental Controls Equipment NABP 45.05

Pressures monitored and recorded manually on master log sheet

47.00	If the clean/buffer room and anteroom are not fully enclosed (open or with plastic strips - no door that closes):	○○◉	Facility Design and Environment Controls NABP 46
47.01	Airflow is measured across the openings.	○○◉	
47.02	Airflow is at least 40 feet per minute across the entire opening.	○○◉	Facility Design and Environment Controls NABP 46.01
47.03	Airflow is read and recorded each shift (minimum of once daily) or continuously recorded. *View logs.*	○○◉	Pressure Differential Monitoring NABP 46.02
47.04	Written plan in place to detect and react to airflow measurements outside of limits	○○◉	Facility Design and Environmental Controls Equipment NABP 46.03
47.05	This area is used only for low- and medium-risk compounding **NOTE: HD and high-risk not allowed.**	○○◉	Facility Design and Environment Controls NABP 46.04
48.00	**Temperature:** The temperature of all compounding and drug storage areas shall be maintained in accordance with standards, and a written plan shall be in place and followed to address any excursions.	◉○○	Facility Design and Environment Controls Monitoring Controlled Storage Areas USP Chapter 659 COMAR 10.34.19.09(3)(b) NABP 47
48.01	Temperature in the **compounding area** is maintained to provide comfortable working conditions for compounding personnel of 20° C or cooler (68° F or cooler). Temperature can be more restrictive if warranted by specific drug-product storage requirements. *Temperature records are maintained.* ***	◉○○	Facility Design and Environment Controls NABP 47.01
48.02	If drugs are stored in the compounding area, temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. *Temperature records are maintained.* ***	○○◉	Monitoring Controlled Storage Areas 47.02

48.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas). Temperature is maintained at controlled room temperature of 20° - 25° C (68° - 77° F) or as specified by FDA approved labeling for drug product storage.	◉○○	Nonsterile Ingredients and Devices COMAR 10.34.19.09(A), 10.34.19.15(A), 10.34.19.12(B), NABP 47.03
48.04	Temperature monitoring in the **drug storage area** is performed at least once daily and documented. *Temperature records are maintained for at least 5 years.*	◉○○	Monitoring Controlled Storage Areas NABP 47.04
48.05	Temperature in the **refrigerator or cooler** is maintained to provide controlled cold temperature of 2° to 8°C (36° to 46°F) or as specified by FDA approved labeling for drug product storage.	◉○○	Monitoring Controlled Storage Areas COMAR 10.34.19.10(A) NABP 47.05
48.06	Temperature monitoring in the **refrigerator** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. Alternatively, continuous monitoring or retroactive detection using min/max may be used. *Temperature records are maintained for at least 5 years.*	◉○○	Monitoring Controlled Storage Areas COMAR 10.34.19.10(A), 10.34.19.15(B), 10.34.19.07(B)(1)(b) NABP 47.06
48.07	Temperature in the **freezer** is maintained to provide controlled frozen temperature of -25° to -10°C (-13° to 14°F) or as specified by FDA approved labeling for drug product storage.	◉○○	Monitoring Controlled Storage Areas NABP 47.07
48.08	Temperature monitoring in the **freezer** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. *Temperature records are maintained for at least 5 years.*	◉○○	Monitoring Controlled Storage Areas COMAR 10.34.19.07(B)(1)(b), 10.34.19.10(A), 10.34.19.15(B) NABP 47.08
48.09	Action plan in place for any temperature excursions including evaluating excursion effects on drug product integrity for all temperature-monitored areas. ***	◉○○	Monitoring Controlled Storage Areas NABP 47.09

Temperatures monitored electronically and recorded manually on master log sheet

49.00	**Humidity:** If warranted by specific drug products, humidity in the compounding area is maintained to provide humidity within the specified ranges. If drug products require storage in a "dry place," humidity is not to exceed 40%. (*General recommended range is 35-60% for performing sterile compounding.*) ***	◉○○	Nonsterile Ingredients and Devices USP Chapter 659 (definition of dry place) NABP 48
49.01	If applicable, humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained. ***	◉○○	Nonsterile Ingredients and Devices NABP 48.01
49.02	If applicable, excursion action plan in place including evaluating excursion effects on drug product integrity. ***	◉○○	Nonsterile Ingredients and Devices NABP 48.02
49.03	If applicable, humidity monitoring is also performed in drug storage areas (if separate from the compounding areas). ***	◉○○	Nonsterile Ingredients and Devices NABP 48.03

Humidity monitored and recorded manually on master log sheet

50.00	Blowers on ISO 5 PECs are operated continuously during compounding activity, including during interruptions of less than eight hours. ***	◉○○	Suggested SOPs NABP 49
51.00	When the ISO 5 PEC blower is turned off, and before other personnel enter to perform compounding activities, only one garbed person is allowed to enter the buffer area for the purposes of turning on the blower (for at least 30 minutes) and of sanitizing the work surfaces. ***	◉○○	Suggested SOPs NABP 50

52.00 The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*

Facility Design and Environmental Controls
NABP 51

53.00 The inside and outside doors of a pass-through are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*

Facility Design and Environmental Controls
NABP 52

54.00 **If the PEC is a BSC or LAFW that is NOT located in an ISO Class 7 clean/buffer room:**

54.01 BSC or LAFW has been certified to maintain ISO Class 5 during compounding activities.

Low-Risk Level CSPs
COMAR 10.34.19.15(D)
NABP 53

54.02 Used only for low-risk compounded preparations with a 12-hour or less BUD assigned. *If yes, list percentage.*

Low-Risk Level CSPs
NABP 53.01

54.03 All garbing requirements are adhered too.

Low-Risk Level CSPs
NABP 53.02

54.04 Located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.

Low-Risk Level CSPs
NABP 53.03

54.05 Location does not contain any unsealed windows or doors that connect to the outdoors or areas of high traffic flow, and is not adjacent to construction sites, warehouses, or food preparation areas.

Low-Risk Level CSPs
NABP 53.04

54.06 The sink is separated from the immediate area of the ISO Class 5 BSC or LAFW (not adjacent).

Low-Risk Level CSPs
NABP 53.05

55.00 **If the PEC is a CAI/CACI that is NOT located in an ISO Class 7 clean/buffer room:**

55.01 CAI/CACI has been certified to maintain ISO Class 5 under dynamic conditions including transferring of ingredients, components and devices, and during preparation of CSP.

Placement of Primary Engineering Controls
Low-Risk Level CSPs
COMAR 10.34.19.15(D)
NABP 54

55.02 The pharmacy has documentation from the manufacturer that the CAI or CACI will meet this standard when located in worse than ISO Class 7 environments.

Placement of Primary Engineering Controls
Low-Risk Level CSPs
NABP 54.01

55.03 The CAI or CACI is located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.

Placement of Primary Engineering Controls
Low-Risk Level CSPs
NABP 54.02

55.04 The sink is separated from the immediate area of the CAI or CACI (not adjacent).

Placement of Primary Engineering Controls
Low-Risk Level CSPs
NABP 54.03

55.05 For NIOSH hazardous compounding in a CACI that is NOT located in a clean/buffer room, the CACI is located in a physically separated area that maintains a negative pressure of 0.01" water column pressure to adjacent areas and a minimum of 12 ACPH.

Hazardous Drugs as CSPs
NABP 54.04

56.00	Supplies are stored in a manner that maintains integrity of an aseptic environment.	◉○○	
57.00	The facility must contain appropriate waste containers to isolate sharps, hazardous waste, biological, and chemotherapy waste.	◉○○	COMAR 10.34.19.09(B)(6), 10.34.19.15(F), 10.34.19.10(A)(3)

Cleaning and Disinfection		Y N N/A	Follow up
58.00	Are all personnel performing cleaning appropriately garbed?	◉○○	Personnel Cleansing and Garbing NABP 55
59.00	The sterile compounding area is equipped with appropriate nonshedding cleaning equipment and supplies. *All cleaning tools, such as wipers, sponges, and mops, must be nonshedding; dedicated to and labeled for use in either the buffer or clean area (no wooden handles are allowed).*	◉○○	Cleaning and Disinfecting the Compounding Area Appendix 2 USP General Chapter 1072 COMAR 10.34.19.13(3) NABP 56
60.00	If cleaning tools are reused, is there a procedure to rinse and sanitize the tools and an appropriate clean storage area?	◉○○	Cleaning and Disinfecting the Compounding Area NABP 57
61.00	Reusable tools are appropriately labeled to prevent them from being used inappropriately. ***	◉○○	Cleaning and Disinfecting the Compounding Area NABP 58
62.00	For cleaning and sanitizing agents that are not "ready-to-use" formulations, are there formulas and instructions for mixing or diluting the agents prior to use and is the preparation documented? ***	○○◉	Cleaning and Disinfecting the Compounding Area Appendix 2 USP General Chapter 1072 NABP 59
63.00	Cleaning and sanitizing agents are appropriately labeled including expiration dates. *** *Verify no expired agents present.*	◉○○	Cleaning and Disinfecting the Compounding Area Appendix 2 USP General Chapter 1072 NABP 60
64.00	Appropriate cleaning agents are used that are effective for bacteria, viruses, fungi, and spores.	◉○○	Cleaning and Disinfecting the Compounding Area Appendix 2 USP General Chapter 1072 COMAR 10.34.19.11(C), 10.34.19.12(4) NABP 61
65.00	The ISO 5 PEC is cleaned at the beginning of each shift, between compounding activities, at least every 30 minutes while compounding and after spills or suspected surface contamination.	◉○○	Cleaning and Disinfecting the Compounding Area Appendix 2 USP General Chapter 1072 NABP 62 COMAR 10.34.19.07B(1)(d)
65.01	If heavily soiled, cleaning includes the appropriate agent. *List agent(s) used.*	◉○○	Cleaning and Disinfecting the Compounding Area Appendix 2 USP General Chapter 1072 NABP 62.01

66.00	Sanitizing of the ISO 5 PEC includes sanitizing with sterile 70% IPA using a non-linting wipe.	◉○○	Cleaning and Disinfecting the Compounding Area Appendix 2 USP General Chapter 1072 COMAR 10.34.19.11(C) NABP 63
67.00	Daily cleaning and sanitizing include counters and easily cleanable work surfaces.	◉○○	Cleaning and Disinfecting the Compounding Area NABP 64 COMAR 10.34.19.15(e)
68.00	Daily cleaning includes the floors starting from the clean/buffer room and working outwards. *Floor cleaning is not to occur during compounding.*	◉○○	Cleaning and Disinfecting the Compounding Area NABP 65 COMAR 10.34.19.15(e)
69.00	If fatigue mats are used, are they cleaned daily and allowed to dry on both sides?	○○◉	Cleaning and Disinfecting the Compounding Area NABP 66
70.00	Is a tacky mat used, and if so, is there a procedure in place regarding replacement?	◉○○	Cleaning and Disinfecting the Compounding Area NABP 67
71.00	The ceilings, walls, all shelving, bins, carts, chairs, and the tops and sides of the primary engineering controls (PECs) thoroughly cleaned monthly. (*This includes removing everything from shelves and bins before cleaning, cleaning the undersides of cart surfaces and stools, wheels, etc.) Check inside bins and shelving for dust if you are garbed.*	◉○○	Cleaning and Disinfecting the Compounding Area NABP 68 COMAR 10.34.19.15(e)
72.00	Enough time is allocated for cleaning activities, including contact/dwell times for the cleaning/disinfection agents.	◉○○	Cleaning and Disinfecting the Compounding Area Appendix 2 USP General Chapter 1072 NABP 69
73.00	Cleaning is documented and retained for 5 years	◉○○	COMAR 10.34.19.07B()(1)(d)

Cavicide used daily, TexQ weely, and Peridox used monthly

Training	Y N NA	Follow up ☐	
74.00	Pharmacies must establish and follow a written program of training performance evaluation designed to ensure that each person working in the designated area has the knowledge and skills necessary to perform their assigned tasks properly.	◉○○	COMAR 10.34.19.14E(1)
74.01	Personnel competency must be re-verified at least every 12 months (every 6 months for high-risk), whenever the quality assurance program yields an unacceptable result, or whenever improper aseptic technique is observed.	◉○○	COMAR 10.34.19.14E(1)(a)
74.02	Records of training and demonstrated competence shall be available for each individual and shall be retained for five (5) years beyond the period of employment.	◉○○	COMAR 10.34.19.14(c), COMAR 10.34.19.07(B)(1)(a)
75.00	There is documentation that compounding personnel are appropriately trained including policies and procedures, documentation, cleaning/disinfection/spills, garbing/gowning/hand hygiene, aseptic technique, and general conduct in the controlled area. **NOTE: "Compounding personnel" includes personnel performing compounding, supervising compounding, and performing verification of compounding.** *List number of personnel training files viewed.*	◉○○	Responsibility of Compounding Personnel Personnel Training and Evaluation in Aseptic Manipulation Skills Hazardous Drugs as CSPs Personnel Cleansing and Garbing Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and

			Cleaning/Disinfection Procedures Appendices 3, 4, & 5 COMAR 10.34.19.14E(1) NABP 70
75.01	Equipment and closure system selection if applicable		COMAR 10.34.19.14E(1)(j)
75.02	Hazardous drug handling if applicable		
75.03	Sterilization techniques if applicable		COMAR 10.34.19.14E(1)(i)
76.00	No personnel performing compounding are allowed to compound until training and initial testing is successfully completed.		Personnel Training and Evaluation in Aseptic Manipulation Skills Personnel Cleansing and Garbing Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures Appendices 3, 4, & 5 COMAR 10.34.19.14(B) NABP 70.01
77.00	No personnel that SUPERVISE compounding and/or perform verifications of other's compounding are allowed to supervise or verify compounding until training and initial testing is successfully completed.		Personnel Training and Evaluation in Aseptic Manipulation Skills Personnel Cleansing and Garbing Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures Appendices 3, 4, & 5 COMAR 10.34.19.14(B) NABP 70.02
78.00	All personnel of reproductive capability who handle or compound hazardous drugs or chemicals have confirmed in writing that they understand the risks of handling hazardous drugs. *Teratogenicity, carcinogenicity, reproductive issues.* ***		Hazardous Drugs as CSPs NABP 71
79.00	There is documentation, such as an observational checklist, that all personnel (including housekeeping or other outside personnel) that perform cleaning activities in the compounding areas including hazardous compounding areas are appropriately trained in garbing, cleaning and disinfection.		Personnel Training and Evaluation in Aseptic Manipulation Skills Hazardous Drugs as CSPs Personnel Cleansing and Garbing Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures Appendices 3, & 5 COMAR 10.34.19.14(E)(1)(f), 10.34.19.14(E)(2) NABP 72

80.00 There is documentation of training on the operation of any equipment that may be used when preparing compounded sterile products.
Documentation needs to include training on operation, and troubleshooting

Personnel Training and Evaluation in Aseptic Manipulation Skills
Personnel Cleansing and Garbing
Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures
Appendices 3, 4, & 5
COMAR 10.34.19.14E(1)(h) & (j)
NABP 73

81.00 If the pharmacy uses relief personnel from outside agencies to perform sterile compounding, training and certifications are verified.
View documentation.

Personnel Training and Evaluation in Aseptic Manipulation Skills
Personnel Cleansing and Garbing
Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures
Appendices 3, 4, & 5
NABP 74

82.00 There is documentation that all compounding personnel (including those supervising or performing verifications) have passed an initial written exam, and subsequent annual written exams for the appropriate compounding risk levels and NIOSH hazardous drugs when applicable. *Indicate frequency, if testing more than annually*

Personnel Training and Evaluation in Aseptic Manipulation Skills
Hazardous Drugs as CSPs
Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures
Appendix 1
COMAR 10.34.19.14(B), COMAR 10.34.19.14E(3)
NABP 75

82.01 There is documentation that all compounding personnel (including those supervising or performing verifications) have passed an initial pharmaceutical calculation exam, and subsequent annual pharmaceutical calculation exams.

COMAR 10.34.19.14E(1)(b)

83.00 There is documentation that all compounding personnel have passed an initial and subsequent annual competency assessments of aseptic compounding skills using observational audit tools including handling NIOSH hazardous drugs when applicable. Compounding skills evaluation to include use of equipment. *Indicate frequency, if testing more than annually.*

Personnel Training and Evaluation in Aseptic Manipulation Skills
Hazardous Drugs as CSPs
Personnel Cleansing and Garbing
Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures
Appendices 3, 4, & 5
COMAR 10.34.19.14(B)
NABP 76

84.00	There is documentation that new compounding personnel have passed an initial observed gowning procedure and three gloved fingertip sampling tests. *Personnel must pass the tests upon initial validation before being allowed to compound. Action required if the tests yield any garbing deficiencies, or if the sampling results are >0 colony-forming units (CFU)/plate on the three initial validations. Indicate frequency, if testing more than annually.*		Personnel Training and Evaluation in Aseptic Manipulation Skills Personnel Cleansing and Garbing Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures Action Levels, Documentation, and Data Evaluation Appendices 1, 3, 4, & 5 NABP 77
85.00	There is documentation that compounding personnel preparing low- or medium-risk level products have passed an annual observed gowning procedure and gloved fingertip sampling test. *Action required if the tests yield any garbing deficiencies, or if the fingertip sampling results are >3 CFU (total both hands, all 10 fingers). Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results.* *Indicate frequency, if testing more than annually.*		Low-Risk Level CSPs Medium-Risk Level CSPs Personnel Training and Evaluation in Aseptic Manipulation Skills Hazardous Drugs as CSPs Personnel Cleansing and Garbing Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures Appendices 3, 4, & 5 NABP 78
86.00	There is documentation that a media fill test procedure is performed for each compounding employee at least annually for individuals that prepare low- or medium- risk level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are incubated and failure is indicated by visible turbidity in the medium on or before 14 days. Indicate frequency, if testing more than annually.*		Low-Risk Level CSPs Medium-Risk Level CSPs Personnel Training and Evaluation in Aseptic Manipulation Skills Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedure (includes all sub-headings) COMAR 10.34.19.12(C)(11), 10.34.19.15(C) NABP 79
87.00	The media-fill testing procedures include:		Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings) NABP 80
87.01	Media selection (including obtaining COAs or growth promotion certificates from suppliers)		Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings) NABP 80.01
87.02	Fill Volume		Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings) NABP 80.02

87.03 Incubation time and temperature (Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.)

Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings)
COMAR 10.34.19.15(c)
NABP 80.03

87.04 Inspection of filled units

Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings)
NABP 80.04

87.05 Documentation

Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings)
NABP 80.05

87.06 Interpretation of results

Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings)
NABP 80.06

87.07 Action levels set with the corrective actions required

Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings)
NABP 80.07

88.00 **High-Risk Sterile Compounding:** There is documentation that compounding personnel have passed an observed gowning procedure and gloved fingertip sampling test every six (6) months. *Action required if the tests yield any garbing deficiencies, or if the sampling results are >3 CFU on both hands upon revalidation. Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results.*
Indicate frequency, if testing more than every 6 months.

High-Risk Level CSPs
Appendix I
COMAR 10.34.19.14(E)(1)(a)
NABP 81

88.01 **High-Risk Sterile Compounding:** There is documentation that a media fill test procedure is performed for each compounding employee at least every six (6) months for individuals that prepare high-risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding.*
Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.

High-Risk Level CSPs
Appendix I
COMAR 10.34.19.14(E)(1)(a)
NABP 82

89.00	**Failed testing:** Employees who have failed any testing are prohibited from compounding until training is performed/reviewed and subsequent testing is performed successfully.	○○○	Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings) NABP 83
89.01	Gloved fingertip tests that have failed have the organisms identified down to the genus to determine the most likely source of the contamination. This data is used to develop plans to prevent contamination. ***	○○○	Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings) Action Levels, Documentation, and Data Evaluation NABP 83.01
89.02	There is a plan to evaluate the sterile compounds prepared by an employee with failed gloved fingertip tests or media fills to detect potential contamination of the sterile preparations compounded.	○○○	Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings) Action Levels, Documentation, and Data Evaluation NABP 83.02

Fingertip testing is conducted monthly

Garbing		Y N N/A	Follow up ☐
90.00	Personnel are prohibited from compounding, or entering the clean/buffer room or anteroom if they have a rash, sunburn, weeping sores, conjunctivitis, or an active respiratory infection.	○○○	Personnel Cleansing and Garbing NABP 84
91.00	Personnel are required to remove all personal outer garments such as hats, scarves, sweaters, vests, coats, or jackets and any makeup or cosmetics before entering compounding areas. *Include observations in the comments.*	○○○	Personnel Cleansing and Garbing COMAR 10.34.19.13(A)(7) NABP 85
92.00	Personnel are required to remove all jewelry	○○○	Personnel Cleansing and Garbing COMAR 10.34.19.13(A)(5) NABP 86
93.00	Personnel are prohibited from wearing artificial nails or extenders, and required to keep natural nails neat and trimmed.	○○○	Personnel Cleansing and Garbing NABP 87
94.00	Garbing with dedicated shoes or shoe covers that are donned as the line of demarcation is crossed (with the dedicated or covered shoe never touching the same side of the line of demarcation as the dirty shoe). ***	○○○	Personnel Cleansing and Garbing COMAR 10.34.19.13(A)(3), 10.34.19.13(A)(4) NABP 88
95.00	Garbing includes head and facial hair covers and masks. **NOTE: Facial hair requires both a facial hair cover AND a mask. Eye shields are optional unless using cleaning agents or preparing hazardous drugs. There is a method available to assure that all hair is covered.**	○○○	Personnel Cleansing and Garbing COMAR 10.34.19.13(A)(3)(b), 10.34.19.13(3)(c) NABP 89
96.00	Hand cleaning is performed in the anteroom and includes removing debris from under the nails with a nail cleaner followed by a vigorous washing of the hands and forearms with soap for at least 30 seconds with hands and arms then dried with a non-linting disposable towel or a hand dryer. *Scrub brushes are NOT recommended as they cause skin irritation and damage.*	○○○	Personnel Cleansing and Garbing COMAR 10.34.19.13(2) NABP 90

97.00	The gown is non-shedding with sleeves that fit snugly around the wrists and enclosed at the neck.	◉○○	Personnel Cleansing and Garbing COMAR 10.34.19.13(A)(3) NABP 91
98.00	The gloves are sterile and made of non-shedding materials.	◉○○	COMAR 10.34.19.11(A)
99.00	All bare skin is covered on the arms and the legs (no bare ankles, wrists, etc.).	◉○○	Personnel Cleansing and Garbing NABP 92
100.00	Prior to donning sterile gloves, a waterless alcohol based surgical hand scrub with persistent activity is used and hands are allowed to dry.	◉○○	Personnel Cleansing and Garbing NABP 93
101.00	Upon leaving the sterile product compounding area, gowns are taken off and disposed of, or if used for nonhazardous compounding they are left in the anteroom and not reused for longer than one shift.	◉○○	Personnel Cleansing and Garbing COMAR 10.34.19.13(A)(4) NABP 94
102.00	Pharmacists or other personnel do NOT enter the anteroom and cross the line of demarcation without donning shoe covers or dedicated shoes. *Watch for personnel traversing back and forth across the line of demarcation without doffing and donning new shoe covers or dedicated shoes.* ***	◉○○	Personnel Cleansing and Garbing 10.34.19.13A(4) NABP 95
103.00	Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing (wearing just a mask to check technician's work, for example)	◉○○	Personnel Cleansing and Garbing COMAR 10.34.19.13(A) NABP 96
104.00	When preparing cytotoxic agents, appropriate personal protective equipment including gowns and gloves are worn.	○○◉	COMAR 10.34.19.12(C)(17), 10.34.19.14(B)

Environmental Monitoring

		Y N N/A	Follow up ☐
105.00	The most recent PEC and room certification report is available.	◉○○	Viable and Nonviable Environmental Sampling (ES) Testing NABP 97
105.01	All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	◉○○	Viable and Nonviable ES Testing NABP 97.01
105.02	All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, and barrier isolators) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	◉○○	Viable and Nonviable ES Testing COMAR 10.34.19.03(B)(5) & (10), 10.34.19.15(D) NABP 97.02
105.03	Certification is performed at least every six months (view date of previous certification) and whenever a device or room is relocated, altered, or major service to the facility is performed. *If non-compliant, record the date of the previous certification.*	◉○○	Viable and Nonviable ES Testing COMAR 10.34.19.03(B)(5), 10.34.19.15(e) NABP 97.03

Env Services performed viable sampling and certification 9/29/2021

106.00	Certification of the testing of the sterile compounding environment is retained for 5 years	◉○○	COMAR 10.34.19.07(B)(1)(c)
107.00	The PIC/compounding supervisor is familiar with what testing is required and interpretation of results, ensures all testing is performed appropriately (under dynamic conditions where appropriate), has action levels identified, evaluates results to detect issues or trends, and action levels are further customized based on trended data of performance.	◉○○	Viable and Nonviable ES Testing COMAR 10.34.19.07(B)(1) NABP 97.06

108.00	The certification report includes information about the equipment used for performing each test including, identification of the equipment used by model, serial number, last calibration date (or date when next calibration is due).	●○○	Viable and Nonviable ES Testing cross reference CETA guide NABP 98
108.01	The equipment used had not exceeded its calibration date at the time of certification.	●○○	Viable and Nonviable ES Testing cross reference CETA guide NABP 98.01
109.00	The HEPA filtered air changes per hour (ACPH) were measured for the compounding rooms.	●○○	Facility Design and Environmental Controls NABP 99
109.01	ISO Class 7 sterile compounding room is certified as having a minimum of 30 ACPH with at least 15 ACPH from outside air sources. *Recirculated air from the PECs may account for up to 15 ACPH in nonhazardous classified rooms only.*	●○○	Facility Design and Environmental Controls NABP 99.01
109.02	ISO class 7 anteroom is certified as having a minimum of 30 ACPH. *Anteroom must be ISO class 7 if connected to a NIOSH hazardous compounding clean/buffer room.*	●○○	Facility Design and Environmental Controls NABP 99.02
109.03	ISO class 7 hazardous sterile compounding room is certified as having a minimum of 30 ACPH. *Typically all of the air will be from outside.*	○○●	Hazardous Drugs CSPs NABP 99.03
109.04	If a CACI is used in a non-HEPA filtered room, the room is certified to maintain a minimum of 12 ACPH.	○○●	Hazardous Drugs CSPs NABP 99.04
110.00	Air pattern analysis using smoke testing was performed under dynamic conditions (people working in the PECs and rooms). The smoke flow is described in the report for the various tests such as turbulent, sluggish, smooth, etc.	●○○	Facility Design and Environmental Controls NABP 100
110.01	Air pattern analysis was conducted at the critical area (direct compounding area inside the ISO Class 5 PEC) to demonstrate **unidirectional** airflow and sweeping action over and away from the product under dynamic conditions (personnel compounding or simulating compounding in PEC).	●○○	Facility Design and Environmental Controls NABP 100.01
110.02	Air pattern analysis was conducted to confirm positive pressure (and negative pressure into hazardous compounding rooms) at all points around all openings, doorways, and pass-throughs ***	●○○	Facility Design and Environmental Controls Hazardous Drugs CSPs NABP 100.02
110.03	Air pattern analysis conducted around particle generating equipment *while the equipment was in operation* to confirm airflow. ***	○○●	Facility Design and Environmental Controls Viable and Nonviable ES Testing NABP 100.03
111.00	Differential air pressure between rooms was measured.	●○○	Facility Design and Environmental Controls NABP 101
111.01	The differential pressure measured was at least 0.02" water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed.	●○○	Facility Design and Environmental Controls NABP 101.01
111.02	The differential pressure measured was at least 0.01" water column negative from the hazardous clean/buffer room to the anteroom with the doors closed.	○○●	Facility Design and Environmental Controls NABP 101.02

112.00	Displacement airflow between rooms or areas was measured. This is for a clean/buffer room without a door that closes to the anteroom - may be an open space or may have plastic strips in doorways.	Facility Design and Environmental Controls NABP 102
112.01	Displacement airflow (for low- and medium-risk non-hazardous rooms only) was measured at a minimum differential velocity of 40 feet per minute from the cleanroom to the anteroom. **NOTE: It is very important to maintain this velocity across the entire opening and the report should indicate multiple points of measure across all openings.**	Facility Design and Environmental Controls NABP 102.01
113.00	Particle counts of particles 0.5um and larger were measured under dynamic conditions.	Facility Design and Environmental Controls NABP 103
113.01	ISO Class 5 areas and PECs are certified as having less than 3,520 particles per cubic meter of air (100 particles per cubic foot).	Facility Design and Environmental Controls Table 1 NABP 103.01
113.02	ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air (10,000 particles per cubic foot).	Facility Design and Environmental Controls Table 2 NABP 103.01
113.03	ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air (100,000 particles per cubic foot).	Facility Design and Environmental Controls Table 3 NABP 103.03
114.00	HEPA filter tests were performed.	Facility Design and Environmental Controls NABP 104
114.01	All room HEPA filters were leak tested and if leaks found, they were fixed	Facility Design and Environmental Controls NABP 104.01
114.02	All PEC HEPA filters were leak tested and if leaks found, they were fixed	Facility Design and Environmental Controls NABP 104.02
115.00	PECs with failed tests are not used for compounding until the conditions are corrected and verified by subsequent testing.	Viable and Nonviable ES Testing (includes all subheadings) NABP 105
116.00	Viable air (every six months) and surface sampling (periodically) tests have been conducted as required. *Document frequency.*	Viable and Nonviable ES Testing (includes all subheadings) Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/ Disinfection Procedures (includes subheadings) COMAR 10.34.19.15(C) NABP 106
116.01	Appropriate growth media used (containing tryptic soy agar medium with polysorbate and lecithin (TSApl) added to neutralize cleaning agents for surface sampling) with appropriate corresponding incubation time and temperature used. *Required to use media that supports both bacterial and fungal growth for high-risk compounding.*	Competency Evaluation of Garbing and Aseptic Work Practice Cross reference USP Chapter 1116 COMAR 10.34.19.15(C) NABP 106.01

116.02 Viable air sampling by active impaction using a volumetric air-sampling device.
NOTE: Passive air sampling or settling plates are not compliant with USP Chapter <797>.

Environmental Viable Airborne Particle Testing Program
COMAR 10.34.19.15(C)
NABP 106.02

116.03 Air samples were taken in each ISO Class 5 PEC and in each sterile compounding room and anteroom and volume sufficient volume of air (400-1000L) was collected.
NOTE: 1000L must be collected in ISO Class 5 PECs to be able to detect the action level. Room samples can be 400-1000L.

Environmental Viable Airborne Particle Testing Program
10.34.19.15(C)
NABP 106.03

116.04 Surface samples performed on all direct compounding areas inside of each ISO 5 PEC, in each ISO classified room, inside any pass-throughs, and on surfaces likely to be contaminated due to position relative to doorways, etc.

Environmental Viable Airborne Particle Testing Program
COMAR 10.34.19.15(C)
NABP 106.04

116.05 Viable air and surface samples did not exceed USP action levels (or internal action levels if more restrictive).

Classification	Air Sample	Surface Sample
ISO Class 5	>1 CFU/m^3	>3 CFU/plate
ISO Class 7	>10 CFU/m^3	>5 CFU/plate
ISO Class 8	>100 CFU/m^3	>100 CFU/plate

CFUs are TOTAL of bacterial plus fungal/mold plates. If air sampling volume is less than 1000 liters (one cubic meter), the raw total microbial count must be multiplied by the appropriate factor to determine the number of CFU/cubic meter.

Environmental Viable Airborne Particle Testing Program, Table 2
Action Levels, Documentation, and Data Evaluation, Table 4
COMAR 10.34.19.15(C)
NABP 106.05

116.06 CFUs detected (viable air or surface sampling failed sterility tests, etc.) are identified to the genus level. *All CFUs detected must be identified even if the number of CFUs does not exceed an action level.*

Environmental Viable Airborne Particle Testing Program
COMAR 10.34.19.15(C)
NABP 106.06

116.07 If the number of CFUs detected **in the rooms** exceeds action levels, begin immediate remediation (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.

Environmental Viable Airborne Particle Testing Program
COMAR 10.34.19.15(C)
NABP 106.07

116.08 If the number of CFUs detected **in the PECs** exceeds action levels, begin immediate remediation, (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.

Environmental Viable Airborne Particle Testing Program
COMAR 10.34.19.15(C)
NABP 106.08

116.09 If any highly pathogenic microbes (e.g. mold, yeast, coagulase positive staphylococcus, or gram-negative rods) were detected (whether or not the number of CFUs exceeds action levels), begin immediate remediation (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.

Environmental Viable Airborne Particle Testing Program
NABP 106.09

Viable surface sampling conducted monthly by pharmacy

117.00 Samples that exceed USP action levels (or internal action levels if more restrictive) or have highly pathogenic microbes detected have been reported to the Board within 5 days of receiving report.

COMAR 10.34.19.18(B)

118.00	Facilities performing routine air or surface sampling with internal qualified personnel routinely verify sampling procedures. *Indicate the outside vendor used to verify procedures and frequency of verifications.* ***	○●○	Viable and Nonviable ES Testing (includes all subheadings) NABP 107

Recommend working with certifier to confirm environmental sampling is being performed correctly

Equipment		Y	N	N/A	Follow up ☐	
119.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (autoclaves, ovens, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines.*	●	○	○		Equipment USP Chapter 1176 COMAR 10.34.19.10(B) NABP 108
120.00	All environmental monitoring equipment and gauges (differential pressure gauges or probes, airflow and velocity measuring equipment for rooms not fully enclosed, etc.) are periodically inspected and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented.	●	○	○		Equipment NABP 109
121.00	All temperature and humidity (where applicable) monitoring devices (thermometers, hygrometers, probes, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented	●	○	○		Equipment USP Chapter 659; USP Chapter 1079 COMAR 10.34.19.10(B)(5) NABP 110
122.00	Does the pharmacy use scales/balances for sterile compounding?	○	●	○		Accuracy NABP 17
122.01	If so, what type of scale/balanced is used? *List manufacturer and model number.*					NABP 17.01
122.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency.*	○	○	●		NABP 17.02
123.00	Does the pharmacy have a **lyophilizer**?	○	●	○		NABP 18
123.01	Where is the lyophilizer located? *Indicate location and ISO class of room.*					NABP 18.01
123.02	Note the products lyophilized, and the volume or percent of products per week produced using the lyophilizer.					NABP 18.02
123.03	The lyophilizer is part of the viable air and surface sampling; media fill testing procedures, and cleaning schedules and procedures.	○	○	●		NABP 18.03
124.00	Automated Compounding Devices (ACDs) are used for sterile compounding (such as repeater pumps) and there is a P&P for the use and calibration.	○	●	○		Equipment; Verification of Automated Compounding Devices for Parenteral Nutrition Compounding (and subsections) COMAR 10.34.19.10(B) NABP 111

124.01 There is documentation of the ACD tubing being changed or discarded every 24 hours — Y ○ N ○ N/A ◉

Equipment;
Verification of Automated Compounding Devices for Parenteral Nutrition Compounding (and subsections)
manufacturer's guidance for tubing
NABP 111.01

124.02 The ACD is used when performing media fill testing. — Y ○ N ○ N/A ◉

Equipment;
Verification of Automated Compounding Devices for Parenteral Nutrition Compounding (and subsections)
NABP 111.02

125.00 Does the pharmacy have an **incubator?**

125.01 The temperature is documented at lease daily when in use — Y ◉ N ○ N/A ○

COMAR 10.34.19.10(B)(6)

Incubator temperature logged on master log sheet

Compounding Procedures — Y N N/A — Follow up ☐

126.00 Does the pharmacy perform **low-risk** compounding?
Indicate percentage of low-risk sterile compounding. — Y ◉ N ○ N/A ○

Low-Risk Level CSPs
NABP 7

126.01 All low-risk compounds are assigned BUDs within USP guidelines (48 hours at controlled room temperature, 14 days refrigerated, 45 days frozen). — Y ◉ N ○ N/A ○

COMAR 10.34.19.06(D)
NABP 7.01

126.02 If low-risk, the compounds located in segregated area are BUD 12 hours or less. — Y ◉ N ○ N/A ○

NABP 7.02

126.03 If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.

NABP 7.03

126.04 If extended BUDs are used, further testing is being performed to justify the use of extended BUDs. *List the types of testing performed (potency, sterility, stability, etc.).* — Y ○ N ○ N/A ◉

NABP 7.04

90% of CSPs are low-risk, pharmacy had 1 patient in 2021, and not currently compounding due to COVID

127.00 Does the pharmacy perform **medium-risk** compounding?
Indicate percentage of medium-risk sterile compounding. — Y ◉ N ○ N/A ○

Medium-Risk Level CSPs
NABP 8

127.01 All medium-risk compounds are assigned BUDs within USP guidelines (30 hours at controlled room temperature, 9 days refrigerated, 45 days frozen). — Y ◉ N ○ N/A ○

COMAR 10.34.19.06(D)
NABP 8.01

127.02 If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.

NABP 8.02

127.03 If extended BUDs are used, further testing is being performed to justify the use of extended BUDs. *List the types of testing performed (potency, sterility, stability, etc.).* — Y ○ N ○ N/A ◉

NABP 8.03

10% of CSPs are medium-risk, all products given Medium Risk BUD

128.00 Does the pharmacy perform **high-risk** compounding?
Indicate percentage of high-risk sterile compounding. — Y ○ N ◉ N/A ○

High-Risk Level CSPs
NABP 9

128.01 All high-risk compounds are assigned BUDs within USP guidelines (24 hours at controlled room temperature, 3 days refrigerated, 45 days frozen). — Y ○ N ○ N/A ◉

COMAR 10.34.19.06 (D)
NABP 9.01

128.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		NABP 9.02
128.03	If extended BUDs are used, further testing is being performed to justify the use of extended BUDs. *List the types of testing performed (potency, sterility, stability, etc.).*	○○●	NABP 9.03
129.00	Hazardous drugs are segregated and stored in a room that is negative pressure (at least -0.01" wc) to adjacent areas and with at least 12 ACPH. ***	○○●	NABP 12.02
129.01	Hazardous drug waste is quarantined in a designated area and disposed of in compliance with local, state, and federal regulations.	○○●	COMAR 10.34.19.12C(18), 10.34.19.09B(6) 10.34.19.15(F), 10.34.19.10(A)(3) NABP 12.03
130.00	Closed system vial transfer devices (CSTD) are employed when handling cytotoxic drugs.	○○●	COMAR 10.34.19.12(17)
131.00	Gloves are disinfected with adequate frequency with an approved disinfectant, such as sterile 70% isopropyl alcohol (IPA).	●○○	Suggested SOPs Exposure of Critical Sites NABP 112
132.00	Nonessential objects that shed particles are prohibited in the buffer or clean area, including pencils, cardboard cartons, paper towels, reading material, and cotton items (e.g., gauze pads).	●○○	Suggested SOPs NABP 113
133.00	Essential paper related products (syringe overwraps, work records contained in a protective plastic sleeve) are wiped down with sterile 70% IPA before being brought into the buffer or clean area.	●○○	Suggested SOPs NABP 114
134.00	Supplies required for the scheduled operations of the shift are prepared by wiping the outer surface with sterile 70% IPA (or removing the outer wrap as the item is introduced into the aseptic work area) and brought into the buffer or clean area in a bin or on a movable cart.	●○○	Suggested SOPs NABP 115
135.00	Compounding employees are using appropriate aseptic technique. *May require inspector to garb and enter clean/buffer room. Pay attention to first air, entry and exit of materials in ISO Class 5 PEC, appropriate frequent sanitization of gloves, appropriate cleaning and cleanliness of the direct compounding area (DCA).* ***Compounding MUST be observed**, if compounding is not being performed at the time of survey mark item as "Non-Compliant."*	●○○	Responsibility of Compounding Personnel NABP 116
135.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "**Denial of Authorization**" form. List individual who signs the Denial of Authorization*		Competency Evaluation of Garbing and Aseptic Work Practice Observational NABP 116.01
inspection conducted virtually			
136.00	Compounding personnel ascertain that ingredients for CSPs are of the correct identity and appropriate quality by reading vendors' labels, and a unit-by-unit physical inspection of the product before use.	●○○	Responsibility of Compounding Personnel Identity and Strength Verification of Ingredients and Devices (and subsections) NABP 177
137.00	All rubber stoppers, of vials and bottles and the necks of ampules are disinfected with sterile 70% IPA waiting for at least 10 seconds before they are used to prepare CSPs.	●○○	Suggested SOPs Exposure of Critical Sites NABP 118

138.00	Single-dose vials exposed to ISO Class 5 or cleaner air are used within six (6) hours of the initial puncture and any remaining contents discarded. *If exposed to less than ISO Class 5 air, used within 1 hour and discarded.*	Single Dose and Multiple Dose Containers NABP 119
139.00	The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. *May not be stored for any period of time.*	Single Dose and Multiple Dose Containers NABP 120
140.00	Multiple-dose vials formulated for removal of portions on multiple occasions are used within 28 days (or the manufacturer's specific BUD if less) after the initial entry or puncture and any remaining contents discarded.	Single Dose and Multiple Dose Containers Determining BUD NABP 121
141.00	The compounding record is complete. *View several completed compounding records and answer each of the following questions. List records reviewed.*	Inspection of Solution Dosage Forms and Review of Compounding Procedures Compounding Accuracy Checks COMAR 10.34.19.07(B)(1) NABP 122
141.01	Official or assigned name, strength and dosage of the preparation	Inspection of Solution Dosage Forms and Review of Compounding Procedures COMAR 10.34.19.07(B)(1) NABP 122.01
141.02	Names, lot numbers and expiration dates of all components	Inspection of Solution Dosage Forms and Review of Compounding Procedures COMAR 10.34.19.07(B)(1) NABP 122.02
141.03	Total quantity or number of units compounded	Inspection of Solution Dosage Forms and Review of Compounding Procedures NABP 122.03
141.04	Person compounding the preparation	Inspection of Solution Dosage Forms and Review of Compounding Procedures Compounding Accuracy Checks NABP 122.04
141.05	Person performing the quality control procedures	Inspection of Solution Dosage Forms and Review of Compounding Procedures Compounding Accuracy Checks NABP 122.05
141.06	Person who approved the preparation	Inspection of Solution Dosage Forms and Review of Compounding Procedures Compounding Accuracy Checks COMAR 10.34.19.07(B)(1)(f) & (g) NABP 122.06
141.07	Date of compounding	Inspection of Solution Dosage Forms and Review of Compounding Procedures NABP 122.07
141.08	Assigned internal identification number or prescription number	Inspection of Solution Dosage Forms and Review of Compounding Procedures NABP 122.08

141.09 Assigned BUD and reference if extended beyond USP guidelines

Inspection of Solution Dosage Forms and Review of Compounding ProceduresCOMAR 10.34.19.07(B)(1)
NABP 122.09

141.10 Duplicate label ***

Responsibility of Compounding Personnel
Inspection of Solution Dosage Forms and Review of Compounding Procedures
Identity and Strength Verification of Ingredients
NABP 122.1

141.11 Sterilization method (if applicable)

Inspection of Solution Dosage Forms and Review of Compounding Procedures
Sterility Testing
NABP 122.11

141.12 Indication of the quality control procedures to perform (testing, filter integrity, etc.) and results of the testing, quality control issues, and investigation/recall if applicable

Inspection of Solution Dosage Forms and Review of Compounding Procedures
Elements of Quality Control (and subparagraphs)
COMAR 10.34.19.12C(6)(h)
NABP 122.12

142.00 Procedure for in-process checks is followed.
These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is ***recommended*** *to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage.*

Responsibility of Compounding Personnel
Verification of Automat4ed Compounding Devices for Parenteral Nutrition Compounding
NABP 123

143.00 Preparation records including the master work sheet, the preparation work sheet and records of end-product evaluation, if applicable. (Documentation to be retained for 5 years)

COMAR 10.34.19.07(B)(1)(f)

144.00 Labels on BATCH preparations include the name and quantity of all contents, date, and time of preparation (or internal code indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.

Responsibility of Compounding Personnel
Inspection of Solution Dosage Forms and Review of Compounding Procedures
Compounding Accuracy Checks
Identity and Strength Verification of Ingredients
COMAR 10.34.19.07(B)(2)
NABP 124

145.00 Labels on PATIENT-SPECIFIC compounded sterile preparations contain the following:
NOTE: Some requirements may not be applicable if items are dispensed for inpatient use only.

Responsibility of Compounding Personnel
Inspection of Solution Dosage Forms and Review of Compounding Procedures
Compounding Accuracy Checks
Identity and Strength Verification of Ingredients
COMAR 10.34.19.06(B)
NABP 125

145.01 Date of preparation unless otherwise readily retrievable from prescription records

COMAR 10.34.19.06(B)(1)

145.02 Serial number of the prescription

HG § 21-221(a)(2)

145.03	Pertinent requirements for proper storage	COMAR 10.34.19.06(B)(3)
145.04	Name of the prescriber, unless in an inpatient hospital setting	COMAR 10.34.19.06(B)(4)
145.05	Name of the patient	COMAR 10.34.19.06(B)(5)
145.06	Directions for use	COMAR 10.34.19.06(B)(6)
145.07	Name of the base solution for infusion preparations	COMAR 10.34.19.06(B)(7)
145.08	Name and concentration or amount of active drugs contained in the final sterile preparation	COMAR 10.34.19.06(B)(8)
145.09	Reviewing pharmacist and data-entry technician initials	COMAR 10.34.08.01
145.10	Name or identifying initials of the pharmacist who checked or prepared the compounded sterile preparation unless otherwise readily retrievable from prescription records	COMAR 10.34.19.06(B)(9)
145.11	Name, address, and telephone number of the pharmacy unless in an inpatient hospital facility	COMAR 10.34.19.06(B)(10)
145.12	Beyond-use/expiration dating and time of the compounded sterile preparation	COMAR 10.34.19.06(B)(11)
145.13	Ancillary and cautionary instructions as needed	COMAR 10.34.19.06(B)(12)
145.13A	Cytotoxic agents include a special label, which states: "Chemotherapy-Dispose of Properly."	COMAR 10.34.19.06(B)(13)
145.13B	Short dated preparations labeling must include: Time and Cautionary Label	COMAR 10.34.19.06(B)(2)

146.00 Inspect several different finished products and look for any particulates. Do any of the finished products inspected show any evidence of particulates?
If so, list the products including lot and expiration date and obtain photos (if possible).
REQUEST THE PRODUCT BE QUARANTINED AND NOTIFY NABP IMMEDIATELY.

Responsibility of Compounding Personnel
Inspection of Solution Dosage Forms and Review of Compounding Procedures
NABP 126

Pharmacy did not have any CSPs in stock

147.00 Preparations without additional stability testing or supported by data are assigned BUDs within USP<797> guidelines.

Low Risk:	48 hours room temp,	14 days refrigerated,	45 days frozen
Medium Risk:	30 hours room temp,	9 days refrigerated,	45 days frozen
High-Risk:	24 hours room temp,	3 days refrigerated,	45 days frozen

CSP Microbial Contamination Risk Levels (and subsections)
Determining BUD
COMAR 10.34.19.06(D)
NABP 127

148.00 There must be current and appropriate reference materials regarding the compounding of sterile preparations located in or immediately available to the pharmacy.

COMAR 10.34.19.16

149.00 If extended BUDs are assigned, are they assigned based on stability data extrapolated from reliable literature sources?
View records, preparation must exactly match the preparation cited in the documentation including concentration of all active ingredients, excipients, etc.

Determining BUD
COMAR 10.34.19.12(C)(5)(e)
NABP 128

150.00	If extended BUDs are assigned, has the facility performed its own stability testing? *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc. If so, view records for at least three products and list the products reviewed below. List the products reviewed.* ***	○○◉	Determining BUD NABP 129
151.00	Compounded multiple-dose vials with extended BUDs assigned have additional instruction provided that indicates remainder must be discarded 28 days after first puncture or use.	○○◉	Single-Dose and Multiple-Dose Containers NABP 130

Sterilization

		Y N N/A	Follow up ☐
152.00	**Filter sterilization** in an ISO 5 environment and documentation includes:	○◉○	Verification of Compounding Accuracy and Sterility Sterilization of High-Risk Level CSPs by Filtration Appendix I NABP 131
152.01	If the compounded preparation contains large particles, a prefilter is placed upstream from the sterilizing filter.	○○◉	Sterilization of High-Risk Level CSPs by Filtration Appendix I NABP 131.01
152.02	The 0.2micron sterile microporous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP; and the filter is intended for human-use applications for sterilizing CSPs (labeling on the filter does not indicate "research only" or "laboratory only", for example).	○○◉	Sterilization Methods Sterilization of High-Risk Level CSPs by Filtration Appendix I NABP 131.02
152.03	Is the appropriate capacity filter being used for the volume being filtered?	○○◉	Sterilization of High-Risk Level CSPs by Filtration Appendix I NABP 131.03
152.04	Filtering is completed rapidly without filter replacement.	○○◉	Sterilization of High-Risk Level CSPs by Filtration Appendix I NABP 131.04
152.05	Confirmation of filter integrity/bubble testing is performed and value documented for each filter used with each batch sterilized by filtration. View documentation on compounding records of items sterilized by filtration to confirm.	○○◉	Sterilization of High-Risk Level CSPs by Filtration Appendix I NABP 131.05
153.00	**Steam sterilization** documentation includes:	○◉○	Verification of Compounding Accuracy and Sterility Sterilization of High-Risk Level CSPs by Steam NABP 132
153.01	The autoclave has been verified for the exposure time and mass of the items to be sterilized	○○◉	Sterilization of High-Risk Level CSPs by Steam Equipment NABP 132.01
153.02	Ensures live steam contacts all ingredients and surfaces to be sterilized, effectiveness verified with biological indicators and temperature sensing devices	○○◉	Sterilization of High-Risk Level CSPs by Steam NABP 132.02
153.03	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization	○○◉	Sterilization of High-Risk Level CSPs by Steam NABP 132.03

153.04 That the CSP will not be adversely affected by the steam and heat

Sterilization of High-Risk Level CSPs by Steam
NABP 132.04

153.05 The description of steam sterilization includes conditions and duration for specific CSPs

Sterilization of High-Risk Level CSPs by Steam
NABP 132.05

153.06 That the effectiveness of steam sterilization is verified each time using appropriate biological indicators of Bacillus stearothermophilus and other confirmation methods such as temperature-sensing devices.

Sterilization of High-Risk Level CSPs by Steam
NABP 132.06

154.00 **Dry heat sterilization** documentation includes:

Verification of Compounding Accuracy and Sterility
Sterilization Methods
Sterilization of High-Risk Level CSPs by Dry Heat
NABP 133

154.01 Dry heat is only used for those items that cannot be sterilized by steam or would be damaged by moisture

Sterilization Methods
Sterilization of High-Risk Level CSPs by Dry Heat
NABP 133.01

154.02 Sufficient space is left between materials to allow for air circulation

Sterilization Methods
Sterilization of High-Risk Level CSPs by Dry Heat
NABP 133.02

154.03 The description of dry heat sterilization includes conditions and duration for specific CSPs

Sterilization Methods
Sterilization of High-Risk Level CSPs by Dry Heat
NABP 133.03

154.04 That the effectiveness of dry heat sterilization is verified each time using appropriate biological indicators of Bacillus subtilis and other confirmation methods such as temperature-sensing devices.

Sterilization Methods
Sterilization of High-Risk Level CSPs by Dry Heat
NABP 133.04

154.05 Heated filtered air is evenly distributed throughout the chamber with a blower and the oven is equipped with a system for controlling and recording temperature and exposure period.

Sterilization of High-Risk Level CSPs by Dry Heat
Equipment
NABP 133.05

155.00 **Depyrogenation by dry heat** documentation includes:

Verification of Compounding Accuracy and Sterility
Sterilization Methods
Depyrogenation by Dry Heat
NABP 134

155.01 Dry heat depyrogenation is used to render glassware and containers (such as vials) free from pyrogens as well as viable microbes

Sterilization Methods
Depyrogenation by Dry Heat
NABP 134.01

155.02 The description of the cycle and duration for specific load items

Sterilization Methods
Depyrogenation by Dry Heat
NABP 134.02

155.03 The effectiveness of the cycle is verified using endotoxin challenge vials (ECVs)

Sterilization Methods
Depyrogenation by Dry Heat

			Equipment NABP 134.03
155.04	Bacterial endotoxin testing is performed on the ECVs to verify the cycle is capable of achieving a 3-log reduction in endotoxins	○○●	Sterilization Methods Depyrogenation by Dry Heat NABP 134.04
156.00	Other methods of sterilization are used with documented procedures and validation performed. *Indicate method.*	○○●	Verification of Compounding Accuracy and Sterility Equipment Appendix I NABP 135

Finished Preparation Release Checks and Tests		Y N N/A	Follow up ☐
157.00	The verification and re-verification process must be documented to be retained for 5 years	●○○	COMAR 10.34.19.07B(3)
158.00	Products are visually checked for particulates or other foreign matter against both a light and a dark colored background as a condition of release.***	●○○	Physical Inspection COMAR 10.34.19.10(A)(7) NABP 136
159.00	Are there checks for container, closure integrity and any other apparent visual defects?	●○○	Physical Inspection NABP 137
160.00	Compounding accuracy is documented by verification of steps.	●○○	Compounding Accuracy Checks NABP 138
161.00	Ingredient identity and quantity is verified. *Is there a reconciliation of components?*	●○○	Identity and strength Verification of Ingredients NABP 139

RPH check vials for correctness, components are barcode scanned fro verification

162.00	Labels are verified as being correct and is a copy of the label included in the record. *Complies with regulation, contains the correct names and amounts or concentrations of ingredients, total volumes, BUDs, storage conditions, and route of administration.*	●○○	Responsibility of Compounding Personnel Inspection of Solution Dosage Forms and Review of Compounding Procedures Identity and Strength Verification of Ingredients NABP 140
163.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*	○●○	NABP 19
164.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed*	●○○	NABP 20

ARL Bio Pharmalab used for sterility and stability/potency testing of two ingredient piggy backs using KCL - samples were sent monthly when pharmacy was actively compounding

165.00	**Sterility testing (USP <71>).** *If testing is performed to a higher standard than the minimums below, describe.*	●○○	Sterility Testing COMAR 10.34.19.15(H) NABP 141
165.01	Sterility testing includes both bacterial and fungal testing.	●○○	Sterility Testing NABP 141.01
165.02	Sterility testing is performed for all CSPs that have extended BUDS.	○○●	Sterility Testing NABP 141.02

165.03 Sterility testing is performed for high-risk CSPs prepared in batches of more than 25 identical containers.

Sterility Testing
NABP 141.03

165.04 Sterility testing is performed for CSPs exposed longer than 12 hours at 2°C-8°C or longer than six hours at warmer than 8°C before being sterilized.

Sterility Testing
NABP 141.04

165.05 The appropriate quantities of units are sterility tested.
Parenterals, number of units in the batch is:

1. Not more than 100, test 10% or four units, whichever is greater
2. More than 100 but more than 500, test 10 units
3. More than 500 test 2% or 20 units, whichever is less
   For large volume parenterals: 2% or 10 containers, whichever is less.
   For non-parenterals (eye drops, inhalation, etc.):
4. Not more than 200 containers test 5% or 2 containers, whichever is greater
5. More than 200, test 10 containers
6. If the product is packaged in unit doses, use the parenteral testing above.

Sterility Testing
cross reference USP Chapter 71
NABP 141.05

165.06 For products failing testing, product is quarantined, and an investigation is performed including microbial identification and action taken.
View testing records and note any products with failed results and actions taken.

Sterility Testing
NABP 141.06

165.07 If items are dispensed or distributed prior to sterility testing completion, there is a written procedure requiring daily observation of the incubated media. If there is any evidence of microbial growth, there is an immediate recall and both the patient and the physician/prescriber of the patient to whom a potentially contaminated CSP was administered are notified of the potential risk.
View testing records and note any products with failed results and actions taken.

Sterility Testing
NABP 141.07

166.00 **Endotoxin testing (USP <85>).**
If testing is performed to a higher standard than the minimums below, describe.

Bacterial Endotoxin (Pyrogen) Testing
COMAR 10.34.19.15(H)
NABP 142

166.01 Is endotoxin testing performed for all high-risk level CSPs for administration by injection prepared in groups of more than 25 single-dose packages (such as ampules, bags, syringes, vials)

Bacterial Endotoxin (Pyrogen) Testing
NABP 142.01

166.02 High-risk CSPs prepared in multiple dose vials for administration to multiple patients

Bacterial Endotoxin (Pyrogen) Testing
NABP 142.02

166.03 High-risk CSPs exposed longer than 12 hours at 2°C-8°C (25°F-46°F) or longer than six (6) hours at warmer than 8°C (46°F) before they are sterilized

Bacterial Endotoxin (Pyrogen) Testing
NABP 142.03

166.04 For products failing testing, product is quarantined, and an investigation is performed and action taken. *View testing records and note any products with failed results and actions taken.*

Sterility Testing
NABP 142.04

Standard Operating Procedures	Y N N/A	Follow up ☐
167.00 The pharmacy has policies/procedures on:		
167.01 The compounding, filling, and labeling of sterile compounds.	◉○○	COMAR 10.34.19.12(C)(6)(a), (c) and (d)
167.02 Proper labeling of the compounded sterile preparation including the intended route of administration and recommended rate of administration.	◉○○	COMAR 10.34.19.12(C)(6)(d)
167.03 Availability of equipment and supplies.	◉○○	COMAR 10.34.19.12(C)(3), 10.34.19.12(C)(17)(a)
167.04 The training of staff in the preparation of compounded sterile preparations.	◉○○	COMAR 10.34.19.12(C)(10), 10.34.19.14(B)
167.05 Staff competency evaluations.	◉○○	COMAR 10.34.19.14(E)
167.06 The Quality Assurance Program.	◉○○	COMAR 10.34.19.12(C)(9), 10.34.19.15
167.07 All record keeping requirements.	◉○○	COMAR 10.34.19.12(C)(7)
167.08 A written process, verified by a pharmacist, describing ingredients and the compounding process for each preparation.	◉○○	COMAR 10.34.19.05(B)(4), 10.34.19.07(B)(1) & (2)
167.09 Written policies and procedures for implementing the immediate use exemption for admixtures.	○○◉	
167.10 Documentation demonstrating that all personnel involved have read the policies and procedures.	◉○○	COMAR 10.34.19.12B
167.11 Documentation of communication of policy and procedure for additions and deletions.	◉○○	
167.12 The storage and handling of products and supplies.	◉○○	COMAR 10.34.19.12(C)(6)(b)
167.13 The storage and delivery of final preparation.	◉○○	COMAR 10.34.19.12(6)(b) & (f)
167.14 Media fill process verification testing.	◉○○	COMAR 10.34.19.12(C)(11)
167.15 The criteria for Beyond Use Dating (BUD).	◉○○	COMAR 10.34.19.12(C)(6)(e)
167.16 Personnel access and movement of materials into and near the compounding area.	◉○○	COMAR 10.34.19.12(C)(2)
167.17 The use and maintenance of environmental control devices used to create the critical area for manipulation of sterile preparations (e.g. laminar airflow workstations, biological safety cabinet, ISO Class 7 clean room, and/or CAIs.	◉○○	COMAR 10.34.19.12(C)(3)
167.18 A regular cleaning schedule for the controlled area and any equipment in the controlled area and the alternation of disinfectants (pharmacies subject to an institutional infection control policy may follow that policy).	◉○○	
167.19 The method used to monitor the environment for bacterial microorganisms.	◉○○	COMAR 10.34.19.12(C)(4)
167.20 The disposal of packaging materials, used syringes, containers, and needles to avoid accumulation and maintain sanitation in the controlled area.	◉○○	COMAR 10.34.19.12(C)(18), 10.34.19.15(F)
167.21 Written policies and procedures for the use of established master formulas and worksheets for sterile batch compounding, if applicable.	○○◉	
167.22 Procedures must include cleanup of spills and shall be in conformance with local health jurisdictions.	◉○○	COMAR 10.34.19.12(C)(4)

167.23	Pharmacies compounding sterile preparations shall have written policies and procedures for disposal of infectious materials and/or materials containing cytotoxic residue or hazardous waste.	◉○○	COMAR 10.34.19.12(C)(18)
167.24	Established sterilization procedures including documentation of results, if applicable.	○○◉	COMAR 10.34.19.12(C)(4)
167.25	End-product evaluation and testing, if applicable.	◉○○	COMAR 10.34.19.12(C)(11), 10.34.19.15(H)

Policies and procedures reviewed annually, last review July 2021

Quality Assurance and Patient Counseling		Y N N/A	Follow up ☐
168.00	**Quality Assurance/Quality Improvement**: Does the pharmacy continuous quality improvement program include sterile compounding measures?	◉○○	Quality Assurance Program COMAR 10.34.19.12(C), 10.34.19.15 NABP 21
168.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	◉○○	COMAR 10.34.19.14(E)(1), 10.34.19.12C(9), 10.34.19.17(B)(1) NABP 21.01
168.02	Does the pharmacy continuous quality improvement program include nonviable environmental monitoring and testing?	◉○○	NABP 21.02
168.03	Does the pharmacy continuous quality improvement program include viable environmental testing?	◉○○	COMAR 10.34.19.15(C) NABP 21.03
168.04	Does the pharmacy continuous quality improvement program include personnel testing and verification?	◉○○	COMAR 10.34.19.14 NABP 21.04
168.05	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc.?	◉○○	COMAR 10.34.19.15(D), 10.34.19.10(B) NABP 21.05
168.06	Does the pharmacy continuous quality improvement program include sterilization method testing and validation?	○○◉	NABP 21.06
168.07	Does the pharmacy continuous quality improvement program include end-product testing (such as potency, particulates, sterility, endotoxin, etc.)? Written documentation that the end-product has been tested on a periodic sampling basis for microbial contamination and steps taken in the event that testing for contamination proves positive, if applicable.	◉○○	NABP 21.07 COMAR 10.34.19.15C
168.08	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding CSPs?	◉○○	NABP 21.08 COMAR 10.34.26.04(A), 10.34.19.12(C)(9), 10.34.19.17(B)(1)
168.09	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	◉○○	COMAR 10.34.19.12(C)(6)(h) NABP 21.09
168.10	Does the recall system include communication with both the patient and the physician/prescriber regarding the potentially contaminated CSP administered and the potential risks?	◉○○	COMAR 10.34.19.12(C)(6)(h) NABP 21.10
168.11	Are QREs involving CSPs that may have been contaminated or are recalled reported to the appropriate agency such as the Board of Pharmacy and/or FDA?	◉○○	COMAR 10.34.19.12C(6)(h) NABP 21.11
168.12	Records documenting inspection for expired or recalled pharmaceutical preparations or raw ingredients(Documentation to be retained for 5 years)	◉○○	COMAR 10.34.19.07(B)(1)(e)

168.13	Are all CFUs detected by any personnel, environmental, or product testing; or any other checks or tests including endotoxin, purity, potency, etc. remediated, appropriately investigated, cause determined, and processes implemented to prevent in the future, where applicable? *Review QA trends.*	◉○○	NABP 21.12
168.14	A 24-hour telephone number is provided to allow its patients or other health care providers who may be administering its prescriptions to contact its pharmacists	◉○○	COMAR 10.34.19.06(C)
169.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of hazardous products such as chemotherapy medications?	◉○○	Patient or Caregiver Training COMAR 10.34.19.14(A) NABP 143
170.00	Are the above required printed drug information materials (drug information, PPI, MedGuides, etc.) provided for the compounded products?	◉○○	Patient or Caregiver Training COMAR 10.34.19.14(A) NABP 144
171.00	Patients are instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy.	◉○○	Patient or Caregiver Training COMAR 10.34.19.14(A) NABP 145
172.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated CSP was administered are notified of the potential risk.	◉○○	Patient Monitoring and Adverse Events Reporting COMAR 10.34.19.12(C)(6)(h) NABP 146

Final Comments:

Reviewed sterile inspection (virtual) with Mischelle Smoot, and Gina Cohenour. Requirements as listed above were observed through documented communication with the facility staff to ensure that this facility meets the minimum requirement by state law. Documents attached to this inspection were provided during virtual communication with Mischelle Smoot, and Gina Cohenour.

Pharmacy is not currently compounding due to COVID, only preparations for 1 patient have been prepared over the past year. Pharmacy sends medications in manufacturers vials to patients for preparation and administration. All patients have a nurse to assist with administration. Security includes card swipe, security alarm system, and cameras.

Cleanroom consists of a positive pressure anteroom and buffer room with 2 LAFWs. One hood is dedicated to compounding of biologics. ENV Services performed viable sampling and certification on 9/30/2021, next sampling scheduled 3/30/2022.

Recommend working with certifier to confirm environmental sampling is being performed correctly.

All documents can be sent to Jered Pasay by email at jered.pasay@maryland.gov or faxed to 410-384-4137. Unresolved matters will be brought to the Board for review.

Inspector Signature:

Pharmacist Name 15570 **Gina Cohenour** 03/17/2022

Signature:

Gina Cohenour

Received a copy of thisinspection report:

Gina Cohenour

3/17/22, 9:38 AM

MARYLAND
Department of Health
Larry J. Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Robert R Neall, Secretary

MARYLAND BOARD OF PHARMACY
4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Kevin M. Morgan, Board President, Deena Speights-Napata, Executive Director

SUPPLEMENTAL STERILE PROCESSING INSPECTION FORM

Maryland Pharmacy Permit Number	:	PW0285
Corporate Pharmacy Name	:	IgG of America, Inc. DBA: US Bioservices
Pharmacy Name-Doing Business as (d/b/a) or Trade Name	:	
Street Address	:	514 PROGRESS DRIVE, LINTHICUM, MD, 21090
Business Telephone Number	:	877-674-9700
Business Fax Number	:	877-402-4042
Inspection Date	:	03/17/2022
Arrival Time	:	07:55
Departure Time	:	09:39
Type of Inspection	:	○Opening ◉Annual ○Follow-up ○Others Select
Previous Date	:	07/23/2020
Name of Inspector	:	Jered Pasay

Pharmacy Hours							
Monday:	8:30 am - 5:00 pm	Tuesday:	8:30 am - 5:00 pm	Wednesday:	8:30 am - 5:00 pm	Thursday:	8:30 am - 5:00 pm
Friday:	8:30 am - 5:00 pm	Saturday:	Closed	Sunday:	Closed		

Maryland Pharmacy Permit Number	PW0285	Expiration Date	05/31/2022
CDS Registration Number	NA	Expiration Date	
DEA Registration Number	NA	Expiration Date	

○ Yes ○ No The pharmacy department provides service 24 hours a day. COMAR 10.34.05.

○ Yes ○ No ○ N/A The pharmacy hours of operation are prominently displayed. COMAR 10.34.05.03B

○ Yes ○ No All permits, licenses, and registrations are posted conspicuously. HO §12-311, HO §12-408(b) and HO §12-6B-08

○ Yes ○ No The pharmacy fills original prescriptions received via the internet. If yes, how do pharmacists verify that a relationship exists between the patient and the prescriber?

HG §21-220; COMAR 10.19.03.02 and .07

○ Yes ○ No The pharmacy wholesale distributes to another pharmacy. COMAR 10.34.37

○ Yes ○ No The pharmacy wholesale distributes to a wholesale distributor. COMAR 10.34.37

○ Yes ○ No ○ N/A The wholesale distribution business exceeds 5% of the pharmacy annual sales. COMAR 10.34.37

Comments:

2. PERSONNEL

15570 15570 : Gina Cohenour

Pharmacist Employee	License #	Status	Exp. Date	Vaccine Certification #	Status	Exp. Date	
Gina Cohenour	15570	Active	02/29/2024				
LOPA PATEL	14355	Active	02/28/2023				
FREDERICA M COUPET	19532	Active	09/30/2023				
ALVENA WINETTE SHERARD	08462	Active	09/30/2022				
Mischelle C Smoot	25066	Active	05/31/2023				

Registered Technicians	Registration #	Status	Exp. Date	
DOMINIQUE N BRAXTON	T02687	Active	11/30/2023	
Heath Allen Gresko	T01374	Active	11/30/2023	
CHRISTINE HARRINGTON	T14356	Active	07/31/2023	

Unlicensed Personnel (non-registered)	Title	Duties	

Coupet, and Sherard are temp Pharmacists
Pharmacist Smoot works at the corporate level and will come out to the pharmacy and assist with work if needed

Comments:

3. FACILITY AND EQUIPMENT STANDARDS FOR COMPOUNDING STERILE PREPARATIONS

Documentation shows:

O Yes O No Certification that each LAFW (Laminar Air Flow Workbench), BSC (Biological Safety Cabinet), and CAI (Compounding Aseptic Isolator) is functioning properly and meets the air quality requirement of ISO Class 5, and is performed by a qualified operator(s) using current, state-of-the-art electronic air sampling at least every six months and whenever the LAFW, BSC, or CAI is relocated. COMAR 10.34.19.03B(5) & (10); COMAR 10.34.19.15D

O Yes O No The air quality of the clean room and anteroom area is evaluated by a qualified operator(s) for conformance to ISO Class 7 and ISO Class 8 requirements, as appropriate, at least every six months and when renovations occur. COMAR 10.34.19.03B(5); COMAR 10.34.19.15E

O Yes O No Records of clean room testing are maintained and reviewed by the supervising pharmacist. COMAR 10.34.19.07B(1)

O Yes O No Evidence of daily calibration and routine maintenance on the following equipment, if applicable, for use:

- O Yes O No O N/A Autoclave
- O Yes O No O N/A Electronic Balance
- O Yes O No O N/A Convection Oven
- O Yes O No O N/A Incubator
- O Yes O No O N/A Automated Compounding Devices (pumps) COMAR 10.34.19.10B

O Yes O No A refrigerator and freezer, if applicable, with sufficient capacity to meet the storage requirements for all material requiring refrigeration/freezing must be available in the facility. Evidence of maintenance of acceptable temperature ranges must be available. COMAR 10.34.19.10A

O Yes O No The facility must contain appropriate waste containers to isolate sharps, hazardous waste, biological, and chemotherapy waste. COMAR 10.34.19.09B(6) & .15F; COMAR 10.34.19.10A(3) Access to designated areas and clean rooms is limited to those individuals who are properly attired. COMAR 10.34.19.09A

O Yes O No All equipment used in the designated area or clean room must be made of a material that can be easily cleaned and disinfected. COMAR 10.34.19.09B(3)

O Yes O No O N/A Closed system vial transfer devices (CSTD) are employed when handling cytotoxic drugs. COMAR 10.34.19.12(17)

Comments:

4. COMPOUNDING AREA COMAR 10.34.19.09

O Yes O No Clean room walls, ceilings, counters, lighting fixtures and floors are made of non-porous, nonshedding, cleanable surfaces. COMAR 10.34.19.09B(3)

O Yes O No Supplies are stored in a manner that maintains integrity of an aseptic environment.

O Yes O No The anteroom contains a sink with hot and cold running water. COMAR 10.34.19.09C(2)(a)

Comments:

5.POLICIES AND PROCEDURES MUST ADDRESS: COMAR 10.34.19.12

Policies and procedures address at least the following:

O Yes O No The compounding, filling, and labeling of sterile compounds. COMAR 10.34.19.12C(6)(a), (c) and (d)

O Yes O No Proper labeling of the compounded sterile preparation including the intended route of administration and recommended rate of administration. COMAR 10.34.19.12C(6)(d)

O Yes O No Availability of equipment and supplies. COMAR 10.34.19.12C(3); COMAR 10.34.19.12C(17)(a)

O Yes O No The training of staff in the preparation of compounded sterile preparations. COMAR 10.34.19.12C(10); COMAR 10.34.19.14B

O Yes O No Staff competency evaluations. COMAR 10.34.19.14E

O Yes O No Quality Assurance Program. COMAR 10.34.19.12C(9); 10.34.19.15

O Yes O No All record keeping requirements COMAR 10.34.19.12C(7)

O Yes O No A written process, verified by a pharmacist, describing ingredients and the process for each preparation. COMAR 10.34.19.05B(4); COMAR 10.34.19.07B(1) and (2)

O Yes O No Documentation demonstrating that all personnel involved have read the policies procedures before compounding sterile preparations. COMAR 10.34.19.12B

O Yes O No Documentation of communication of policy and procedure for additions and deletions

O Yes O No The storage and handling of products and supplies. COMAR 10.34.19.12C(6)(b)

O Yes O No The storage and delivery of final preparation. COMAR 10.34.19.12(6)(b) and (f)

O Yes O No Media fill process verification testing. COMAR 10.34.19.12C(11)

O Yes O No The criteria for Beyond Use Dating (BUD). COMAR 10.34.19.12C(6)(e)

O Yes O No Personnel access and movement of materials into and near the compounding area. COMAR 10.34.19.12C(2)

O Yes O No The use and maintenance of environmental control devices used to create the critical area for manipulation of sterile preparations (e.g. laminar air flow workstations, biological safety cabinet, ISO Class 7 clean room, and/or CAIs. COMAR 10.34.19.12C(3)

O Yes O No A regular cleaning schedule for the controlled area and any equipment in the controlled area and the alternation of disinfectants (pharmacies subject to an institutional infection control policy may follow that policy).

O Yes O No The method used to monitor the environment for bacterial microorganisms. COMAR 10.34.19.12C(4)

O Yes O No The disposal of packaging materials, used syringes, containers, and needles to avoid accumulation and maintain sanitation in the controlled area. COMAR 10.34.19.12C(18); COMAR 10.34.19.15F

O Yes O No Written policies and procedures for the use of established master formulas and worksheets for sterile batch compounding, if applicable

O Yes O No O N/A Established sterilization procedures including documentation of results, if applicable. COMAR 10.34.19.12C(4)

O Yes O No O N/A End-product evaluation and testing, if applicable. COMAR 10.34.19.12C(11); COMAR 10.34.19.15H

Comments:

6. LABELING REQUIREMENTS COMAR 10.34.19.06

All labeling must include the following:

O Yes O No The name and concentration or amount of each ingredient contained in the preparation. COMAR 10.34.19.06B(7) and (8)

O Yes O No Instructions for storage and handling. COMAR 10.34.19.06B(12)

O Yes O No O N/A Cytotoxic agents include a special label which states "Chemotherapy-Dispose of Properly". COMAR 10.34.19.06B(13)

O Yes O No Beyond Use Dating. COMAR 10.34.19.06B(11)

O Yes O No For short dated preparations, labeling must include:

O Yes O No O N/A Time

O Yes O No O N/A Date

O Yes O No O N/A Caution label/start-up time

Comments:

7. RECORD KEEPING REQUIREMENTS COMAR 10.34.19.07

The following records must be maintained:

O Yes O No A readily retrievable medication profile for each patient. COMAR 10.34.19.07A

O Yes O No Compounding worksheets for preparations for future use, indicating the drug name and amount/dose, ingredient lot numbers, quantity prepared, preparation date and BUD. COMAR 10.34.19.07B(2)

O Yes O No O N/A Documentation for 3 years to include: COMAR 10.34.19.07B – 5 years

O Yes O No Training and competency evaluation of employees in sterile preparation procedures. COMAR 10.34.19.07B(1)(a)

O Yes O No Refrigerator and freezer temperatures. COMAR 10.34.19.07B(1)(b)

O Yes O No O N/A Certification of the testing of the sterile compounding environment.COMAR 10.34.19.07B(1)(c)

O Yes O No O N/A Other facility quality control logs specific to the pharmacy's policies and procedures (e.g. cleaning logs for facilities and equipment). COMAR 10.34.19.07B(1)(d)

O Yes O No O N/A Preparation records including the master work sheet, the preparation work sheet and records of end product evaluation, if applicable. COMAR 10.34.19.07B(1)(f)

O Yes O No O N/A Daily, weekly and monthly records of disinfection of workbench surface, walls, floors, ceilings, shelving, tables and stools, and after any unanticipated event which increases the risk of contamination. COMAR 10.34.19.07B(1)(d)

Comments:

8. INVENTORY CONTROL PROCEDURES

O Yes O No O N/A The pharmacy maintains records of wholesale distribution to other pharmacies separately from its other records. COMAR 10.34.37.03

O Yes O No O N/A The pharmacy maintains records of wholesale distribution to wholesale distributors separately from its records of wholesale distribution to other pharmacies. COMAR 10.34.37.03

Comments:

9. ATTIRE 10.34.19.13

O Yes O No O N/A Clean room garb consists of a non-shedding coverall, head cover, face mask, and shoe covers must be worn inside the designated area at all times. COMAR 10.34.19.13A(3)

O Yes O No O N/A Clean room garb must be donned and removed outside the designated area. COMAR 10.34.19.13A(4)

O Yes O No O N/A Hand, finger, and wrist jewelry must be removed. COMAR 10.34.19.13A(5)

O Yes O No O N/A Head and facial hair must be covered. COMAR 10.34.19.13A(3)(b)

O Yes O No O N/A Makeup must not be worn in clean room. COMAR 10.34.19.13A(7)

O Yes O No O N/A Protective gloves made of non-shedding materials are required. COMAR 10.34.19.11A

O Yes O No O N/A When preparing cytotoxic agents, appropriate personal protective equipment including gowns and gloves are worn. COMAR 10.34.19.12C(17); COMAR 10.34.19.14B

Comments:

Requirements may not apply if a barrier isolator is used to compound sterile preparations.

10. TRAINING OF STAFF, PATIENT, AND CAREGIVER COMAR 10.34.19.14

O Yes O No O N/A In non-hospital environments: Consultation shall be available to the patient and/or primary caregiver concerning proper use of compounded sterile preparations and related supplies furnished by the pharmacy. COMAR 10.34.19.14A

O Yes O No O N/A The supervising pharmacist shall ensure all personnel engaging in compounding sterile drug preparations shall have training and demonstrate on-going competence in the safe handling and compounding of sterile drug preparations including cytotoxic agents if applicable. COMAR 10.34.19.14B

O O O Yes No N/A Pharmacies must establish and follow a written program of training performance evaluation designed to ensure that each person working in the designated area has the knowledge and skills necessary to perform their assigned tasks properly, COMAR 10.34.19.14E(1)

O O O Yes No N/A The program of training and evaluation addresses the following:

O O O Yes No N/A Aseptic technique

O O O Yes No N/A Pharmaceutical calculations/terminology

O O O Yes No N/A Sterile preparations compounding documentation

O O O Yes No N/A Quality assurance procedures

O O O Yes No N/A Aseptic preparation procedures

O O O Yes No N/A Proper cleansing and garbing techniques

O O O Yes No N/A General conduct in the controlled area

O O O Yes No N/A Cleaning/sanitizing and maintaining equipment used in the controlled area

O O O Yes No N/A Sterilization techniques if applicable See COMAR 10.34.19.14E(1)(a) – (i) for above

O O O Yes No N/A Handling, storage, and delivery of sterile compounded preparations

O O O Yes No N/A Equipment training COMAR 10.34.19.14E(1)(j)

O O O Yes No N/A Competency assessment COMAR 10.34.19.14B

O O O Yes No N/A Equipment and closure system selection COMAR 10.34.19.14E(1)(j)

O O O Yes No N/A Each person assigned to the controlled area must successfully complete practical skills training in aseptic technique and aseptic area practices. COMAR 10.34.19.14E(2)

O O O Yes No N/A Evaluations must include written testing and a written protocol of periodic routine performance checks involving adherence to aseptic area policies and procedures. COMAR 10.34.19.14E(3)

O O O Yes No N/A Each person's proficiency and continuing training needs must be reassessed every 12 months (every 6 months for high-risk compounding). COMAR 10.34.19.14E(1)(a)

O O O Yes No N/A Records of training and demonstrated competence shall be available for each individual and shall be retained for three (3) years beyond the period of employment. 5 years for employees. COMAR 10.34.19.14C

Comments:

11. DISPOSAL OF WASTE MATERIAL

O O O Yes No N/A Pharmacies compounding sterile preparations shall have written policies and procedures for disposal of infectious materials and/or materials containing cytotoxic residue or hazardous waste. COMAR 10.34.19.12C(18)

O O O Yes No N/A Procedures must include cleanup of spills and shall be in conformance with local health jurisdictions. COMAR 10.34.19.12C(4)

Comments:

12. QUALITY ASSURANCE AND PROCESS VERIFICATION COMAR 10.34.19.15

O O O Yes No N/A Each pharmacy shall have a documented, ongoing quality assurance program that monitors personnel performance, equipment and facilities. COMAR 10.34.19.12C; COMAR 10.34.19.15

O O O Yes No N/A The Quality Assurance Program shall include documentation of monitoring to assure successful:

O O O Yes No N/A Cleaning and sanitization of the parenteral medication preparation area. COMAR 10.34.19.15E

O O O Yes No N/A The storage of compounded parenteral preparations in the pharmacy and periodic documentation of refrigeration/freezer temperature. COMAR 10.34.19.15B

O O O Yes No N/A Steps taken in the event of a drug recall. COMAR 10.34.19.12C(6)(h)

O O O Yes No N/A Written justification including literature references of the chosen beyond use dates for compounded sterile preparations.

O O O Yes No N/A Written policies and procedures for implementing the immediate use exemption for admixtures.

O O O Yes No N/A Each individual involved in the preparation of compounded sterile preparations must successfully complete a verification process before being allowed to prepare sterile preparations. COMAR 10.34.19.14B

O O O Yes No N/A The verification process shall be carried out using the same personnel, procedures, equipment, and materials as normal production, except that an appropriate microbiological growth medium is used in the compounding process to verify the sterility of the final preparation. COMAR 10.34.19.12C(11); COMAR 10.34.19.15C

O O O Yes No N/A Completed media samples must be incubated according to currently accepted standards. COMAR 10.34.19.15C

O O O Yes No N/A If microbial growth is detected, then the sterile preparation process must be evaluated, corrective action taken, and the verification process repeated.

O O O Yes No N/A Personnel competency must be re-verified at least every 12 months (every 6 months for highrisk), whenever the quality assurance program yields an unacceptable result, or whenever improper aseptic technique is observed.

O O O Yes No N/A The verification and re-verification process must be documented. COMAR 10.34.19.07B(3)

O O O Yes No N/A Other personnel monitoring requirements as required by current standards must be performed, such as fingertip touch testing.

O O O Yes No N/A There must be current and appropriate reference materials regarding the compounding of sterile preparations located in or immediately available to the pharmacy. COMAR 10.34.19.16

O O O Yes No N/A Written documentation that the end product has been tested on a periodic sampling basis for microbial contamination and steps taken in the event that testing for contamination proves positive, if applicable. COMAR 10.34.19.15C

Comments:

CONTROLLED DANGEROUS SUBSTANCES WORKSHEET

Pharmacy: IgG of America, inc. DBA: US Bioservices
Permit#: PW0285
Date: 03/17/2022

Rx#:
Date Filled:

DRUG	NDC Number	ON HAND INVENTORY	PERPETUAL INVENTORY	
				Clear
				Clear
				Clear
				Clear

Comments:

SCHEDULE II AUDIT

Drug:
NDC Number:
Date of last Inspection/Biennial: 07/23/2020

Amount at last inspection/biennial	0.00	(A)
Purchased since inspection/biennial	0.00	(B)
Total inventory	0	(C) = A + B
Quantity Dispensed	0.00	(D)

SCHEDULE II AUDIT		
Expected Inventory	0	(E) = C - D
Quantity on Hand	0.00	(F)
Discrepancy	0	(G) = (F-E)excess or (E-F) shortage

INVOICE REVIEW

CII:

CIII
-
CV:

PRESCRIPTION REVIEW

CII#:

Date:

Comments:

CIII -
CV#:

Date:

Comments:

Pharmacist Signature for Controlled Dangerous Substances Audit:

INSPECTOR'S COMMENTS:

Inspection report attached under supporting documents

Inspector Signature:

Pharmacist Name (Print):

Date: 03/17/2022

Signature:

Received a copy of this inspection report:

Supporting Documents.
PW0285_03172022_571_414-256123-33418.pdf
PW0285_03172022_571_414-256123-33690V.pdf
PW0285_03172022_571_772634.pdf
PW0285_03172022_571_Audit 2022 Heath Pump Training.pdf
PW0285_03172022_571_Board Inspection documents 3.11.2022.pdf
PW0285_03172022_571_Buffer Area - Compounding Attire 200.304.pdf
PW0285_03172022_571_Change Control 100.220.pdf
PW0285_03172022_571_Delivery Process 200.113.pdf
PW0285_03172022_571_Drug Device Recalls 500.207.pdf
PW0285_03172022_571_EnviroTest Log.pdf
PW0285_03172022_571_Gresko training screenshot.png
PW0285_03172022_571_Guidelines for Pharmacy Prepared Sterile Products 200.310.pdf
PW0285_03172022_571_Handling, Transport & Disposal of Prescription Medications 600.101.pdf
PW0285_03172022_571_Heath.pdf
PW0285_03172022_571_IMG_0245.jpg
PW0285_03172022_571_IMG_0247.jpg
PW0285_03172022_571_IMG_0249.jpg
PW0285_03172022_571_IMG_0253.jpg
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PW0285_03172022_571_IMG_1607.jpg
PW0285_03172022_571_IMG_1612.jpg
PW0285_03172022_571_jpeg-imag.jpg
PW0285_03172022_571_Labeling Prescription Products 200.209.pdf
PW0285_03172022_571_Lopa.pdf
PW0285_03172022_571_Maintenace Log -Board Audit 2022.pdf
PW0285_03172022_571_Maintenance of Pharmacy Equipment 200.120.pdf
PW0285_03172022_571_MD BOP Virtual Inspection 3.2022.pdf
PW0285_03172022_571_MD Pharmacy Licenses 2022.xlsx
PW0285_03172022_571_Medication Preparation 200.200.pdf
PW0285_03172022_571_Packaging Drugs & Supplies 200.119.pdf
PW0285_03172022_571_Patel training screenshot.png
PW0285_03172022_571_Pharmacy Competency.pdf
PW0285_03172022_571_Receiving, Storing & Handling Drugs & Supplies 200.204.pdf
PW0285_03172022_571_State of Maryland Mail - MD BOP Inspection - License #PW0285.pdf
PW0285_03172022_571_State of Maryland Mail - PW0285 Inspection.pdf
PW0285_03172022_571_State of Maryland Mail - Sterility report of a CSP.pdf
PW0285_03172022_571_Sterile Compounding QA Procedures 200.307.pdf
PW0285_03172022_571_Sterile Compounding Requirements 200.300.pdf

Details

Demographic Information

Name: IgG of America, LLC.dba CVS/Specialty

Address Information

Address: 514 Progress Drive
Suite X-Z

City: Linthicum Heights **State:** MD **Zip:** 21090

Maryland License\Permit Information

Number:	PW0285	**Type:**	Pharmacy Waiver	**Status:**	Active
Original Issued:	11/29/2006	**Date Renewed:**	5/27/2022	**Expires:**	5/31/2024

Specialty: Sterile Compounding

Specialty: Other

No Related Documents

*******Please refer to the Board's Formal Disciplinary Action page for the listing of all disciplinary actions.*******

STATE OF MARYLAND
Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES , OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT I.G.G. OF AMERICA, LLC (W23271620) , REGISTERED SEPTEMBER 16, 2022, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 27, 2022.

Michael L. Higgs
Director

301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: ZpPhuN1ot0q2EdHDQHYZRg
To verify the Authentication Code, visit http://dat.maryland.gov/verify

State of Maryland

142496

DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT Ing Of America, LLC. Dba Cvs/Specialty
IS A REGISTERED
License Expiration Date Active
Pharmacy Waiver 05/31/2024

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
PW0285	05/31/2024

SECRETARY MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

Entity Name	IgG of America L.L.C.

Management Name	Title	Address	Phone	Ownership
Conroy, John M.	President/Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Moffatt, Thomas S.	Vice President/Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Beaulieu, Sheelagh M.	Assistant Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Cole, Joshua	Assistant Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Cimbron, Linda M.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
DeSousa, Kimberley M.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
St Angelo, Melanie K.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%

Owner	Caremark RX, L.L.C.
%	100%

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler IgG of America L.L.C. dba CVS/specialty

Pharmacy/Wholesaler License # (if applicable) PH01867

Physical Address 514 Progress Drive., Suite X-Z

City Linthicum Heights State MD Zip 21090

Mailing Address (if different from physical address) One CVS Drive MC1160

City Woonsocket State RI Zip 02895

Telephone 877-674-9700 Website

Licensing Company Email Permitinfo@cvshealth.com

Section 2: Personal Information

First Gina Middle White Last Cohenour

Alias(es, nicknames, name changes, etc.) Gina Alice White, Gina White Sauls

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Ringe Drive

City Severn State MD Zip 21144

Telephone [redacted] Email [redacted]@yahoo.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Medical University of South Carolina		8/1991-5/1995	
Address	**City**	**State**	**Zip**
171 Ashley Avenue	Charleston	SC	29425
Diploma/Degree obtained, if any			
BS-Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Francis Marion University		8/1989-12/1992	
Address	**City**	**State**	**Zip**
4822 E Palmetto St	Florence	SC	
Diploma/Degree obtained, if any			
BS-Biology/Chemistry			
School Name		**From - To (MM/YY – MM/YY)**	
Williamsburg Academy		8/1977-5/1989	
Address	**City**	**State**	**Zip**
1000 Sandy Bay Rd.	Kingstree	SC	29556
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/2001-Present	[redacted] Ringe Drive	Severn	MD	21144
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
IgG of America L.L.C dba CVS/specialty			4/4/2016-Present
Business Address	**City**	**State**	**Zip**
514 Progress Drive Suite X-Z	Linthucum Heights	MD	21090
Phone	**Title**	**Number of Employed Hours**	
877-674-9700	Pharmacy Manager/PIC	12,000	

Description of Duties
Prescription order verification to include drug utilization review. Management of homebound patients with complex drug therapies, maintain operating policies and procedures quality assurance and record keeping. Over-site and management of pharmacy staff and facility operations.

Business Name			From - To (MM/YY – MM/YY)
Coram Specialty/CVS Caremark			6/2008-2016
Business Address	**City**	**State**	**Zip**
7150 Columbia Gateway Drive Unit E	Columbia	MD	21046
Phone	**Title**	**Number of Employed Hours**	
800-227-3675	Clinical Pharmacist	16,000	

Description of Duties
Process verify prescription orders. Manage patients on complex therapies of home infusions. Ensure proper record keeping.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Gina Cohenour, **certify that as the designated representative for**

IgG of America L.L.C. dba CVS/specialty,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ___ I am at least 21 years of age;
3. ___ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ___ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ___ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ___ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ___ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Gina Cohenour
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/31/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gina Cohenour
Print Name (First, Last)

Gina Cohenour
Original Signature (electronic, copies or stamps not accepted)

8/31/22
Date

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Hartford

I, Gina Cohenour, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Gina Cohenour
Original Signature

8/31/22
Date

Subscribed and Sworn to before me this 31st day of Aug., 2022

Notary Public Signature
Commission exp.: 11/10/2024

DANAI M HYNSON NOTARY PUBLIC ANNE ARUNDEL COUNTY, MD (Seal)

11D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: DM Clinical Collaborations dba InfuCare Rx

Physical Address: 6108 San Fernando Road

City: Glendale State: CA Zip: 91201-2240

Mailing Address (if different from physical address): P.O. Box 2578

City: Secaucus State: NJ Zip: 07096

Telephone: 877-469-6052 Toll Free # (NAC 639.708, NRS 639.23286): 877-469-6052

Fax: ~~877-469-6052~~ Contact Email: Licensing@infucarerx.com

Website: www.infucarerx.com

Nevada Business License # (if applicable) E13671172021-1

Supervising/Managing Pharmacist Name (NRS 639.220): Dulari K Patel ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22605 ✓

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ■ Other: Specialty Pharmacy

Services the Pharmacy will Provide (check all applicable)

- ■ Retail/Community
- ☐ Non-sterile Compounding
- ■ Sterile Compounding
- ■ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Dulari K Patel	NV Pharmacist Registration #: 22605
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.		

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): InfuCare Rx, Inc.

Corporation/Organization Name: DM Clinical Collaborations dba InfuCare Rx

Mailing Address: P.O. Box 2578

City: Secaucus State: NJ Zip: 07096

Telephone: 877-828-3940 Email: Licensing@infucarerx.com

Contact Person Name: Dhara Patel

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President and Treasurer (title) for DM Clinical Collaborations dba InfuCare Rx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Dhara Patel

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/19/22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dhara Patel

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

4/19/22

Date

Board Use Only	Date Received: _____	Amount: 500	Check # 10498

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: DM Clinical Collaborations dba InfuCare Rx

NV Pharmacy or Outsourcing facility license # (if applicable):

Physical Address: 6108 San Fernando Road

City: Glendale State: CA Zip: 91201-2240

Mailing Address (if different from physical address): P.O. Box 2578

City: Secaucus State: NJ Zip: 07096

Telephone: 877-469-6052 Toll Free # (NAC 639.708, NRS 639.23286): 877-469-6052

Fax: 877-469-6052 Contact Email: Licensing@infucarerx.com

Website: www.infucarerx.com

Nevada Business License # (if applicable) E13671172021-1

Supervising/Managing Pharmacist Name (NRS 639.220): Dulari K Patel

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22605

Name of Person with direct knowledge of compounding procedures: Dulari K Patel

Email of Person with direct knowledge of compounding procedures: DKPatel@infucarerx.com

Telephone of Person with direct knowledge of compounding procedures: 877-469-6052

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☑ Low ☑ Medium ☐ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ☑ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Amikacin
Ampicillin
Cefazolin
Ceftazidime-Avibactam
Aztreonam
Clindamycin
Daptomycin
Gentamicin
Ertapenem
Cefepime
Meropenem
Nafcillin Sodium
Oxacillin
Pennicillin G
Imipenem/Cilastin
Acyclovir
Caspofungin
Micafungin
Hydration
Parenteral Nutrition
Methylprednisolone
Bezlotoxumab
Ceftriaxone
Ceftaroline
Tigecycline
Nebcin
Ampicillin/Sulbactam
Vancomycin
Telavancin
Azithromycin
Piperacillin/Tazo

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☑ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:
N/A

6. What laboratory performs this additional testing?
Name: N/A
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?
During the final verification done by the pharmacist, the CSP will be examined to ensure there is no leakage.
Packaged and labeled CSP will be visually inspected for physical integrity and expected appearance, including final fill amount.
The accuracy of identities, concentrations, amounts, and purities of ingredients in CSPs will be confirmed by reviewing labels on packages, as well as observing and documenting correct measurements.
The CSP will be examined under a light box to ensure there are no particles, examine color, as well as the size.

8. How often do you perform glove fingertip and medial fill testing?

upon hire and every 12 months

9. What is your policy if an employee fails a glove fingertip or media-fill test?

Personnel who fail competency evaluations must successfully pass reevaluations in the deficient area(s) before they can resume compounding sterile products.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

Staff that perform compounding will receive training on asepsis and IV admixture upon hire and annually thereafter. Pharmacy management is responsible for enforcing and providing training. Upon hire and annually, sterile compounding staff complete didactic training via "Critical Point" Learning module system, and a Pharmacy Sterile Compounding Skills Assessment validating sterile compounding techniques. Staff that fail the written and/or practical portions of the training are not permitted to compound until re-training is completed successfully.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

See attached

12. Who performs the sterile compounding process at your facility?

Sanjeshni Kumar, CPhT; Dulari Patel, PharmD; Kathryn Wagenbach, PharmD; Joseph Schuetz, PharmD; John Taing, PharmD

13. Who is responsible and accountable for the sterile compounding process at your facility?

Dulari K Patel - Pharmacist in Charge

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

InfuCare Rx ensures that quality pharmaceutical product is received by the patient in a timely manner under controlled conditions. Based on manufacturer's recommendations, temperature-sensitive medications are to be shipped in approved insulated containers with sufficient artificial ice and expedited (FedEx/UPS Priority next day/same-day courier) delivery to maintain product integrity. Sufficient artificial ice is based on the manufacturer product stability guideline with consideration of seasonal temperature and geographical location. The pharmacy will package medications to ensure integrity and stability during a FedEx/UPS shipment and/or courier based on the medication manufacturer's recommendation for temperature stability (controlled room temperature or refrigerated).

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? N/A - No Hazardous Compounding		
2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☐ No
7. If yes, list the name of the device: N/A - No Hazardous Compounding		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? N/A - No Hazardous Compounding		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs? N/A - No Hazardous Compounding		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

N/A - No High Risk Compounding

2. What sterilization methods are utilized at your facility?

N/A - No High Risk Compounding

3. Does your facility utilize biological indicators? ☐ Yes ☐ No

4. If yes, describe how they are utilized:

N/A - No High Risk Compounding

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dulari K Patel

Name of Person who Completed the Form

Pharmacist in Charge

Title

Dulari Patel

Signature (copies or stamps not accepted)

8/17/2022

Date

Board Use Only	Date Received: 8.18.22 Date Approved: _____ Approved By: _____

InfuCare Rx

P.O. Box 2578
Secaucus, NJ 07096

Tel (877) 828-3940
Fax (877) 828-3941

08/17/2022

Nevada Board of Pharmacy

985 Damonte Ranch Parkway, STE 206

Reno, NV 89521

RE: Sterile Compounding Questionnaire Question #11

To Whom It May Concern:

Daily Cleaning:
a. Laminar Flow Hood(s): Wipe each hood Daily with the Disinfectant and let dry for 10 minutes using a back to front, side to side method. Follow with Sterile Isopropyl Alcohol using the same back to front, side to side method.
b. Floors: Mop each business day with the Disinfectant agent and let dry for 10 minutes. All mopping must be done as follows: from back of room in a side to side overlapping method from the back wall to the front (door). The cleaning personnel will mop by dividing the room into quarters with the final quarter being where the entrance door is.
c. Pass-Through Unit (if applicable): If the pass-through unit has an overhang then it has to be cleaned daily with the Disinfectant agent and let dry for 10 minutes.

Monthly Cleaning:
d. Ceiling areas (except air filters): Mop monthly with the Disinfectant agent and let dry for 10 minutes. Follow with the Sporicidal agent and let that dry for 5 minutes. Mopping procedure will be done as described above in "a."
e. Walls: Mop monthly with the Disinfectant agent and let dry for 10minutes. Followed by the Sporicidal agent and let dry for 5 minutes. Mopping procedure will be done as described above in "a."
f. Permanent equipment in clean room (counters, chairs, shelving, bins, carts, etc.: Once Monthly, using lint free disposable towels, Clean with the Disinfectant agent and let dry for 10 minutes, followed by the Sporicidal agent, and let dry for 5 minutes, followed by Sterile Isopropyl Alcohol.
g. Any of the above fixtures can and will be cleaned more frequently, if necessary.

Preempt RTU

- 1 Minute Bactericidal, Virucidal
- 5 Minute Tuberculocidal
- 10 Minute Fungicidal

- 30 Seconds Broad-Spectrum Sanitizing

Peridox RTU

3-minute sporicidal

InfuCare Rx

DM Clinical Collaborations LLC

APPLICANT
DM Clinical Collaborations
EIN: 274715885
6108 San Fernando Road
Glendale, CA 91201

OWNERSHIP
InfuCare Rx Inc. –100%
EIN: 472925241
PO Box 2578
Secaucus, NJ 07096

OFFICERS
(DM Clinical Collaborations and InfuCare Rx Inc)

President & Treasurer: Dhara Patel

DOB: [redacted]
Address: [redacted] Vincent Road, Cedar Grove NJ 07009

Secretary: Tiffany Scheppers

DOB: [redacted]
Address: [redacted] Lookout Circle, Waxhaw NC 28173

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 58562

NAME: DM CLINICAL COLLABORATIONS DBA INFUCARE RX

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

6108 SAN FERNANDO RD
GLENDALE CA 91201
LOS ANGELES COUNTY

ISSUANCE DATE

JANUARY 4, 2022

EXPIRATION DATE

JANUARY 1, 2023

CURRENT DATE / TIME

AUGUST 10, 2022
3:49:55 PM

LICENSE RELATIONSHIPS

NAME: DM CLINICAL COLLABORATIONS DBA INFUCARE RX

LICENSE/REGISTRATION TYPE: STERILE COMPOUNDING PHARMACY

LICENSE NUMBER: 101747 **PRIMARY STATUS:** CLEAR

ADDRESS :
6108 SAN FERNANDO RD
CLEAN ROOM
GLENDALE CA 91021
LOS ANGELES COUNTY

NAME: PATEL, DULARI KETANKUMAR

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 55546 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 03/21/2022
Amount:
License #: 22605

Dulari K. Patel

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:03/21/2022
Expires:09/21/2022

Dulari K. Patel

License #
22605
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 22605
Effective Date:03/21/2022

Expires: 09/21/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Dulari K. Patel

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy Clinic Exempt Hospital Wholesaler Hypodermic

Date: 3/2/2022 Inspector: Marc Gasca

Firm: DM CLINICAL COLLABORATIONS DBA INFUCARE RX Phone: (877) 469-6053

Address: 6108 SAN FERNANDO RD City: GLENDALE Zip: 91021

Ownership: CORPORATION

Permit #: LSC101747 PHY58562 Permit Exp: 6/15/2022 DEA#: FD8703286 DEA Exp: 6/30/2022

Date of Self Assessment Form: 3/2/2022 Other Permit #: N/A Date of DEA Inventory:

Hours M-F: 9AM-5PM Hours Saturday ON CALL Hours Sunday: ON CALL

PIC **DULARI K PATEL** RPH55546 Administrator

RPH Consultant

Staff RPH Name:	License #:	Staff Name:	License #:
JOSEPH F SCHUETZ	RPH72984	**SANJESHNI S KUMAR**	TCH147371
SIENG K TAING	RPH62804		
KATHRYN R WAGENBACH	RPH63413		

Inspector Remarks:

Here today for change of ownership inspection. Infucare Rx is a closed-door pharmacy, mainly servicing home infusion patients (IVIG, hemophilia). Staffing ratio at time of inspection observed to be 2 RPH, 1 TCH, and 1 intake clerk. Assisted onsite by PIC Dulari Patel (contact email: dkpatel@infucarerx.com; contact telephone number: 877-828-3940). Delivery service via FedEx provided by pharmacy, notice pertaining to right to consultation by pharmacist sent with every prescription.

**Note: Full sterile license renewal inspection was performed remotely under the previous sterile license number. See inspection report for Infucare Rx (LSC 101602), dated 1/27/2022, for full inspection details.

Observed during inspection:

Notices to the public displayed in public view

- Original license and renewal
- Notice to Consumer poster
- Language notice/interpretive services

Facility

- Security: only RPh possesses key
- Readily accessible bathroom
- Drug shelves are clean and orderly
- Randomly selected drugs reviewed for expiration date
- Licensed staff, name tags
- Pharmacy and licensees on Board's email notification list
- Pharmacy email: licensing@infucarerx.com

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Discussion:

- Self-assessment requirements

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) Dulari Patel
Pharmacist (print) Dulari K. Patel

Inspector (sign) _____
Inspector (print) Marc Garcia

Owner(sign) _____
Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 1/27/2022 Inspector: Marc Gasca

Firm: INFUCARE RX Phone: (877) 469-6053

Address: 6108 SAN FERNANDO RD City: GLENDALE Zip: 91201

Ownership: CORPORATION

Permit #: LSC101602 PHY57749 Permit Exp: 3/1/2022 DEA#: FD8703286 DEA Exp: 6/30/2022

Date of Self Assessment Form: 9/30/2021 Other Permit #: N/A Date of DEA Inventory: 9/30/2021

Hours M-F: 9AM-5PM Hours Saturday ON CALL Hours Sunday: ON CALL

PIC DULARI K PATEL RPH55546 Administrator ___

RPH Consultant ___

Staff RPH Name:	License #:	Staff Name:	License #:
SIENG K TAING	RPH62804	SANJESHNI S KUMAR	TCH147371
JOSEPH F SCHUETZ	RPH72984		

Inspector Remarks:

Due to the COVID-19 Public Health Emergency, this inspection was performed remotely with data supplied by the facility. The information was reviewed by the inspector and conversations with the pharmacist-in-charge or pharmacy contact occurred as appropriate.

General Information

Retail, closed-door specialty pharmacy. The pharmacy currently fills approximately 1 Rx per day and each shift is typically staffed with 1 RPH, 1 TCH, and 1 intake clerk. Inspection was conducted via telephone and email conversations with PIC Dulari Patel (contact email: dkpatel@infucarerx.com; contact telephone number: 877-828-3940).

- Compounding Self-Assessment: completed by PIC Patel on 9/30/2021, *PIC associated on 9/9/2021*
- Community Pharmacy/Hospital Outpatient Self-Assessment: completed by PIC Patel on 9/30/2021
- Average number of compounded sterile products (CSPs) compounded daily: **Pharmacy has not compounded CSPs in the past 12 months, per PIC Patel**
- FDA, DEA, and/or accreditation inspections w/ applicable reports issued within past 12 months: None to report, per PIC Patel

Previous CA Board of Pharmacy Inspection Report

- Reviewed previous inspection report for previous corrections or written notice of noncompliance, previous noncompliance issues: No corrections, violations issued on 11/12/2020 inspection report

Pharmacy Law Waivers

- None used at this time, per PIC Patel

Sterile Compounding Area

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

No changes to the physical layout of the sterile compounding area in the past 12 months; the facility has acquired a Pinnacle TPN Compounder automated compounding device in the past 12 months per PIC Patel

Based on certification records and conversations with PIC Patel:

ISO 8 Ante Room (+ pressure) => ISO 7 Non-HD Buffer Room (+ pressure)

- **Positive pressure ISO 8 Ante Room**
  - Line of demarcation (LOD), separating dirty and clean side
  - Sink with H/C water (hand hygiene station) on the clean side of LOD
  - Garbing bench
  - Storage rack
  - Supply cart
  - Designated cleaning supplies
  - Gowning supplies
- **Positive Pressure ISO 7 Non-HD Buffer Room**
  - Contains ISO 5 laminar flow hood
  - Supply cart

- **Types of Compounding/Risk Levels:**
  - No CSPs have been compounded in the past 12 months, per PIC Patel
  - No changes in types of CSPs compounded at the facility in past 12 months, per PIC Patel
  - Sterile to sterile
  - Non-hazardous CSPs only

- **Certification/Testing of Primary and Secondary Engineering Controls**

  - *Certification performed by Clean Room Services on 7/20/2021*

  - **ISO 8 Ante Room (+ Pressure)**
  - Non-viable particle count testing performed under dynamic conditions, passing based on ISO14644-1:2015/ CAG-003-2006 testing standards
  - Room Air Exchange Rate (ACPH) = 37 ACPH (Minimum = 20 ACPH)
  - Positive pressure differential = 0.041 inches w.c. (Minimum = 0.02 inches w.c.)
  - Viable air sampling: Sample showed acceptable level of growth in compliance with USP <797>
  - Viable surface sampling: Sample showed no growth in compliance with USP <797> standards

  - **ISO 7 Non-HD Buffer Room (+ Pressure)**
  - Non-viable particle count testing performed under dynamic conditions, passing based on ISO14644-1:2015/ CAG-003-2006 testing standards
  - Room Air Exchange Rate (ACPH) = 51 ACPH (Minimum = 30 ACPH)
  - Positive pressure differential = 0.043 inches w.c. (Minimum = 0.02 inches w.c.)
  - Viable air sampling: Sample showed acceptable level of growth in compliance with USP <797> standards
  - Viable surface sampling: Sample showed no growth in compliance with USP <797> standards

  - **Unidirectional Flow Hood (ISO 5) in ISO 7 Non-HD Buffer Room**

California State Board of Pharmacy
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Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

- Make: Germfree/Model: BZ-3SS-RX/Serial Number: 3S-15-BH-16049
- Airborne particle count testing performed under dynamic conditions, passing based on CAG-003/ISO14644-1:2015 Class 5 testing standards
- Smoke study: Reviewed
- Viable air sampling: Sample showed no growth in compliance with USP <797> standards
- Viable surface sampling: Sample showed no growth in compliance with USP <797> standards

- Cleaning logs reviewed for August, September 2021 for all ISO classified areas
  - The following cleaning agents used: Sterile water for Irrigation, PREempt, PeridoxRTU, sIPA

Policies and Procedures

- Annual review of policies and procedures: Documented by PIC Patel on 1/11/2022
- Updated and new PnPs: Reviewed, specifically SOP 9.8 Pharmacy Operations and OP-20 Sterile Compounding Training and Technique

Recordkeeping

- Compounding records/Master formulas/Labels
  - Reviewed Vancomycin 1gm/250ml NS and Cefazolin 1gm/10ml SWFI for CSP name/strength, manufacturer/lot number/expiration date of each ingredient, equipment, necessary quality review, instructions for storage and handling of CSP, lot number, BUD
  - Labels reviewed for "compounded by" statement, BUD, telephone number of pharmacy, name/strength of each active ingredient, instructions for storage/handling/administration
- Pressure differential logs: reviewed for October, November 2021
- Refrigerator/freezer/room temperature logs: reviewed for October, November 2021; revised logs were requested and reviewed

Employee Training/Competencies

- Pharmaceutical calculations, gloved fingertip sampling, media fill testing, observational skills assessments (hand hygiene/garbing, cleaning/disinfection, aseptic technique): Reviewed for PIC Patel and TCH Kumar

Quality Assurance

- End-product potency and sterility testing performed twice yearly by Dynalabs
  - Reviewed potency and sterility results for Vancomycin 1gm/250ml injection (Lot #ICRx 051921 test 2) and Cefazolin 1gm/10ml injection (Lot #ICRx 051921 test 1), both compounded on 5/19/2021

Adverse Drug Reactions

None to report in the past 12 months, per PIC Patel

Licensee Remarks:

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) Dulari Patel

Pharmacist (print) Dulari Ketankumar Patel

Inspector (sign) _____

Inspector (print) Marc Gasca

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler DM Clinical Collaborations dba InfuCare Rx

Physical Address 6108 San Fernando Road

City Glendale State CA Zip 91201-2240

Mailing Address (if different from physical address) P.O. Box 2578

City Secaucus State NJ Zip 07096

Telephone 877-469-6052 Website www.infucarerx.com

Licensing Company Email Licensing@infucarerx.com

Section 2: Personal Information

First Dulari Middle Ketankumar Last Patel

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Clarkia St.

City Simi Valley State CA Zip 93065

Telephone [redacted] Email DKPatel@infucarerx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: N/A to: N/A

Military Occupation/Specialty N/A

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials DKP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Missouri-Kansas City		8/1998 to 5/2003	
Address	**City**	**State**	**Zip**
5000 Holmes St	Kansas City	MO	64110
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Northern Kentucky University		8/1997 to 6/1998	
Address	**City**	**State**	**Zip**
1 Louie B Nunn Dr.	Highland Heights	KY	41099
Diploma/Degree obtained, if any			
Bachelor of Arts - Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Northern Kentucky University		8/1991 to 6/1997	
Address	**City**	**State**	**Zip**
1 Louie B Nunn Dr.	Highland Heights	KY	41099
Diploma/Degree obtained, if any			
Bachelor of Science - Biology			

School Name		From - To (MM/YY – MM/YY)	
Dixie Heights High School		8/1988 to 6/1992	
Address	**City**	**State**	**Zip**
3010 Dixie Hwy	Edgewood	KY	41017
Diploma/Degree obtained, if any			
College Prep - High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2007 to current	[redacted]Clarkia St	Simi Valley	CA	93065
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials DKB

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
InfuCare Rx			9/2021 to current	
Business Address		**City**	**State**	**Zip**
6108 San Fernando Rd		Glendale	CA	91201
Phone	**Title**		**Number of Employed Hours**	
877-469-6053	Pharmacist in Charge		1128	
Description of Duties				
Dispense prescriptions. Manage patients cases. Specialty, IVIG and Hemophilia medications. Manage staff, pharmacy and maintain pharmacy policies and procedures while following state guidelines.				

Business Name			From - To (MM/YY – MM/YY)	
Optioncare (Formerly WIRS-Walgreens Infusion & Respiratory Services)			6/2013 to 4/2020	
Business Address		**City**	**State**	**Zip**
9401 Chivers Ave		Sun Valley	CA	91352
Phone	**Title**		**Number of Employed Hours**	
818-351-3000	Staff Pharmacist		17,664	
Description of Duties				
Clinical management of patients therapies. On-Call services, production check, staff training, pharmacy technician oversight, and various projects				

Business Name			From - To (MM/YY – MM/YY)	
Optioncare (Formerly WIRS-Walgreens Infusion & Respiratory Services)			6/2013 to 4/2020	
Business Address		**City**	**State**	**Zip**
11980 Telegraph Rd		Santa Fe Springs	CA	90670
Phone	**Title**		**Number of Employed Hours**	
818-351-3000	Per Diem Pharmacist			
Description of Duties				
Clinical management of patients therapies. On-Call services, production check, staff training, pharmacy technician oversight, and various projects.				

Business Name			From - To (MM/YY – MM/YY)	
Walgreens			12/1994 to 5/2013	
Business Address		**City**	**State**	**Zip**
Simi Valley, Moorpark, Northridge, Sherman Oaks and Canoga P			CA	
Phone	**Title**		**Number of Employed Hours**	
	Pharmacy Manager (PIC) and Pharmacist		14.600	
Description of Duties				
Fill & Dispense Prescriptions, Counsel Patients, Manage inventory, manage staff, maintain record keeping and provide immunizations.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1/13/2013		CA	Simi Valley	Ventura
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Citation #: CI 201255342		California State Board of Pharmacy		
Reason/Charge				
Violation Code Section: CCR, Title 16, S 1716 Variation from Prescription				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Walgreens Pharmacy #10354, 2417 Sycamore Dr, Simi Valley, CA 93065				

Provide explanation below:

See Attached – 1 page #8

Dulari Patel

Original Signature (electronic, copies or stamps not accepted)

4/7/2022

Date

Applicant's initials DP

To: Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206

Reno, NV 89521

4/7/2022

I, Dulari Ketankumar Patel, am providing as much information regarding my citation by the California Board of Pharmacy as possible.

License No: RPH 00055546 Citation No: CI 2012 55342 Date of Issue: 1/31/2013

Receipt No: 33010835 Fine Amount: $500.00 Date of Incident: On or about 1/12/2012

Violation Code Section: CCR, Title 16, S 1716 Variation from Prescription

Reason for Citation:

An inquiry was made regarding Quality Assurance / Medication Error that was reported to the board by the consumer (patient), resulting in a formal investigation.

Error:

It was discovered that an error was made by the pharmacy, in which a patient received digoxin inside a bottle labeled hydralazine. The patient in question was taking both medications at the time. The caregiver noticed the mistake. Patient did not ingest the medication incorrectly, as the patient and the caregiver were familiar with the prescription regimen. I was the PIC, the dispensing pharmacist and the pharmacist on duty the night the event occurred. After the investigation was completed by the board, a citation was issued to the PIC.

I am not able to provide any documentation of the report submitted to the California Board of Pharmacy, as I am no longer employed at the stated pharmacy (Walgreens Pharmacy #10354) where the incident occurred and thus no longer have access to the case.

Should you have any further questions, please contact me at 913-269-4531.

Sincerely,

Dulari Patel

Dulari K. Patel, PharmD

DP. 8

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
1/13/2013		CA	Simi Valley	Ventura

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
Receipt #: 450026	California State Board of Pharmacy

Reason/Charge
Violation Code Section: CCR 1716 Variation from Prescription & CCR 1764 Unauthorized disclosure of prescriptions

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
K. M. - Minor vs Walgreens #10354	settled out of court

Name of Business/Industry/Entity
Walgreens Pharmacy #10354, 2417 Sycamore Dr, Simi Valley, CA 93065

Provide explanation below:

See Attached pages 10, 11, 12, 13 & 14. 5 16

Dulari Patel

Original Signature (electronic, copies or stamps not accepted)

4/7/2022

Date

Applicant's initials DP 7 9

To: Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206

Reno, NV 89521

4/7/2022

I, Dulari Ketankumar Patel, am providing as much information regarding an event that occurred while I was Pharmacist in Charge, which I came to know was settled out of court by Walgreens for an undisclosed amount. I was informed by the Inspector, Board of Pharmacy (California) Diann Potter, PharmD. The Inspector had notified me of the settlement out of court, as I had resigned from Walgreens Pharmacy prior to the settlement, and I was not privy to any of the proceedings. I separated from Walgreens Pharmacy #10354 on May 13, 2013, as a Retail Pharmacist and Pharmacist in Charge.

License No: PHY50221 Citation No: N/A Date of Incident: 1/30/2013

Receipt No: 450026 Settlement Awarded: Unknown to me

Violation Code Sections:

1. CCR 1764 Unauthorized disclosure of prescriptions. // Civil code section 56.10 Disclosure of medical information requires patient authorization
2. CCR 1716 Variation from Prescription

Error:

It was discovered that an error was made by a pharmacy staff member on 1/30/2013, in which a patient (K.M.) received another patients' (M.M.) medication. K.M. had ingested 1 tablet of M.M.'s medication. I had received a call from the local hospital ER nurse inquiring on the medication ingested that evening, as I was the pharmacist on duty that evening. I was the PIC, the dispensing pharmacist, and the pharmacist on duty the night the event occurred. I submitted any and all requested materials to the inspector through the end of my employment, May 13, 2013.

I am providing you with all the documentation that I have copies of regarding the incident. I do not have copies of all items submitted to the California Board of Pharmacy, as I am no longer employed at the stated pharmacy (Walgreens Pharmacy #10354) where the incident occurred and thus no longer have access to the case.

Should you have any further questions, please contact me at 913-269-4531.

Sincerely,

Dulari Patel

Dulari K. Patel, PharmD

DKP 10

California State Board of Pharmacy
1625 N. Market Blvd., N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFAIRS
GOVERNOR EDMUND G. BROWN JR.

April 23, 2013

PIC Dulari Patel
Walgreens #10354
2417 Sycamore Dr.
Simi Valley, CA 93065

Dear PIC Patel,

As discussed, I am issuing a Written Notice of non-compliance with CCR 1764 (in combination with Civil Code 56.10) for unauthorized disclosure of M.M.'s prescription, in the medication incident of 1/30/13, involving patient K.M. Because K.M. did consume one tablet of M.M.'s prescription, a Written Notice of non-compliance with CCR 1716, variation from prescription, was also warranted.

I have also included Official Receipt #450026, for documents you sent to me.

Please contact me if you have any questions: 661-619-6966

Respectfully,

Diann Potter, Pharm D
Inspector, Board of Pharmacy
E-mail: diann.potter@dca.ca.gov

DP 11

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219 Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR

Date: 4/23/2013 Permit #: PHY50221

Time of Day: 11:10 AM

Name as shown on permit: **WALGREENS #10354**

Address: 2417 SYCAMORE DR City: SIMI VALLEY

Please be advised it appears there is a failure to comply with the following laws governing the practice of pharmacy, and/or the rules and regulations of the Board of Pharmacy:

1.	**CCR 1764**	Unauthorized disclosure of prescriptions.///Civil Code section 56.10 Disclosure of medical information requires patient authorization Walgreens #10354 was not in compliance in that the contents of a prescription for a patient were revealed to someone other than the patient or authorized representative
2.	**CCR 1716**	Variation from Prescription Walgreens #10354 was not in compliance in that a prescription, not authorized by the patient's prescriber, was dispensed to K.M. K.M. consumed 1 tablet of the medicaton in error.

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign) Dawn Potter Signed Sent by Postal Service

Inspector (print) Dawn Potter Print Name

Date 4/23/13 Title

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit the following:

171-7 (10/02)

DHS 12

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

OFFICIAL RECEIPT

April 23, 2013

Receipt Number: 450026

Firm / Person: Walgreens #10354, PHY 50221

Address: 2417 Sycamore Dr., Simi Valley, CA 93065

Permit #: PHY 50221

Phone: (805) 426-3722

The following was obtained this date under provisions of the California Pharmacy Law (Chapter 9, Division 2, Business and Professions Code) or the Rules and Regulations adopted thereunder:

Qty	Units	Description
1	Ea	Electronic Prescription for cefdinir for K.M. dated 1/30/13
1	Ea	Dispensing information on Rx#194203, filled prescription of cefdinir for K.M. 1/30/13
1	Ea	QA review dated 1/30/13 for K.M. medication incident
1	Ea	PIC Patel's internal audit of events for K.M. medication incident

Voluntarily Released for Investigation

Receipt acknowledged by: Sent by Postal Service (Title)

Inspector: Dhara Patel 4/23/13

171-6 (Rev. 3/99)

DKP - 13

April 5, 2013

Diann Potter, Pharm D
Inspector, Board of Pharmacy
Phone: 661-619-6966
Fax: 661-758-2576
E-mail: diann.potter@dca.ca.gov

Dear Inspector Potter,

I am providing you with the information you have requested. There may be items for which we do not have records and have indicated as such in the list below, otherwise the items are attached in order. Should you have further questions or need clarification on any of the items provided, please contact me.

California Board of Pharmacy Inquiry on March 15, 2013
Re: K.M.

1. Original copy of the prescription for Omnicef for K.M. from 1/30/2013, was sent electronically to the pharmacy.
   Attached
2. Dispensing history for that prescription.
   Attached
3. The QA report on the medication.
   Attached
4. My internal audit of how error occurred.
   Attached
5. A "screen-shot" of the insurance billing timeline.
   Attached
6. Consultation records.
   We do not have consultation records for any of our patients, unless it is blocked specifically by a Pharmacist to speak with patient. In addition, I did not speak with the person picking up the prescription for K.M.. Our policy is mandatory counselling on all NEW prescriptions, unless refused by the patient or caregiver. We do not know if the patient/caregiver refused consultation as again, we do not retain records for consultations unless a specific block is placed on the prescription by the pharmacist.
7. A statement from the dispensing pharmacist, on the incident.
   Attached
8. A QA report, if one was prepared, concerning the Atripla patient.
   A QA report was not prepared for M.M. the Atripla patient, as this patient did not recieve any incorrect medications/prescriptions.
9. A statement on the Atripla patient (M.M.) on how their medication was provided.
   Attached

Again, please call me if you have any questions.

Respectfully,

Dulari Patel, Pharm D.

Dulari Patel, Pharm D
Pharmacist In Charge
Walgreens Store 10354
2417 Sycamore Drive,
Simi Valley, CA 93065
Phone: 805-426-3722
Fax: 805-426-3728

California State Board of Pharmacy
1625 N. Market Blvd., N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

March 15, 2013

PIC Dulari Patel
Walgreens #10354
2417 Sycamore Dr.
Simi Valley, CA 93065
Fax: 805-426-3728

Dear PIC Patel,

As discussed on my phone call, I have been assigned to investigate the medication error concerning patient K M Please provide me with the following documents:

1. The original prescription for Omnicef for K.M. from 1/30/13
2. The dispensing history for that prescription.
3. The QA report on the medication error.
4. Your internal audit of how the error occurred.
5. A 'screen-shot' of the insurance billing timeline, which may indicate how the error occurred.
6. Consultation records for the Omnicef prescription
7. A statement from the dispensing pharmacist, on the incident. Please include any efforts to contact the patient. (Please use the statement page attached).
8. QA report, if one was prepared, concerning the Atripla patient.
9. A statement on the the Atripla patient (pt. Initials only) and how their medication was provided. (Please use statement page attached).

Please mail this information to me within 14 days: P.O. Box 53, Wasco, CA, 93280. I will send you a receipt for documents received

Please call me if you have any questions,

Respectfully,

Diann Potter, Pharm D
Inspector, Board of Pharmacy
Phone: 661-619-8966
Fax: 661-758-2576
E-mail: diann.potter@dca.ca.gov

(1) Pt stated pharmacy showed no concern, did not contact H/parents to see how pt was doing

(2) Also complained that WAG refused to reverse claim. when Rite Aid called for transfer

Mar 15 13 03:17p p.2

DTB 15

I, Dulari K Patel, **certify that as the designated representative for**

DM Clinical Collaborations dba InfuCare Rx,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Dulari K Patel

Print Name (First, Last)

Dulari Patel

Original Signature (electronic, copies or stamps not accepted)

4/7/2022

Date

Applicant's initials DKP

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dulari K Patel

Print Name (First, Last)

Dulari Patel — 4/7/2022.

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Dulari K. Patel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Dulari Patel — 4/7/2022.

Original Signature — **Date**

Subscribed and Sworn to before me this 7th day of April 2022

See attached CA Acknowledgment / Jurat 04-07-2022 A.V.

Notary Public Signature

(Seal)

Applicant's initials DKP 9 17.

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☑ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

A. VALADEZ
Notary Public - California
Los Angeles County
Commission # 2334171
My Comm. Expires Sep 23, 2024

Subscribed and sworn to (or affirmed) before me on this 7th day of April, 2022,
Date *Month* *Year*
by
(1) Dulari K. Patel
(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature A. Valadez
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document Nevada State
Title or Type of Document: Board of Pharmacy Document Date: 04-07-2022
Number of Pages: 1 Signer(s) Other Than Named Above: _____

©2014 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5910

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: DM Clinical Collaborations dba InfuCare Rx

Physical Address: 6108 San Fernando Road

City: Glendale State: CA Zip: 91201-2240

Mailing Address (if different from physical address): P.O. Box 2578

City: Secaucus State: NJ Zip: 07096

Telephone: 877-469-6052 Website: www.infucarerx.com

Licensing Company Email: Licensing@infucarerx.com

Section 2: Personal Information

First: Tiffany Middle: Samantha Last: Scheppers

Alias(es, nicknames, name changes, etc.): Szeles; Adams

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex ☐ M ■ F ☐ X

Mailing Address: 695 US Highway 46, STE 100

City: Fairfield State: NJ Zip: 07004

Telephone: [redacted] Email: tscheppers@infucarerx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials: TSS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Missouri		09/2011-03/2012	
Address	City	State	Zip
1 University Blvd	St. Louis	MO	63121-4400
Diploma/Degree obtained, if any			
MBA not completed			

School Name		From - To (MM/YY – MM/YY)	
St. Louis University School of Law		08/1996-05/1999	
Address	City	State	Zip
100 N Tucker Blvd	St. Louis	MO	63101
Diploma/Degree obtained, if any			
Juris Doctor			

School Name		From - To (MM/YY – MM/YY)	
St. Louis University		08/1993-05/1996	
Address	City	State	Zip
1 N Grand Blvd	St. Louis	MO	63101
Diploma/Degree obtained, if any			
Nursing			

School Name		From - To (MM/YY – MM/YY)	
Cornelia Connelly School of the Holy Child Jesus		08/1984-06/1988	
Address	City	State	Zip
2323 W Broadway	Anaheim	CA	92804
Diploma/Degree obtained, if any			
Hs Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted]Lookout Circle	Waxhaw	NC	28173
	[redacted]Jones Crossing, #[redacted]	Charlotte	NC	28277
	[redacted]Polo Lake Dr.	Ellisville	MO	63021

Applicant's initials TSS

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
InfuCare Rx, Inc.			03/2021 - Present
Business Address	**City**	**State**	**Zip**
695 US Highway 46, STE 100	Fairfield	NJ	07004
Phone	**Title**		
877-828-3940	General Counsel and Corporate Secretary		
Description of Duties			
Oversee all corporate, regulatory, employment, litigation, and compliance legal matters. Current officer: Corporate Secretary.			

Business Name			From - To (MM/YY – MM/YY)
Asembia, LLC			07/19-12/20
Business Address	**City**	**State**	**Zip**
200 Park Ave #300	Florham Park	NJ	07932
Phone	**Title**		
	Senior Vice President, General Counsel and Chief Compliance Officer; Corporate Secr		
Description of Duties			
Oversee all corporate, regulatory, employment, litigation, and compliance legal matters. Advised executive leadership and Board of Directors on a variety of complex regulatory compliance matters.			

Business Name			From - To (MM/YY – MM/YY)
Outside General Counsel			03/19 - 07/19
Business Address	**City**	**State**	**Zip**
	Charlotte	NC	
Phone	**Title**		
	Outside General Counsel		
Description of Duties			
Delivered outsourced general counsel and compliance services to, and temporary coverage for, in-house general counsel and chief compliance officer clients, consisting of health care, pharma, biotech, and CRO/CSO companies on all legal and regulatory			

Business Name			From - To (MM/YY – MM/YY)
SYNEOS Health, Inc.			08/2012-03/2019
Business Address	**City**	**State**	**Zip**
1030 Sync Street	Morrisville	NC	27560
Phone	**Title**		
	Senior Associate General & Chief Compliance Officer; Commercial Division		
Description of Duties			
Supervised legal and compliance teams across US, Canada, Europe, and APAC, reporting directly to the General Counsel			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tiffany Scheppers

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/25/2022

Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Mecklenburg

I, Tiffany Scheppers, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/25/2022

Date

Subscribed and Sworn to before me this 25 day of March 2022

Notary Public Signature

Comm Exp 11/7/24

NIMESH R. PATEL NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: DM Clinical Collaborations dba InfuCare Rx

Physical Address: 6108 San Fernando Road

City: Glendale State: CA Zip: 91201-2240

Mailing Address (if different from physical address): P.O. Box 2578

City: Secaucus State: NJ Zip: 07096

Telephone: 877-469-6052 Website: www.infucarerx.com

Licensing Company Email: Licensing@infucarerx.com

Section 2: Personal Information

First: Dhara Middle: _____ Last: Patel

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: 695 US Highway 46, STE 100

City: Fairfield State: NJ Zip: 07004

Telephone: [redacted] Email: dbpatel@infucarerx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: DP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Armstrong Atlantic State University			
Address	City	State	Zip
11935 Abercom	Savannah	GA	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Richmond Hill High School			
Address	City	State	Zip
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
present	[redacted] Vincent Road	Cedar Grove	NJ	07009
From - To (MM/YY – MM/YY)	Address [redacted] 7th St.	City Secaucus	State NJ	Zip 07094
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
InfuCare Rx, Inc.			present	
Business Address		**City**	**State**	**Zip**
695 US Highway 46, STE 100		Fairfield	NJ	07004
Phone	**Title**			
877-828-3940	President			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials DP

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/1/22
Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dhara Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/1/22

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Essex

I, Dhara Patel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/1/22

Date

Subscribed and Sworn to before me this 1st day of April, 2022.

Notary Public Signature

ADELA LUNGU
NOTARY PUBLIC OF NEW JERSEY
Comm. # 2423604
My Commission Expires 8/3/2022

(Seal)

Applicant's initials DP.

11E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change*	* If making a change, provide current license number: PH 03995	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Adding Sterile Compounding

Section 1: General Information

Pharmacy Name: Fast Access Specialty Therapeutics, LLC dba InfuCare Rx of LA

Physical Address: 2400 Veterans Memorial Blvd., STE 480

City: Kenner State: LA Zip: 70062

Mailing Address (if different from physical address): P.O. Box 2578

City: Secaucus State: NJ Zip: 07096

Telephone: 877-327-8881 Toll Free # (NAC 639.708, NRS 639.23286): 877-327-8881

Fax: 844-504-3278 Contact Email: Licensing@infucarerx.com

Website: www.infucarerx.com

Nevada Business License # (if applicable) 20211890540

Supervising/Managing Pharmacist Name (NRS 639.220): Richard Anderson Jr. ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: LA License # PST.020664 ; NV License # 22161 ✓

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	■ Sterile Compounding
☐ Nuclear	■ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Richard Anderson Jr.	NV Pharmacist Registration #: 22161
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Louisiana

Parent Company (if any): Factor One Source Pharmacy, LLC - parent; InfuCare Rx, Inc. - grandparent

Corporation/Organization Name: Fast Access Specialty Therapeutics, LLC dba InfuCare Rx of LA

Mailing Address: P.O. Box 2578

City: Secaucus State: NJ Zip: 07096

Telephone: 877-828-3940 Email: Licensing@infucarerx.com

Contact Person Name: Daynee Perez

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Fast Access Specialty Therapeutics, LLC dba InfuCare Rx of LA (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Dhara Patel

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/19/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, _____ hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the _____ (title) for _____ (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	**Yes**	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	**State:**	**Date:**	**Case #:**

Criminal Action:	**State:**	**Date:**	**Case #:**	**County:**	**Court:**

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

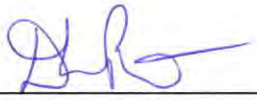
_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dhara Patel

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

4/19/22

Date

Board Use Only	Date Received: _____	Amount: 500	check # 10561

DocuSign Envelope ID: 84F74718-96B5-4A6C-8085-438A8B2BDCFD

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
FAST ACCESS SPECIALTY THERAPEUTICS LLC dba INFUCARE RX OF LA	)	
	)	
Non-Resident Pharmacy Permit Number: 113920	)	**CASE NO: 21-L-0071**

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Fast Access Specialty Therapeutics LLC dba Infucare Rx of LA which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Fast Access Specialty Therapeutics LLC dba Infucare Rx of LA through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds that Fast Access Specialty Therapeutics LLC dba Infucare Rx of LA has violated the provisions of law based upon the conduct set out in Count One of the Statement. Counts Two and Three shall be dismissed.

2. Fast Access Specialty Therapeutics LLC dba Infucare Rx of LA shall pay an administrative fine in the amount of One Thousand Dollars ($1,000.00) within thirty (30) days of the effective date of this Consent Order, that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Fast Access Specialty Therapeutics LLC dba Infucare Rx of LA attempt to discharge

DocuSign Envelope ID: 84F74718-96B5-4A6C-8085-438A8B2BDCFD

the same.

3. Fast Access Specialty Therapeutics LLC dba Infucare Rx of LA expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Fast Access Specialty Therapeutics LLC dba Infucare Rx of LA further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Fast Access Specialty Therapeutics LLC dba Infucare Rx of LA hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Fast Access Specialty Therapeutics LLC dba Infucare Rx of LA acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Fast Access Specialty Therapeutics LLC dba Infucare Rx of LA's permit, including, but not limited to revocation.

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6. That Fast Access Specialty Therapeutics LLC dba Infucare Rx of LA acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Fast Access Specialty Therapeutics LLC dba Infucare Rx of LA acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and is signing this Consent Order on the advice of its attorney.

DONE this the 6th of October, 2021.

FAST ACCESS SPECIALTY THERAPEUTICS LLC DBA INFUCARE RX OF LA

BY: Dhara Patel

ITS: President

Jerry Moore, Attorney for Fast Access Specialty Therapeutics LLC dba Infucare Rx of LA

DONE this the 12th of October, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Brenda Denson, PharmD, President

By: _____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
FAST ACCESS SPECIALTY	)	**BOARD OF PHARMACY**
THERAPEUTICS LLC dba INFUCARE	)	
RX OF LA	)	
	)	
Non-Resident Pharmacy	)	**CASE NO: 21-L-0071**
Permit Number: 113920	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Fast Access Specialty Therapeutics LLC
dba Infucare Rx of La
2400 Veterans Memorial Boulevard
Suite 480
Kenner, Louisiana 70062

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12), Code of Alabama (1975), §20-2-213(e) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on November 16, 2021 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate Fast Access Specialty Therapuetics LLC dba Infucare Rx of LA should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that Fast Access Specialty Therapuetics LLC dba Infucare Rx of LA has been guilty of the following, to-wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(12) in that you violated Board Rule 680-X-2.12(8) by you being unable to maintain a designated Supervising Pharmacist and failing to notify the Board within ten (10) days with an action plan to designate another pharmacist as Supervising Pharmacist to-wit: Sajal Kumar Roy ceased to be your Supervising Pharmacist on or about January 18, 2021 and you, as of the date hereof, have not submitted the referenced action plan to the Board.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of the preceding Count.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT THREE

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and

Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 3rd day of March 2021.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

Alabama State Board of Pharmacy Action
Re: Case No: 21-L-0071
Fast Access Specialty Pharmacy LLC dba InfuCare Rx of LA

On or about January 18, 2021 Sajal Roy, PharmD ("Roy"), the Alabama Supervising Pharmacist ("PIC") at Fast Access Specialty Pharmacy LLC dba InfuCare Rx of LA ("Pharmacy") submitted his resignation as AL PIC of the Pharmacy to the Alabama Board of Pharmacy ("Board"). His employment resignation was submitted to the Pharmacy on or about January 18th, and his last day of employment was March 4, 2021. Roy was asked by the Pharmacy to rescind his PIC resignation until such time as a replacement could be found, since his employment with the Pharmacy continued through March 4th. The Pharmacy believed that Roy had rescinded his resignation, and as a result, it mistakenly did not notify the Board within 10 days with an action plan to designate another PIC. A new PIC was designated March 3, 2021. The Board cited the Pharmacy for being unable to maintain a PIC and failing to notify the Board within 10 days with an action plan. The Pharmacy's license was not affected and remained and is in good standing.

Signature

Dhara Patel
President
P: 877-828-3940
F: 877-828-3941

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Fast Access Specialty Therapeutics, LLC dba InfuCare Rx of LA

NV Pharmacy or Outsourcing facility license # (if applicable): PH03995

Physical Address: 2400 Veterans Memorial Blvd STE 480

City: Kenner State: LA Zip: 70062

Mailing Address (if different from physical address): P.O. Box 2578

City: Secaucus State: NJ Zip: 07096

Telephone: 877-327-8881 Toll Free # (NAC 639.708, NRS 639.23286): 877-327-8881

Fax: 844-504-3278 Contact Email: Licensing@infucarerx.com

Website: www.infucarerx.com

Nevada Business License # (if applicable) 20211890540

Supervising/Managing Pharmacist Name (NRS 639.220): Richard Anderson Jr.

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22161

Name of Person with direct knowledge of compounding procedures: Richard Anderson Jr.

Email of Person with direct knowledge of compounding procedures: RAnderson@infucarerx.com

Telephone of Person with direct knowledge of compounding procedures: 877-327-8881

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☑ Low ☑ Medium ☐ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ☑ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Amikacin
Ampicillin
Cefazolin
Ceftazidime-Avibactam
Aztreonam
Clindamycin
Daptomycin
Gentamicin
Ertapenem
Cefepime
Meropenem
Nafcillin Sodium
Oxacillin
Pennicillin G
Imipenem/Cilastin
Acyclovir
Caspofungin
Micafungin
Hydration
Parenteral Nutrition
Methylprednisolone
Bezlotoxumab
Ceftriaxone
Ceftaroline
Tigecycline
Nebcin
Ampicillin/Sulbactam
Vancomycin
Telavancin
Azithromycin
Piperacillin/Tazo

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☑ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:
N/A

6. What laboratory performs this additional testing?
Name: N/A
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?
During the final verification done by the pharmacist, the CSP will be examined to ensure there is no leakage.
Packaged and labeled CSP will be visually inspected for physical integrity and expected appearance, including final fill amount.
The accuracy of identities, concentrations, amounts, and purities of ingredients in CSPs will be confirmed by reviewing labels on packages, as well as observing and documenting correct measurements.
The CSP will be examined under a light box to ensure there are no particles, examine color, as well as the size.

8. How often do you perform glove fingertip and medial fill testing?

upon hire and every 12 months

9. What is your policy if an employee fails a glove fingertip or media-fill test?

Personnel who fail competency evaluations must successfully pass reevaluations in the deficient area(s) before they can resume compounding sterile products.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

Staff that perform compounding will receive training on asepsis and IV admixture upon hire and annually thereafter. Pharmacy management is responsible for enforcing and providing training. Upon hire and annually, sterile compounding staff complete didactic training via "Critical Point" Learning module system, and a Pharmacy Sterile Compounding Skills Assessment validating sterile compounding techniques. Staff that fail the written and/or practical portions of the training are not permitted to compound until re-training is completed successfully.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

See attached

12. Who performs the sterile compounding process at your facility?

Jessica Nguyen (pharmacist), Naiomi Hernandez (technician), Richard Anderson (pharmacist), Bianca Jackson (technician)

13. Who is responsible and accountable for the sterile compounding process at your facility?

Richard Anderson Jr. - Pharmacist in charge

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

InfuCare Rx ensures that quality pharmaceutical product is received by the patient in a timely manner under controlled conditions. Based on manufacturer's recommendations, temperature-sensitive medications are to be shipped in approved insulated containers with sufficient artificial ice and expedited (FedEx/UPS Priority next day/same-day courier) delivery to maintain product integrity. Sufficient artificial ice is based on the manufacturer product stability guideline with consideration of seasonal temperature and geographical location. The pharmacy will package medications to ensure integrity and stability during a FedEx/UPS shipment and/or courier based on the medication manufacturer's recommendation for temperature stability (controlled room temperature or refrigerated).

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? N/A - No Hazardous Compounding		
2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☐ No
7. If yes, list the name of the device: N/A - No Hazardous Compounding		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? N/A - No Hazardous Compounding		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs? N/A - No Hazardous Compounding		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

N/A - No High Risk Compounding

2. What sterilization methods are utilized at your facility?

N/A - No High Risk Compounding

3. Does your facility utilize biological indicators? ☐ Yes ☐ No

4. If yes, describe how they are utilized:

N/A - No High Risk Compounding

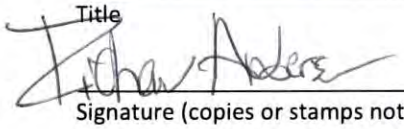
I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Anderson Jr.

Name of Person who Completed the Form

Pharmacist in Charge

Title



Signature (copies or stamps not accepted)

8/16/22

Date

Board Use Only	Date Received: 8.18.22 Date Approved: _____ Approved By: _____

InfuCare Rx

P.O. Box 2578
Secaucus, NJ 07096

Tel (877) 828-3940
Fax (877) 828-3941

08/17/2022

Nevada Board of Pharmacy

985 Damonte Ranch Parkway, STE 206

Reno, NV 89521

RE: Sterile Compounding Questionnaire Question #11

To Whom It May Concern:

Daily Cleaning:
a. Laminar Flow Hood(s): Wipe each hood Daily with the Disinfectant and let dry for 10 minutes using a back to front, side to side method. Follow with Sterile Isopropyl Alcohol using the same back to front, side to side method.
b. Floors: Mop each business day with the Disinfectant agent and let dry for 10 minutes. All mopping must be done as follows: from back of room in a side to side overlapping method from the back wall to the front (door). The cleaning personnel will mop by dividing the room into quarters with the final quarter being where the entrance door is.
c. Pass-Through Unit (if applicable): If the pass-through unit has an overhang then it has to be cleaned daily with the Disinfectant agent and let dry for 10 minutes.

Monthly Cleaning:
d. Ceiling areas (except air filters): Mop monthly with the Disinfectant agent and let dry for 10 minutes. Follow with the Sporicidal agent and let that dry for 5 minutes. Mopping procedure will be done as described above in "a."
e. Walls: Mop monthly with the Disinfectant agent and let dry for 10minutes. Followed by the Sporicidal agent and let dry for 5 minutes. Mopping procedure will be done as described above in "a."
f. Permanent equipment in clean room (counters, chairs, shelving, bins, carts, etc.: Once Monthly, using lint free disposable towels, Clean with the Disinfectant agent and let dry for 10 minutes, followed by the Sporicidal agent, and let dry for 5 minutes, followed by Sterile Isopropyl Alcohol.
g. Any of the above fixtures can and will be cleaned more frequently, if necessary.

Preempt RTU

- 1 Minute Bactericidal, Virucidal
- 5 Minute Tuberculocidal
- 10 Minute Fungicidal

- 30 Seconds Broad-Spectrum Sanitizing

Peridox RTU

3-minute sporicidal

FAST ACCESS SPECIALTY THERAPEUTICS
2400 VETERANS MEMORIAL BLVD STE 480
KENNER, LA 70062-8728

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FF6607280	09-30-2022	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	08-02-2019

FAST ACCESS SPECIALTY THERAPEUTICS
DBA INFUCARE RX OF LA
2400 VETERANS MEMORIAL BLVD STE 480
KENNER, LA 70062-8728

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FF6607280	09-30-2022	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	08-02-2019

FAST ACCESS SPECIALTY THERAPEUTICS
DBA INFUCARE RX OF LA
2400 VETERANS MEMORIAL BLVD STE 480
KENNER, LA 70062-8728

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Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FF6607280	09-30-2022	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	08-02-2019

FAST ACCESS SPECIALTY THERAPEUTICS
DBA INFUCARE RX OF LA
2400 VETERANS MEMORIAL BLVD STE 480
KENNER, LA 70062-8728

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

The Louisiana Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, and further, performs daily updates to the website. Therefore, the website is a secure and primary source for credential verification, as authentic as a direct inquiry to the Board.

Lookup Detail View

Name and Address

Name	PublicAddress
Infucare Rx of LA	2400 Veterans Memorial Blvd Ste 480 Kenner, LA 70062-8728

Credential Information with supervision

License	License Type	Issue Date	Expiration Date	Status	Pharmacist In Charge
PHY.007442-IR	Pharmacy - Community ~ Independent	03/07/2017	12/31/2022	Current, without restriction or limitation	Richard P. Anderson Jr.

List of Current Employees

Name	License	License Type	Expiration Date	Status
Aris M. Christophe	CPT.008500	Certified Pharmacy Technician	06/30/2023	READY FOR PRINTING
Kim Lien T. Nguyen	PST.018325	Pharmacist	12/31/2022	ACTIVE
Phillip P. Andrews	PST.015873	Pharmacist	12/31/2022	ACTIVE
Richard P. Anderson Jr.	PST.020664	Pharmacist	12/31/2022	ACTIVE
Tiffany J. Lawson	PST.019662	Pharmacist	12/31/2022	ACTIVE

Generated on: 5/18/2022 3:11:00 PM

Louisiana Board of Pharmacy

3388 Brentwood Drive, Baton Rouge, Louisiana 70809-1700
www.pharmacy.la.gov ~ Telephone: 225.925.6496 ~ E-Mail: info@pharmacy.la.gov

Pharmacy Inspection Report

Permit Data	Report No. 185	Inspected by: Dennis	Territory: Dennis	Date: 12/29/2021

Reason for Visit: ☐ Initial Survey ☒ Service Review ☐ Follow-Up Survey ☐ Compliance Check

1. Pharmacy Name	2. Permit No.	3. CDS License	4. Classification	5. Renewal Yr.
Infucare Rx of LA	7442	49472	IR	2021

6. Physical Address	7. Mailing Address	8. City, State, Zip
2400 Veterans Memorial Blvd., Suite 480	Same	Kenner, La. 70062

9. Phone No.	10. Fax No.	11. E-mail Address	12. T.J.C. Accredited
504-885-3378	504-844-3278	randerson@infucarerx.com	Yes ☒ (6/2021) No ☐ N/A ☐

13. Compounding	14. AMS Permit No.	15. Rx Software	16. DEA No.	DEA Expiration
Sterile ☒ Non-Sterile ☐ N/A ☐	N/A	CPR+	FF6607280	9/30/2022

17. Store Hours	18. Pharmacy Hours
N/A ☒	9a-5p Mon-Fri; Closed Sat and Sun

Pharmacist-in-Charge

19. PIC Name	20. Sex	21. License No.	22. Renewal Year	23. CE Compliant
Richard P. Anderson, Jr.	Male	20664	2021	Yes ☒ No ☐

24. Address of Record	25. City, State, Zip	26. Phone
[redacted] Lizabeth Dr.	Morgan City, La. 70380	[redacted]

27. Pharmacy Staff	License No.	Renewal Year	C.E. Compliant		
Philip P. Andrews, PST	15873	2021	Yes ☒	No ☐	Exempt ☐
Tiffany J. Lawson, PST	19662	2021	Yes ☒	No ☐	Exempt ☐
Nicole E. Washington, CPT	12334	2021-2022	Yes ☒	No ☐	Exempt ☐
Bianca P. Jackson, CPT	10075	2021-2022	Yes ☒	No ☐	Exempt ☐
Naiomi Hernandez-Arroyo, CPT	13212	2021-2022	Yes ☒	No ☐	Exempt ☐
Aris M. Christophe, CPT	8500	2021-2022	Yes ☒	No ☐	Exempt ☐
Dawn M. Birden, CPT	3679	2021-2022	Yes ☒	No ☐	Exempt ☐
			Yes ☐	No ☐	Exempt ☐
			Yes ☐	No ☐	Exempt ☐

Professional and Occupational Standards

	Compliance Yes	No	N/A		Compliance Yes	No	N/A
28. Credentials Displayed	☒	☐	☐	39. Emergency Drug Cabinet	☐	☐	☒
29. Premises Clean/Orderly	☒	☐	☐	40. Electronic Record Keeping	☒	☐	☐
30. Adequate Lighting/Ventilation	☒	☐	☐	41. Required Info. on CDS Rxs	☐	☐	☒
31. Adequate Refrigeration/Temperature	☒	☐	☐	42. CDS Invoices Retrievable/Dated	☐	☐	☒
32. Min. Rx Dept. Size/Aisle Space	☒	☐	☐	43. C-II Order Forms	☐	☐	☒
33. Sterile Compounding	☒	☐	☐	44. Perpetual CII/CDS Annual Inventory Inventory Date (1/15/2021)	☒	☐	☐
34. Sink (Location & Temperature)	☒	☐	☐				
35. Required References	☒	☐	☐	45. Policy & Procedure Manual	☒	☐	☐
36. Security (Alarm) (Restricted Access)	☒	☐	☐	46. Pharmacist Register/Positive Identification	☒	☐	☐
37. Adequate Equipment	☒	☐	☐	47. Patient Counseling	☒	☐	☐
38. Meds. Misbranded, Non-Labeled, Exp.	☒	☐	☐	48. Intern/CPT/Tech Trainee I.D.	☒	☐	☐

52. Prior Inspection Date	53. Deficiencies/Non-Compliance on Prior Inspection	54. Correction(s) Observed
12/3/2021	None	None

(continued)

Louisiana Board of Pharmacy

3388 Brentwood Drive, Baton Rouge, Louisiana 70809-1700
www.pharmacy.la.gov ~ Telephone: 225.925.6496 ~ E-Mail: info@pharmacy.la.gov

Pharmacy Inspection Report

1. Pharmacy Name	2. Permit No.	3. CDS License	4. Classification	5. Renewal Yr.
Infucare Rx of LA	**7442**	**49472**	**IR**	**2021**

55. Comments: NOTE: A finding of satisfactory compliance is not indicative of a detailed inspection/investigation and does not exclude the permit and/or staff from possible future violations of compliance.
-Permit has non-resident permits. (See Universal Inspection Form for compliance)
41-44-Permit does not procure or stock CDS medications.
-Reminder to obtain annual CE hours and ensure they are uploaded into NABP CE monitor prior to renewing credential.
-Reminder to update with Board office any changes of address/employment for licensees.

Sterile compounding- Permit has an ISO 5 certified LAFW located in an ISO 7 buffer room that opens to an ISO 8 anteroom. Hood and rooms were certified by ENV Services on 9/29/2021 with passing results on all tests. Environmental sampling has also been completed with no growth reported. All employee competencies have been completed per USP 797. Permit has not yet begun utilizing compounding suite. Permit intends to compound both low risk and medium risk sterile products. No high risk or hazardous. (See UPI form)

Inspection report emailed to randerson@infucarerx.com per PIC Anderson.

Authorized Signature & Title

Compliance Officer, Louisiana Board of Pharmacy

The National Association of Boards of Pharmacy (NABP) developed this inspection form for sole use by NABP and its member boards of pharmacy for inspection of facilities licensed by a member board. Disclosure of the form to or use of the form by a third party, other than a facility being inspected by NABP or a member board, is strictly prohibited without NABP's prior written permission or unless required by state law.

National Association of Boards of Pharmacy®
Universal Inspection Form

			Inspection Information
Pharmacy e-Profile ID: if available			
Legal Business Name:	Infucare Rx of La.	**Day 1:**	12/29/2021
Doing Business As (DBA):		**Start Time: 24-hour format (13:00)**	1230pm
Address:	2400 Veterans Memorial Blvd., Suite 480	**End Time: 24-hour format (13:00)**	230pm
City:	Kenner	**Day 2:**	
State:	La.	**Start Time: 24-hour format (13:00)**	
Zip Code:	70062	**End Time: 24-hour format (13:00)**	
Telephone number:	504-885-3378	**Inspector Name:**	Daniel Dennis
Toll free number:		**Inspection Performed by (NABP, State, etc):**	La. BOP
Fax number:	504-844-3278	**Observer Name/Affiliation (if applicable):**	
Website:		**Observer Name/Affiliation (if applicable):**	

Pharmacy Hours of Operation **Check if 24/7** ☐

	Open		Closed
	Start Time: (24-hour format)	**End Time: (24-hour format)**	**(X)**
Sunday			x
Monday	9a	5p	
Tuesday	9a	5p	
Wednesday	9a	5p	
Thursday	9a	5p	
Friday	9a	5p	
Saturday			x

Key Pharmacy Personnel	**Name**	**Contact (e-mail)**	**e-Profile ID**
Pharmacist in Charge	Richard P. Anderson, Jr.	randerson@infucarerx.com	
Nonsterile Compounding Supervisor			
Sterile Compounding Supervisor	Richard P. Anderson, Jr.	randerson@infucarerx.com	
Hazardous Compounding Supervisor			

Personnel Present at Time of Inspection	**Name**	**Title**	**License or registration available and current (Y/N)**
1	**See attached page on La. inspection form**		

2			
If more than 10, list the first 10 above, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present.			

Business Licensure Information for State of Residence and Federal
(board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
Louisiana Board of Pharmacy	Infucare Rx of LA	7442-IR	12/31/2022
Louisiana Board of Pharmacy CDS	Infucare Rx of LA	49472	12/31/2022
DEA	Infucare Rx of LA	FF6607280	9/30/2022
See last tab for non-resident permits			

	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail		Telepharmacy	
Open to the Public		Central Fill/Processing/Shared Services	
Closed Door	X	Specialty Pharmacy	X
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy		Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	
HMO/PBM only		Nonsterile Hazardous Drug Compounding	
Internet Pharmacy (New Rx)		Sterile Compounding	X

Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	
Facility Size in Square Feet and Number of PECs		**Personnel**	
Total Pharmacy size:	4000	Total Pharmacists:	4
Nonsterile Compounding Room size:		Number of Compounding Pharmacists	
Nonsterile Compounding powder hoods number:		Total Graduate Students or Residents:	
Nonsterile Hazardous Drugs (HD) Compounding Room size:		Total Student Interns:	0
Nonsterile HD Compounding BSC/CACI hoods number:		Total Technicians:	5
Sterile Compounding Ante Room size:	150	Number of Compounding Technicians	
Sterile Compounding Clean/Buffer Room size:	150	Of technicians, how many are certified?	5
Sterile Compounding Number LAFW hoods/areas:	1	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number BSC hoods:		Total Other Licensed Personnel:	
Sterile Compounding Number CAI/CACI hoods:		Total Other Unlicensed Personnel:	
Negative Pressure Sterile HD Room size:		Ratio #tech:#RPh present at time of inspection:	1:1
Sterile HD Compounding Number of BSC hoods:		Total Pharmacist Hours Per Week:	200
Sterile HD Compounding Number of CACI hoods:		Total Technician Hours Per Week:	120
Volume Dispensed		**Volume Distributed**	
Total Prescriptions Dispensed/day:	346	Total Orders Distributed/day:	0
% Veterinary Prescriptions	0%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	0%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	0%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	0%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	0%	% Hazardous Drugs (HD) Orders	0%

Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: Optional at the discretion of the state; if requested and not available, may be mailed to the state at a later date-so indicate in grid

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
AK	0		month
AL	9		month
AR	13		month
AZ	0		month
CA	11		month
CO	4		month
CT	0		month
DC	0		
DE	0		month
FL	4		month
GA	1		month
HI	0		
IA	0		
ID	0		
IL	5		month
IN	0		month
KS	1		
KY	1		month
LA	439		month
MA	0		
MD	4		month
ME	0		
MI	0		month
MN	1		
MO	1		month
MS	3		month
MT	0		
State	**Volume Dispensed**	**Volume DISTRIBUTED**	**/day, week, month**
NC	1		month
ND	0		
NE	0		
NH	0		month
NJ	0		month

NM	0		
NV	3		month
NY	0		month
OH	1		month
OK	1		month
OR	0		
PA	0		month
RI	0		
SC	0		month
SD	0		
TN	3		month
TX	15		month
UT			
VA	4		month
VT	0		
WA	1		
WI	0		month
WV	0		
WY	0		
Other:			

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National Association of Boards of Pharmacy®

Universal Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Infucare Rx of La.

Inspection Date: 12/29/2021

		Finding	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	No	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	40
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	No	
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	Yes	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	No	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	No	
8.00	Are photographs allowed during the inspection (**no PHI**)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		
	Types of Practice Additional Questions **If any part of a question is no, enter "No" and explain the observation.**		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	Yes	2%
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	

Facility Name: Infucare Rx of La.

Inspection Date: 12/29/2021

14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
	General Operations and Licensure **If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	Yes	closed door
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	12/3/2021
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	No	
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Yes	Joint Commission and ACHC
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	Yes	URAC for expense
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	2 yrs on site and electronically.
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	

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28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	electronically
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	No	
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	
	Personnel **If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	Bamboo HR sends reminder to licensees.
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	No	
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	Yes	1:01
	Facility and Security **If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	N/A	Permit does not procure or stock CDS medications
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	pharmacist will be on site
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	breakroom area
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	No	
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	Guarenteed Returns
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	monthly
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	Yes	conference room

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39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	70
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	electronic monitoring
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	42.1, 38.5, 38.8
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	
42.01	Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	Yes	
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	generator
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	generator
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	No	
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	N/A	
	Product Receipt and Inventory **If any part of a question is no, enter "No" and explain the observation.**		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	Yes	Bioverativ
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	Cardinal, McKesson, Amerisource Bergen
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	

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47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	Yes	
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	Yes	
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	quarantine and report
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Yes	
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	N/A	
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	N/A	
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	N/A	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	N/A	
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	records are kept of ordering vs. dispense
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	N/A	
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	N/A	
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	Yes	1/15/2021
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	

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59.01	Are these products mailed, sent, or delivered into other states? *View logs.* *If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	quarterly
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?		
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	Yes	
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	Yes	
	Prescription Processing **If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	pharmacists and technicians
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	permit is aware of this issue.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	N/A	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	pharmacists
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	

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67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	Yes	
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	N/A	
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	N/A	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	Yes	
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	Yes	
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	N/A	
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	pharmacists
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	
70.00	**Confidentiality**: Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	Winnpharm
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	

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74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
	Patient Counseling and Communication **If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	
75.01	Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
76.00	Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	N/A	
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	phone
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	phone
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	Yes	
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	No	
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	
85.00	Are processes in place to handle a drug recall?	Yes	
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	
	Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	compliance department
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	both

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87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	electronically
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	depending on level of event
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	Yes	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	quarterly
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	Yes	
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	

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91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	N/A	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

National Association of Boards of Pharmacy®
Universal Inspection Form

The National Association of Boards of Pharmacy (NABP) developed this inspection form for sole use by NABP and its member boards of pharmacy for inspection of facilities licensed by a member board. Disclosure of the form to or use of the form by a third party, other than a facility being inspected by NABP or a member board, is strictly prohibited without NABP's prior written permission or unless required by state law.

Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

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		Finding	Notes
	Indicate the drug name, dosage or strength, and the size of the sample obtained for testing. (*NA if no sample*)		N/A
	Indicate the areas/rooms of the pharmacy entered to perform the inspection. *If the inspector did not fully garb and enter buffer room(s), indicate reason.*		Inspected cleanroom
	General Operations Information		
1.00	Does the pharmacy **dispense** sterile compounded preparations pursuant to a prescription?	Yes	Permit has not yet engaged in sterile compounding
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	Yes	
1.02	Are sterile compounded prescriptions picked up at the pharmacy?	No	
1.03	Are sterile compounded prescriptions delivered/mailed to patients in their homes or residential facilities?	N/A	
1.04	Are sterile compounded prescriptions delivered/mailed to the practitioner for administration to the patient in the office, clinic, or facility?	N/A	
2.00	Does the pharmacy **distribute** sterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*	No	
2.01	Does the pharmacy distribute sterile compounded preparations to practitioners for office use?	N/A	
2.02	Does the pharmacy distribute sterile compounded preparations to hospitals, clinics, or surgery centers?	N/A	
2.03	Is the pharmacy registered with the FDA as an Outsourcing Facility?	N/A	
2.04	Does the pharmacy have a sales force that distributes samples containing active ingredients? *List samples provided.*	N/A	
3.00	Does the pharmacy provide sterile compounded preparations to other pharmacies for dispensing?	No	
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations?	N/A	
4.00	Which of the following sterile compounds are prepared?		
4.01	Allergen extracts	No	
4.02	Parenteral solutions	Yes	
4.03	Parenteral *suspensions*	No	
4.04	Preservative-free parenterals	No	
4.05	Ophthalmic preparations	No	
4.06	Oral or nasal *inhalation* preparations (not topical sprays)	No	
4.07	Baths and soaks for live organs and tissues	No	

4.08	Irrigations for wounds and body cavities	No	
4.09	Any other sterile preparations (implants, pellets, etc.). *Provide list.*	No	
5.00	Does the pharmacy compound investigational drugs? *Provide list.*	No	
6.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate name and volume/percent compounded currently.*	N/A	
6.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	N/A	
6.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	N/A	
7.00	Does the pharmacy perform **low-risk** compounding? *Indicate percentage of low-risk sterile compounding.*	Yes	
7.01	Are all low-risk compounds assigned BUDs within USP guidelines (48 hours at controlled room temperature, 14 days refrigerated, 45 days frozen)?	Yes	
7.02	If low risk, are the compounds located in segregated area are BUD 12 hours or less?	N/A	
7.03	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		
7.04	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	N/A	
8.00	Does the pharmacy perform **medium-risk** compounding? *Indicate percentage of medium-risk sterile compounding.*	Yes	Permit states that will do TPN admixures
8.01	Are all medium-risk compounds assigned BUDs within USP guidelines (30 hours at controlled room temperature, 9 days refrigerated, 45 days frozen)?	Yes	
8.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		
8.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	N/A	
9.00	Does the pharmacy perform **high-risk** compounding? *Indicate percentage of high-risk sterile compounding.*	No	
9.01	Are all high-risk compounds assigned BUDs within USP guidelines (24 hours at controlled room temperature, 3 days refrigerated, 45 days frozen)?	N/A	
9.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		
9.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	N/A	
10.00	Does the pharmacy provide sterile compounded preparations to be administered via an implantable infusion pump?	No	
11.00	Does the pharmacy perform compounding for **immediate use?** *Indicate percentage of immediate use sterile compounding.*	No	
12.00	Does the pharmacy perform compounding with **hazardous drugs**? *Indicate percentage of hazardous sterile compounding.* *NIOSH list of hazardous drugs including chemotherapy, hormones, etc.*	No	

12.01	Does pharmacy have a plan to comply with USP Chapter <800> by the implentation date? *Describe plan.*	N/A	
12.02	Are hazardous drugs segregated and stored in a room that is negative pressure (at least -0.01" wc) to adjacent areas and with at least 12 ACPH?	N/A	
12.03	Is hazardous drug waste quarantined in a designated area and disposed of in compliance with local, state, and federal regulations?	N/A	
13.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	Yes	
14.00	Does the pharmacy perform compounding using **blood products** (or other biological materials)? Such as wound care, autologous eye drops, etc. *Describe.*	No	
15.00	Does the pharmacy compound using any Federally **controlled substances I-V**? *Indicate controlled substances used and percentage of controlled substance sterile compounding.*	No	
16.00	**APIs:** Does the pharmacy make any sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	N/A	
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *If not, indicate the source of APIs*	N/A	
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified*	N/A	
16.03	Does the pharmacy use active ingredients that are not from an FDA facility? *If so, indicate sources.*	N/A	
16.04	Does the computer track on-hand quantities of APIs used for compounding?	N/A	
17.00	Does the pharmacy use scales/balances for sterile compounding?	No	
17.01	If so, what type of scale/balanced is used? *List manufacturer and model number.*		
17.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency.*	N/A	
18.00	Does the pharmacy have a **lyophilizer**?	No	
18.01	Where is the lyophilizer located? *Indicate location and ISO class of room.*		
18.02	Note the products lyophilized, and the volume or percent of products per week produced using the lyophilizer.		
18.03	Is the lyophilizer part of the viable air and surface sampling, media fill testing procedures, and cleaning schedules and procedures?	N/A	
19.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*	No	
20.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed*	No	
21.00	**Quality Assurance/Quality Improvement**: Does the pharmacy continuous quality improvement program include sterile compounding measures? ***Note: If the facility indicates "yes", please ask each question below to verify.***	Yes	
21.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Yes	
21.02	Does the pharmacy continuous quality improvement program include nonviable environmental monitoring and testing?	Yes	
21.03	Does the pharmacy continuous quality improvement program include viable environmental testing?	Yes	

21.04	Does the pharmacy continuous quality improvement program include personnel testing and verification?	Yes	
21.05	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	Yes	
21.06	Does the pharmacy continuous quality improvement program include sterilization method testing and validation?	N/A	
21.07	Does the pharmacy continuous quality improvement program include end product testing (such as: potency, particulates, sterility, endotoxin, etc.)?	N/A	
21.08	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding CSPs?	N/A	
21.09	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	N/A	
21.10	Does the recall system include communication with both the patient and the physician/prescriber regarding the potentially contaminated CSP administered and the potential risks?	Yes	
21.11	Are QREs involving CSPs that may have been contaminated or are recalled reported to the appropriate agency such as the Board of Pharmacy and/or FDA.	N/A	
21.12	Are all CFUs detected by any personnel, environmental, or product testing; or any other checks or tests including endotoxin, purity, potency, etc. remediated, appropriately investigated, cause determined, and processes implemented to prevent in the future, where applicable? *Review QA trends.*	Yes	
	Component Selection and Use		
	Total Non-Compliant (Includes Unknowns)	**0**	
22.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	N/A	
22.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products*. NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before being used for compounding.	N/A	
22.02	USP- or NF-grade substances used, if available.	N/A	
22.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	N/A	
22.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels*	N/A	
22.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding.	N/A	
22.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	N/A	
22.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned is not greater than one (1) year, unless it is supported with data and/or testing. *Note: purity and quality testing may be performed to extend.*	N/A	

22.08	All APIs are labeled with the date they were received.	N/A	
22.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	N/A	
22.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	N/A	
23.00	There are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	N/A	
24.00	When manufactured products are used for compounding, all the other excipients (in addition to the active ingredient) in the manufactured product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	N/A	
25.00	For **animal compounding**, does the compounding meet the same standards as compounding for human patients?	N/A	
25.01	The pharmacist is knowledgeable or has the most up-to-date references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	N/A	
25.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	N/A	
25.03	The pharmacist familiar with, or has the most up-to-date reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	
25.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	
25.05	The pharmacist is familiar with, or has the most up-to-date reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	N/A	
26.00	If the pharmacy compounds **stock solutions** or components (that are then used to compound a finished product) using APIs, these stock solutions are categorized as high-risk compounding.	N/A	
26.01	The stock solutions are assigned BUD based on the USP<797> high-risk compound BUD, OR are assigned on the basis of direct testing or extrapolation from reliable literature sources to support an extended BUD.	N/A	
26.02	Compounded preparations using the stock solution are classified as high-risk compounds with appropriate handling with regard to BUD and testing requirements.	N/A	
	Environment		
	Total Non-Compliant (Includes Unknowns)	**0**	
27.00	If the facility performs both sterile and nonsterile compounding, the areas are separated and distinct.	N/A	
28.00	If the facility performs compounding using blood products (or other biological materials), this compounding area is separate and distinct from the general compounding areas.	N/A	
28.01	Are components used in compounding with blood products restricted to the blood compounding area (not used in other compounding areas)?	N/A	
29.00	Entry into the sterile compounding areas is limited to task critical employees (limited to only the pharmacist(s) and other trained and authorized pharmacy personnel).	Compliant	
30.00	The anteroom has a line of demarcation or other separation of the dirty to the clean side. Note: the line of demarcation may NOT be the doorway between the anteroom and the clean/buffer room.	Compliant	
30.01	Carts used to bring supplies from the storeroom are kept on the outside of the line of demarcation.	Compliant	

30.02	Carts used in the clean/buffer room are kept on the clean side of the line of demarcation.	Compliant	
31.00	All surfaces of the sterile product compounding area carts, shelves, stools, chairs, and other items are resistant to disinfectants, non-permeable, non-carpeted or upholstered, and low particulate generating.	Compliant	
32.00	Walls are constructed of durable material, which is cleanable, such as epoxy-coated or heavy-gauge polymer material. *If panels are used, they are locked together and sealed.*	Compliant	
33.00	The ceiling surface shall be impervious and hydrophobic. *If tiles are used, they shall be locked and the seams between the tiles and where they meet the walls shall be caulked and sealed.*	Compliant	
34.00	The floor overlaid with wide sheet flooring and seamless or with heat welded seams, with coving to the sidewall, and a sealed seam where the coving meets the wall.	Compliant	
35.00	The clean/buffer room or anteroom does not have dust collecting overhangs.	Compliant	
36.00	The exposed surfaces of:		
36.01	PEC are free of dirt, rust, chips and particulate matter.	Compliant	
36.02	Light fixtures are smooth, mounted flush, and sealed.	Compliant	
37.00	A working sink, located on the clean side of the line of demarcation, is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PEC(s).	Compliant	
38.00	There is no sink or drain in the clean/buffer room.	Compliant	
39.00	Hand drying is with lint-free disposable towels, or an electronic or HEPA filtered hand dryer.	Compliant	
39.01	If using a hand dryer, particle count and smoke testing validation is performed while dryer is in use (while someone is actively using to dry their hands) at certification, and the immediate area around the dryer is part of the viable air and surface testing program performed. *(N/A if only using towels)*	N/A	
40.00	All air ducts controlling air flow into the sterile compounding clean/buffer room and anteroom are equipped with High Efficiency Particulate Air filtered air that maintains the cleanroom with an ISO Class 7 environment and the anteroom with an ISO Class 7 (when adjacent to HD cleanroom) or ISO Class 8 environment.	Compliant	
41.00	Incoming air ducts through HEPA filters are on or near the ceiling and air return ducts are low on the walls in the anteroom and clean/buffer room.	Compliant	
42.00	If there are particle generating equipment/appliances in the clean/buffer room or anteroom (e.g. computers, printers, refrigerators, dishwashers, etc), they are located by an air return so air flows over and out of the room taking particles with it, and this air flow has been confirmed by smoke testing while in use.	Compliant	
43.00	Beverages including drinking water, chewing gum, candy, or food items are prohibited from the clean/buffer room or anteroom.	Compliant	
44.00	If compounding occurs using nonsterile ingredients, products, components, or devices (for example compounding with non-sterile APIs or using nonsterile vials and closures), the pharmacy has appropriate equipment to sterilize the finished product.	N/A	
44.01	Pre-sterilization procedures for high risk level CSPs (such as weighing and mixing) are performed in no worse than an ISO Class 8 environment.	N/A	
45.00	Completely enclosed anteroom and clean/buffer room (with a door) are equipped with monitors or gauges to measure differential pressure.	Compliant	
45.01	Anteroom is at least 0.02" wc positive pressure to general pharmacy areas.	Compliant	
45.02	Clean/buffer room is at least 0.02" wc positive pressure to Anteroom.	Compliant	
45.03	Hazardous compounding room and drug storage area is at least 0.01" wc negative pressure to ISO Class 7 anteroom.	N/A	

45.04	Pressures are reviewed and documented on a log at least every work shift (minimum of once daily) or monitored by a continuous recording device. *View logs*	Compliant	
45.05	Written plan in place to detect and react to pressure differentials outside of limits.	Compliant	
46.00	If the clean/buffer room and anteroom are not fully enclosed (open or with plastic strips - no door that closes), the air flow is measured across the openings.	N/A	
46.01	The air flow is at least 40 feet per minute across the entire opening.	N/A	
46.02	Airflow is read and recorded each shift (minimum of once daily) or continuously recorded. *View logs.*	N/A	
46.03	Written plan in place to detect and react to air flow measurements outside of limits	N/A	
46.04	This area is used only for low- and medium-risk compounding (**HD and high-risk not allowed**).	N/A	
47.00	**Temperature:** The temperature of all compounding and drug storage areas shall be maintained in accordance with standards, and a written plan shall be in place and followed to address any excursions.	Compliant	
47.01	Temperature in the **compounding area** is maintained to provide comfortable working conditions for compounding personnel of 20° C or cooler (68° F or cooler); Temperature can be more restrictive if warranted by specific drug product storage requirements. *Temperature records are maintained.*	Compliant	
47.02	If drugs are stored in the compounding area, temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. *Temperature records are maintained.*	Compliant	
47.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas). Temperature is maintained at controlled room temperature of 20° - 25° C (68° - 77° F) or as specified by FDA approved labeling for drug product storage.	Compliant	
47.04	Temperature monitoring in the **drug storage area** is performed at least once daily and documented. *Temperature records are maintained.*	Compliant	
47.05	Temperature in the **refrigerator or cooler** is maintained to provide controlled cold temperature of 2° to 8°C (36° to 46°F) or as specified by FDA approved labeling for drug product storage.	Compliant	
47.06	Temperature monitoring in the **refrigerator** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. Alternatively, continuous monitoring or retroactive detection using min/max may be used. *Temperature records are maintained.*	Compliant	
47.07	Temperature in the **freezer** is maintained to provide controlled frozen temperature of -25° to -10°C (-13° to 14°F) or as specified by FDA approved labeling for drug product storage.	N/A	
47.08	Temperature monitoring in the **freezer** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. *Temperature records are maintained.*	N/A	
47.09	Action plan in place for any temperature excursions including evaluating excursion effects on drug product integrity for all temperature monitored areas.	N/A	
48.00	**Humidity:** If warranted by specific drug products, humidity in the compounding area is maintained to provide humidity within the specified ranges. If drug products require storage in a "dry place", humidity is not to exceed 40%. (*Generally recommended range is 35-60% for performing sterile compounding .*)	Compliant	
48.01	If applicable, humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	

48.02	If applicable, excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
48.03	If applicable, humidity monitoring is also performed in drug storage areas (if separate from the compounding areas).	Compliant	
49.00	Blowers on ISO 5 PECs are operated continuously during compounding activity, including during interruptions of less than eight hours.	Compliant	
50.00	When the ISO 5 PEC blower is turned off, and before other personnel enter to perform compounding activities, only one garbed person is allowed to enter the buffer area for the purposes of turning on the blower (for at least 30 minutes) and of sanitizing the work surfaces	Compliant	
51.00	The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	Compliant	
52.00	The inside and outside doors of a pass-through are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	N/A	
53.00	**If the PEC is a BSC or LAFW that is NOT located in an ISO Class 7 clean/buffer room**: BSC or LAFW has been certified to maintain ISO Class 5 during compounding activities.	N/A	
53.01	Used only for low-risk compounded preparations with a 12-hour or less BUD assigned. *If yes, list percentage.*	N/A	
53.02	All garbing requirements are adhered to.	N/A	
53.03	Located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	N/A	
53.04	Location does not contain any unsealed windows or doors that connect to the outdoors or areas of high traffic flow, and is not adjacent to construction sites, warehouses, or food preparation areas?	N/A	
53.05	The sink is separated from the immediate area of the ISO Class 5 BSC or LAFW (not adjacent).	N/A	
54.00	**If the PEC is a CAI/CACI that is NOT located in an ISO Class 7 clean/buffer room:** CAI/CACI has been certified to maintain ISO Class 5 under dynamic conditions including transferring of ingredients, components and devices, and during preparation of CSP.	N/A	
54.01	The pharmacy has documentation from the manufacturer that the CAI or CACI will meet this standard when located in worse than ISO Class 7 environments.	N/A	
54.02	The CAI or CACI is located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	N/A	
54.03	The sink is separated from the immediate area of the CAI or CACI (not adjacent).	N/A	
54.04	For NIOSH hazardous compounding in a CACI that is NOT located in a clean/buffer room, the CACI is located in a physically separated area that maintains a negative pressure of 0.01" water column pressure to adjacent areas and a minimum of 12 ACPH.	N/A	
	Cleaning and Disinfection		
	Total Non-Compliant (Includes Unknowns)	**0**	
55.00	Are all personnel performing cleaning appropriately garbed?	Compliant	
56.00	Is the sterile compounding area equipped with appropriate nonshedding cleaning equipment and supplies? *All cleaning tools, such as wipers, sponges, and mops, must be nonshedding, dedicated to and labeled for use in either the buffer or clean area (no wooden handles are allowed).*	Compliant	
57.00	If cleaning tools are reused, is there a procedure to rinse and sanitize the tools and an appropriate clean storage area?	Compliant	
58.00	Are reusable tools appropriately labeled to prevent them from being used inappropriately?	Compliant	

59.00	For cleaning and sanitizing agents that are not "ready-to -use" formulations, are there formulas and instructions for mixing or diluting the agents prior to use and is the preparation documented?	Compliant	
60.00	Are cleaning and sanitizing agents appropriately labeled including expiration dates? *Verify no expired agents present.*	Compliant	
61.00	Are appropriate cleaning agents used that are effective for bacteria, viruses, fungi, and spores?	Compliant	
62.00	Is the ISO 5 PEC cleaned at the beginning of each shift, between compounding activities, at least every 30 minutes while compounding and after spills or suspected surface contamination?	Compliant	
62.01	If heavily soiled, cleaning includes the appropriate agent. *List agent(s) used.*	Compliant	
63.00	Does sanitizing of the ISO 5 PEC include sanitizing with sterile 70% IPA using a nonlinting wipe?	Compliant	
64.00	Does daily cleaning and sanitizing include counters and easily cleanable work surfaces?	Compliant	
65.00	Does daily cleaning include the floors starting from the clean/buffer room and working outwards? Floor cleaning is not to occur during compounding.	Compliant	
66.00	If fatigue mats are used, are they cleaned daily and let dry on both sides?	N/A	
67.00	Is a tacky mat used and if so, is there a procedure in place regarding replacement?	N/A	
68.00	Are the ceilings, walls, all shelving, bins, carts, chairs, and the tops and sides of the primary engineering controls (PECs) thoroughly cleaned monthly? (*This includes removing everything from shelves and bins before cleaning, cleaning the undersides of cart surfaces and stools, wheels, etc.) Check inside bins and shelving for dust if you are garbed.*	Compliant	
69.00	Is enough time allocated for cleaning activities, including contact/dwell times for the cleaning/disinfection agents?	Compliant	
	Training *-Verify records of all compounding personnel (up to 10).*		
	Total Non-Compliant (Includes Unknowns)	**0**	
70.00	There is documentation that compounding personnel are appropriately trained including policies and procedures, documentation, hazardous drug handling, cleaning/disinfection/spills, garbing/gowning/hand hygiene, and aseptic technique. *Note that "compounding personnel" includes personnel performing compounding, supervising compounding, and performing verification of compounding. List number of personnel training files viewed.*	Compliant	
70.01	All personnel performing compounding are not allowed to compound until training and initial testing is successfully completed.	Compliant	

70.02	All personnel that SUPERVISE compounding and/or perform verifications of other's compounding are not allowed to supervise or verify compounding until training and initial testing is successfully completed.	Compliant	
71.00	All personnel of reproductive capability who handle or compound hazardous drugs or chemicals have confirmed in writing that they understand the risks of handling hazardous drugs. *Teratogenicity, carcinogenicity, reproductive issues.*	N/A	
72.00	There is documentation, such as an observational checklist, that all personnel (including housekeeping or other outside personnel) that perform cleaning activities in the compounding areas including hazardous compounding areas are appropriately trained in garbing, cleaning and disinfection.	Compliant	
73.00	There is documentation of training on the operation of any equipment that may be used when preparing compounded sterile products. *Documentation needs to include training on operation, and troubleshooting*	Compliant	
74.00	If the pharmacy uses relief personnel from outside agencies to perform sterile compounding, training and certifications are verified. *View documentation.*	Compliant	
75.00	There is documentation that all compounding personnel (including those supervising or performing verifications) have passed an initial written exam, and subsequent annual written exams for the appropriate compounding risk levels and NIOSH hazardous drugs when applicable. *Indicate frequency, if testing more than annually*	Compliant	
76.00	There is documentation that all compounding personnel have passed an initial and subsequent annual competency assessments of aseptic compounding skills using observational audit tools including handling NIOSH hazardous drugs when applicable. Compounding skills evaluation to include use of equipment. *Indicate frequency, if testing more than annually.*	Compliant	
77.00	There is documentation that new compounding personnel have passed an initial observed gowning procedure and three gloved fingertip sampling tests? *Personnel must pass the tests upon initial validation before being allowed to compound . Action required if the tests yield any garbing deficiencies, or if the sampling results are >0 colony-forming units (CFU)/plate on the three initial validations. Indicate frequency, if testing more than annually.*	Compliant	
78.00	There is documentation that compounding personnel preparing low or medium risk-level products have passed an annual observed gowning procedure and gloved fingertip sampling test. *Action required if the tests yield any garbing deficiencies, or if the fingertip sampling results are >3 CFU (total both hands, all 10 fingers). Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than annually.*	Compliant	
79.00	There is documentation that a media fill test procedure is performed for each compounding employee at least annually for individuals that prepare low or medium risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are incubated and failure is indicated by visible turbidity in the medium on or before 14 days. Indicate frequency, if testing more than annually.*	Compliant	
80.00	The media-fill testing procedures include:		
80.01	Media selection (including obtaining COAs or growth promotion certificates from suppliers)	Compliant	

80.02	Fill Volume	Compliant	
80.03	Incubation time and temperature (Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.)	Compliant	
80.04	Inspection of filled units	Compliant	
80.05	Documentation	Compliant	
80.06	Interpretation of results	Compliant	
80.07	Action levels set with the corrective actions required	Compliant	
81.00	**High-Risk Sterile Compounding:** There is documentation that compounding personnel have passed an observed gowning procedure and gloved fingertip sampling test every six (6) months. *Action required if the tests yield any garbing deficiencies, or if the sampling results are >3 CFU on both hands upon revalidation. Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than every 6 months.*	N/A	
82.00	**High-Risk Sterile Compounding:** There is documentation that a media fill test procedure is performed for each compounding employee at least every six (6) months for individuals that prepare high risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.*	N/A	
83.00	**Failed testing:** Employees who have failed any testing are prohibited from compounding until training is performed/reviewed and subsequent testing is performed successfully.	Compliant	
83.01	Gloved fingertip tests that have failed have the organisms identified down to the genus to determine the most likely source of the contamination. This data is used to develop plans to prevent contamination.	Compliant	
83.02	There is a plan to evaluate the sterile compounds prepared by an employee with failed gloved fingertip tests or media fills to detect potential contamination of the sterile preparations compounded.	Compliant	
	Garbing		
	Total Non-Compliant (Includes Unknowns)	**0**	
84.00	Personnel are prohibited from compounding, or entering the clean/buffer room or anteroom if they have a rash, sunburn, weeping sores, conjunctivitis, or an active respiratory infection.	Compliant	
85.00	Personnel are required to remove all personal outer garments such as hats, scarves, sweaters, vests, coats, or jackets and any makeup or cosmetics before entering compounding areas. *Include observations in the comments.*	Compliant	
86.00	Personnel are required to remove all hand and wrist jewelry, and all visible jewelry or piercings such as earrings, lip or eyebrow piercings, etc. before entering clean/buffer room.	Compliant	
87.00	Personnel are prohibited from wearing artificial nails or extenders, and required to keep natural nails neat and trimmed.	Compliant	
88.00	Garbing with dedicated shoes or shoe covers that are donned as the line of demarcation is crossed (with the dedicated or covered shoe never touching the same side of the line of demarcation as the dirty shoe).	Compliant	

89.00	Garbing includes head and facial hair covers and masks. *Note that facial hair requires both a facial hair cover AND a mask. Eye shields are optional unless using cleaning agents or preparing hazardous drugs. There is a method available to assure that all hair is covered.*	Compliant	
90.00	Hand cleaning is performed in the anteroom and includes removing debris from under the nails with a nail cleaner followed by a vigorous washing of the hands and forearms with soap for at least 30 seconds with hands and arms then dried with a non-linting disposable towel or a hand dryer. *Scrub brushes are NOT recommended as they cause skin irritation and damage.*	Compliant	
91.00	The gown is nonshedding with sleeves that fit snugly around the wrists and enclosed at the neck.	Compliant	
92.00	All bare skin is covered on the arms and the legs (no bare ankles, wrists, etc.).	Compliant	
93.00	Prior to donning sterile gloves, a waterless alcohol based surgical hand scrub with persistent activity is used and hands allowed to dry. *Note: regular Purell Hand Sanitizer is NOT appropriate. Purell or other brand surgical hand scrub is appropriate - must have residual activity.*	Compliant	
94.00	Upon leaving the sterile product compounding area, gowns are taken off and disposed of, or if used for nonhazardous compounding they are left in the anteroom and not reused for longer than one shift.	Compliant	
95.00	Pharmacists or other personnel do NOT enter the anteroom and cross the line of demarcation without donning shoe covers or dedicated shoes. *Watch for personnel traversing back and forth across the line of demarcation without doffing and donning new shoe covers or dedicated shoes.*	Compliant	
96.00	Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing (wearing just a mask to check technician's work, for example)	Compliant	
	Environmental Monitoring		
	Total Non-Compliant (Includes Unknowns)	**0**	
97.00	The most recent PEC and room certification report is available.	Compliant	
97.01	All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	Compliant	
97.02	All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, and barrier isolators) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	Compliant	
97.03	Certification is performed at least every six months (view date of previous certification) and whenever a device or room is relocated or altered, or major service to the facility is performed. *If non-compliant, record the date of the previous certification.*	Compliant	
97.04	Certification is performed to the Controlled Environment Testing Association (CETA) guide (USP: CETA CAG-003-2006 Certification Guide for Sterile Compounding Facilities) and is noted on the report.	Compliant	
97.05	If the certification standard used and noted on the report is NOT CETA CAG-003-2006, the facility has performed a comparison and determined the standard used is the same or better than the CETA CAG-003-2006 guide.	Compliant	
97.06	The PIC/compounding supervisor is familiar with what testing is required and interpretation of results, ensures all testing is performed appropriately (under dynamic conditions where appropriate), has action levels identified, evaluates results to detect issues or trends, and action levels are further customized based on trended data of performance.	Compliant	
98.00	The certification report includes information about the equipment used for performing each test including: identification of the equipment used by model, serial number, last calibration date (or date when next calibration is due).	Compliant	
98.01	The equipment used had not exceeded its calibration date at the time of certification.	Compliant	

99.00	The HEPA filtered air changes per hour (ACPH) were measured for the compounding rooms.	Compliant	
99.01	ISO Class 7 sterile compounding room is certified as having a minimum of 30 ACPH with at least 15 ACPH from outside air sources. *Recirculated air from the PECs may account for up to 15 ACPH in nonhazardous classified rooms only.*	Compliant	
99.02	ISO class 7 anteroom is certified as having a minimum of 30 ACPH. *Anteroom must be ISO class 7 if connected to a NIOSH hazardous compounding clean/buffer room.*	N/A	
99.03	ISO class 7 hazardous sterile compounding room is certified as having a minimum of 30 ACPH. *Typically all of the air will be from outside.*	N/A	
99.04	If a CACI is used in a non-HEPA filtered room, the room is certified to maintain a minimum of 12 ACPH.	N/A	
100.00	Air pattern analysis using smoke testing was performed under dynamic conditions (people working in the PECs and rooms). The smoke flow is described in the report for the various tests such as turbulent, sluggish, smooth, etc.	Compliant	
100.01	Air pattern analysis was conducted at the critical area (direct compounding area inside the ISO Class 5 PEC) to demonstrate **unidirectional** airflow and sweeping action over and away from the product under dynamic conditions (personnel compounding or simulating compounding in PEC).	Compliant	
100.02	Air pattern analysis was conducted to confirm positive pressure (and negative pressure into hazardous compounding rooms) at all points around all openings, doorways, and pass-throughs	Compliant	
100.03	Air pattern analysis conducted around particle generating equipment *while the equipment was in operation* to confirm air flow.	Compliant	
101.00	Differential air pressure between rooms was measured.	Compliant	
101.01	The differential pressure measured was at least 0.02" water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed.	Compliant	
101.02	The differential pressure measured was at least 0.01" water column negative from the hazardous clean/buffer room to the anteroom with the doors closed.	Compliant	
102.00	Displacement airflow between rooms or areas was measured. This is for a clean/buffer room without a door that closes to the anteroom - may be an open space or may have plastic strips in doorways.	N/A	
102.01	Displacement airflow (for low and medium-risk non-hazardous rooms only) was measured at a minimum differential velocity of 40 feet per minute from the cleanroom to the anteroom. *Note that it is very important to maintain this velocity across the entire opening and the report should indicate multiple points of measure across all openings.*	N/A	
103.00	Particle counts of particles 0.5um and larger were measured under dynamic conditions.	Compliant	
103.01	ISO Class 5 areas and PECs are certified as having less than 3,520 particles per cubic meter of air (100 particles per cubic foot).	Compliant	
103.02	ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air (10,000 particles per cubic foot).	Compliant	
103.03	ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air (100,000 particles per cubic foot).	Compliant	
104.00	HEPA filter tests were performed.	Compliant	
104.01	All room HEPA filters were leak tested and if leaks found, they were fixed	Compliant	
104.02	All PEC HEPA filters were leak tested and if leaks found, they were fixed	Compliant	
105.00	PECs with failed tests are not used for compounding until the conditions are corrected and verified by subsequent testing.	Compliant	
106.00	Viable air (every six months) and surface sampling (periodically) tests have been conducted as required. *Document frequency.*	Compliant	

106.01	Appropriate growth media used (containing tryptic soy agar medium with polysorbate and lecithin (TSApl) added to neutralize cleaning agents for surface sampling) with appropriate corresponding incubation time and temperature used. *Required to use media that supports both bacterial and fungal growth for high risk compounding.*	Compliant	
106.02	Viable air sampling by active impaction using a volumetric air sampling device. *NOTE: Passive air sampling or settling plates are not compliant with USP Chapter <797>.*	Compliant	
106.03	Air samples were taken in each ISO Class 5 PEC, and in each sterile compounding room and anteroom and volume sufficient volume of air (400-1000L) was collected? *Note: 1000L must be collected in ISO Class 5 PECs to be able to detect the action level. Room samples can be 400-1000L.*	Compliant	
106.04	Surface samples performed on all direct compounding areas inside of each ISO 5 PEC, in each ISO classified room, inside any pass-throughs, and on surfaces likely to be contaminated due to position relative to doorways, etc.	Compliant	
106.05	Viable air and surface samples did not exceed USP action levels (or internal action levels if more restrictive). Classification Air Sample Surface Sample ISO Class 5 >1 CFU/m3 >3 CFU/plate ISO Class 7 >10 CFU/m3 >5 CFU/plate ISO Class 8 >100 CFU/m3 >100 CFU/plate *CFUs are TOTAL of bacterial plus fungal/mold plates. If air sampling volume is less than 1000 liters (one cubic meter), the raw total microbial count must be multiplied by the appropriate factor to determine the number of CFU/cubic meter.*	Compliant	
106.06	CFUs detected by any means (viable air or surface sampling, gloved fingertip testing, failed sterility tests, etc.) are identified to the genus level. *All CFUs detected must be identified even if the number of CFUs does not exceed an action level.*	Compliant	
106.07	If the number of CFUs detected **in the rooms** exceeds action levels, begin immediate remediation (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
106.08	If the number of CFUs detected **in the PECs** exceeds action levels, begin immediate remediation, (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
106.09	If any highly pathogenic microbes (e.g. mold, yeast, coagulase positive staphylococcus, or gram negative rods) were detected (whether or not the number of CFUs exceeds action levels), begin immediate remediation(e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
107.00	Facilities performing routine air or surface sampling with internal qualified personnel routinely verify sampling procedures. *Indicate the outside vendor used to verify procedures and frequency of verifications.*	Compliant	
	Equipment		
	Total Non-Compliant (Includes Unknowns)	**0**	
108.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (autoclaves, ovens, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines.*	Compliant	
109.00	All environmental monitoring equipment and gauges (differential pressure gauges or probes, air flow and velocity measuring equipment for rooms not fully enclosed, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented.	Compliant	
110.00	All temperature and humidity (where applicable) monitoring devices (thermometers, hygrometers, probes, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented	Compliant	

111.00	Automated Compounding Devices (ACDs) are used for sterile compounding (such as repeater pumps) and there is a P&P for the use and calibration.	N/A	
111.01	There is documentation of the ACD tubing being changed or discarded every 24 hours	N/A	
111.02	The ACD is used when performing media fill testing.	N/A	
	Compounding Procedures		
	Total Non-Compliant (Includes Unknowns)	**0**	
112.00	Gloves are disinfected with adequate frequency with an approved disinfectant, such as sterile 70% isopropyl alcohol (IPA).	Compliant	
113.00	Nonessential objects that shed particles are prohibited in the buffer or clean area, including pencils, cardboard cartons, paper towels, reading material, and cotton items (e.g., gauze pads)?	Compliant	
114.00	Essential paper related products (syringe overwraps, work records contained in a protective plastic sleeve) are wiped down with sterile 70% IPA before being brought into the buffer or clean area.	Compliant	
115.00	Supplies required for the scheduled operations of the shift are prepared by wiping the outer surface with sterile 70% IPA (or removing the outer wrap as the item is introduced into the aseptic work area) and brought into the buffer or clean area in a bin or on a movable cart.	Compliant	
116.00	Compounding employees are using appropriate aseptic technique. *May require inspector to garb and enter clean/buffer room. Pay attention to first air, entry and exit of materials in ISO Class 5 PEC, appropriate frequent sanitization of gloves, appropriate cleaning and cleanliness of the direct compounding area (DCA). **Compounding MUST be observed**. If compounding is not being performed at the time of survey mark item as "Non-Compliant".*	N/A	
116.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "**Denial of Authorization**" form. List individual who signs the Denial of Authorization*		
117.00	Compounding personnel ascertain that ingredients for CSPs are of the correct identity and appropriate quality by reading vendors' labels, and a unit-by-unit physical inspection of the product before use.	Compliant	
118.00	All rubber stoppers, of vials and bottles and the necks of ampules are disinfected with sterile 70% IPA waiting for at least 10 seconds before they are used to prepare CSPs.	Compliant	
119.00	Single-dose vials exposed to ISO Class 5 or cleaner air are used within six (6) hours of the initial puncture and any remaining contents discarded. *If exposed to less than ISO Class 5 air, used within 1 hour and discarded.*	Compliant	
120.00	The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. *May not be stored for any time period.*	Compliant	
121.00	Multiple-dose vials formulated for removal of portions on multiple occasions are used within 28 days (or the manufacturer's specific BUD if less) after the initial entry or puncture and any remaining contents discarded.	Compliant	
122.00	The compounding record is complete. *View several completed compounding records and answer each of the following questions. List records reviewed.*	N/A	
122.01	Official or assigned name, strength and dosage of the preparation	N/A	
122.02	Names, lot numbers and expiration dates of all components	N/A	
122.03	Total quantity or number of units compounded	N/A	
122.04	Person compounding the preparation	N/A	

122.05	Person performing the quality control procedures	N/A	
122.06	Person who approved the preparation	N/A	
122.07	Date of compounding	N/A	
122.08	Assigned internal identification number or prescription number	N/A	
122.09	Assigned BUD and reference if extended beyond USP guidelines	N/A	
122.10	Duplicate label	N/A	
122.11	Sterilization method (if applicable)	N/A	
122.12	Indication of the quality control procedures to perform (testing, filter integrity, etc.) and results of the testing, quality control issues, and investigation/recall if applicable	N/A	
123.00	Procedure for in-process checks is followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is* ***recommended*** *to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage.*	Compliant	
124.00	Labels on BATCH preparations include the name and quantity of all contents, date, and time of preparation (or internal code indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	N/A	
125.00	Labels on PATIENT-SPECIFIC containers, in addition to standard label requirements, also include names and quantity or concentration of active ingredients, BUD, total volume, route of administration, storage conditions and other information for safe use.	N/A	
126.00	Inspect several different finished products and look for any particulates. Do any of the finished products inspected show any evidence of particulates? *If so, list the products including lot and expiration date and obtain photos (if possible).* **REQUEST THE PRODUCT BE QUARANTINED AND NOTIFY NABP IMMEDIATELY.**	N/A	
127.00	Preparations without additional stability testing or supported by data are assigned BUDs within USP<797> guidelines. **Low Risk:** 48 hours room temp, 14 days refrigerated, 45 days frozen **Medium Risk:** 30 hours room temp, 9 days refrigerated, 45 days frozen **High Risk:** 24 hours room temp, 3 days refrigerated, 45 days frozen	N/A	
128.00	If extended BUDs are assigned, are they assigned on the basis of stability data extrapolated from reliable literature sources? *View records, preparation must exactly match the preparation cited in the documentation including concentration of all active ingredients, excipients, etc.*	N/A	
129.00	If extended BUDs are assigned, has the facility performed its own stability testing? *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc. If so, view records for at least three products and list the products reviewed below. List the products reviewed.*	N/A	
130.00	Compounded multiple-dose vials with extended BUDs assigned have additional instruction provided that indicates remainder must be discarded 28 days after first puncture or use.	N/A	
131.00	**Filter sterilization** in an ISO 5 environment and documentation includes:		
131.01	If the compounded preparation contains large particles, a prefilter is placed upstream from the sterilizing filter.	N/A	
131.02	The 0.2 micron sterile microporous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP; and the filter is intended for human-use applications for sterilizing CSPs (labeling on the filter does not indicate "research only" or "laboratory only", for example).	N/A	
131.03	Is the appropriate capacity filter being used for the volume being filtered.	N/A	

131.04	Filtering is completed rapidly without filter replacement.	N/A	
131.05	Confirmation of filter integrity/bubble testing is performed and value documented for each filter used with each batch sterilized by filtration. View documentation on compounding records of items sterilized by filtration to confirm.	N/A	
132.00	**Steam sterilization** documentation includes:		
132.01	The autoclave has been verified for the exposure time and mass of the items to be sterilized	N/A	
132.02	Ensures live steam contacts all ingredients and surfaces to be sterilized, effectiveness verified with biological indicators and temperature sensing devices	N/A	
132.03	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization	N/A	
132.04	That the CSP will not be adversely affected by the steam and heat	N/A	
132.05	The description of steam sterilization includes conditions and duration for specific CSPs	N/A	
132.06	That the effectiveness of steam sterilization is verified each time using appropriate biological indicators of Bacillus stearothermophilus and other confirmation methods such as temperature-sensing devices.	N/A	
133.00	**Dry heat sterilization** documentation includes:		
133.01	Dry heat is only used for those items that cannot be sterilized by steam or would be damaged by moisture	N/A	
133.02	Sufficient space is left between materials to allow for air circulation	N/A	
133.03	The description of dry heat sterilization includes conditions and duration for specific CSPs	N/A	
133.04	That the effectiveness of dry heat sterilization is verified each time using appropriate biological indicators of Bacillus subtilis and other confirmation methods such as temperature-sensing devices.	N/A	
133.05	Heated filtered air is evenly distributed throughout the chamber with a blower and the oven is equipped with a system for controlling and recording temperature and exposure period.	N/A	
134.00	**Depyrogenation by dry heat** documentation includes:		
134.01	Dry heat depyrogenation is used to render glassware and containers (such as vials) free from pyrogens as well as viable microbes	N/A	
134.02	The description of the cycle and duration for specific load items	N/A	
134.03	The effectiveness of the cycle is verified using endotoxin challenge vials (ECVs)	N/A	
134.04	Bacterial endotoxin testing is performed on the ECVs to verify the cycle is capable of achieving a 3-log reduction in endotoxins	N/A	
135.00	Other methods of sterilization are used with documented procedures and validation performed. *Indicate method.*	N/A	
	Finished Preparation Release Checks and Tests		
	Total Non-Compliant (Includes Unknowns)	**0**	
136.00	Are products visually checked for particulates or other foreign matter against both a light and a dark colored background as a condition of release?	Compliant	
137.00	Are there checks for container, closure integrity and any other apparent visual defects?	Compliant	
138.00	Is compounding accuracy documented by verification of steps?	Compliant	
139.00	Is verification of ingredient identity and quantity verified? *Is there a reconciliation of components?*	Compliant	
140.00	Are labels verified as being correct and is a copy of the label included in the record? *Complies to regulation, contains the correct names and amounts or concentrations of ingredients, total volumes, BUDs, storage conditions, and route of administration.*	Compliant	

141.00	**Sterility testing (USP <71>).** *If testing is performed to a higher standard than the minimums below, describe.*		
141.01	Sterility testing includes both bacterial and fungal testing.	N/A	
141.02	Sterility testing is performed for all CSPs that have extended BUDS.	N/A	
141.03	Sterility testing is performed for high-risk CSPs prepared in batches of more than 25 identical containers	N/A	
141.04	Sterility testing is performed for CSPs exposed longer than 12 hours at 2°C-8°C or longer than six hours at warmer than 8°C before being sterilized	N/A	
141.05	The appropriate quantities of units are sterility tested. Parenterals, number of units in the batch is: 1. Not more than 100, test 10% or four units, whichever is greater 2. More than 100 but more than 500, test 10 units 3. More than 500, test 2% or 20 units, whichever is less For large volume parenterals: 2% or 10 containers, whichever is less. For non-parenterals (eye drops, inhalation, etc.): 1. Not more than 200 containers, test 5% or 2 containers, whichever is greater 2. More than 200, test 10 containers	N/A	
141.06	For products failing testing, product is quarantined, and an investigation is performed including microbial identification and action taken. *View testing records and note any products with failed results and actions taken.*	N/A	
141.07	If items are dispensed or distributed prior to sterility testing completion, there is a written procedure requiring daily observation of the incubated media. If there is any evidence of microbial growth, there is an immediate recall and both the patient and the physician/prescriber of the patient to whom a potentially contaminated CSP was administered are notified of the potential risk. *View testing records and note any products with failed results and actions taken.*	N/A	
142.00	**Endotoxin testing (USP <85>).** *If testing is performed to a higher standard than the minimums below, describe.*		
142.01	Is endotoxin testing performed for all high-risk level CSPs for administration by injection prepared in groups of more than 25 single-dose packages (such as ampules, bags, syringes, vials)	N/A	
142.02	High-risk CSPs prepared in multiple dose vials for administration to multiple patients	N/A	
142.03	High-risk CSPs exposed longer than 12 hours at 2°C-8°C (25°F-46°F) or longer than six (6) hours at warmer than 8°C (46°F) before they are sterilized	N/A	
142.04	For products failing testing, product is quarantined, and an investigation is performed and action taken. *View testing records and note any products with failed results and actions taken.*	N/A	
	Patient Counseling and Communication		
	Total Non-Compliant (Includes Unknowns)	**0**	
143.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of hazardous products such as chemotherapy medications?	Compliant	
144.00	Are the above required printed drug information materials (drug information, PPI, MedGuides, etc.) provided for the compounded products?	Compliant	
145.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	
146.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated CSP was administered are notified of the potential risk.	Compliant	

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.

An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

AK	167442	6/30/2022
AL	113920	12/31/2022
AR	OS02334	12/31/2023
AZ	Y007967	10/31/2022
CO	OSP.0007167	10/31/2022
CT	PCN.0003524	8/31/2021
DC	NRX1801524	5/31/2023
DE	A9-0002320	9/30/2022
FL	PH26713	2/28/2023
GA	PHNR000972	6/30/2023
HI	PMP-1543	12/31/2021
IA	5027	12/31/2022
ID	53754MS	12/31/2022
IL	54.021148	3/31/2022
IN	064002346A	12/31/2021
KS	22-108612	6/30/2023
KY	LA2420	6/30/2022
ME	MO4002527	12/31/2021
MD	PO7931	5/31/2022
MI	5301011475	11/9/2023
MN	265659	6/30/2022
MO	2017005909	10/31/2023
MS	8543	12/31/2023
MT	PHA-MOP-LIC-55529	11/30/2022
NE	1244	7/1/2022
NH	NR1414	12/31/2023
NJ	28Ro00182700	6/30/2022
NM	PH00004539	12/31/2022
NY	36985	8/31/2024
NC	14001	12/31/2021
ND	Phar1577	6/30/2022
NV	PHO3995	10/31/2022
OH	242000005	3/31/2023
OK	99-8086	11/30/2021
OR	RP-0003433	3/31/2022
PA	NP001262	8/31/2023
RI	PHN11563	9/30/2022
SC	18587	6/30/2022
SD	400-1920	6/30/2022
TN	5073	2/28/2023
TX	31323	3/31/2023
UT	11013217-1708	9/30/2023
VA	214002117	8/31/2022
VT	36.013423	7/31/2023
WA	PHRN.FO.60903824	5/31/2022
WVA	MO0561315	6/30/2023
WI	2205-43	5/31/2022
WY	NR-51583	6/30/2022

The Louisiana Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, and further, performs daily updates to the website. Therefore, the website is a secure and primary source for credential verification, as authentic as a direct inquiry to the Board.

Lookup Detail View

Name and Address

Name	PublicAddress
Infucare Rx of LA	2400 Veterans Memorial Blvd Ste 480 Kenner, LA 70062-8728

Credential Information with supervision

License	License Type	Issue Date	Expiration Date	Status	Pharmacist In Charge
PHY.007442-IR	Pharmacy - Community ~ Independent	03/07/2017	12/31/2022	Current, without restriction or limitation	Richard P. Anderson Jr.

List of Current Employees

Name	License	License Type	Expiration Date	Status
Aris M. Christophe	CPT.008500	Certified Pharmacy Technician	06/30/2022	ACTIVE
Jennifer B. Hays	CPT.011588	Certified Pharmacy Technician	06/30/2022	ACTIVE
Kim Lien T. Nguyen	PST.018325	Pharmacist	12/31/2022	ACTIVE
Richard P. Anderson Jr.	PST.020664	Pharmacist	12/31/2022	ACTIVE
Thu Hoang Nguyen	PST.019875	Pharmacist	12/31/2022	ACTIVE
Tiffany J. Lawson	PST.019662	Pharmacist	12/31/2022	ACTIVE

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InfuCare Rx

Fast Access Specialty Therapeutics LLC

APPLICANT

Fast Access Specialty Therapeutics LLC
EIN: 270946266
2400 Veterans Memorial Blvd, Suite 480
Kenner, LA 70062

OWNERSHIP

Factor One Source Pharmacy LLC –100%
EIN: 465181020
PO Box 2578
Secaucus, NJ 07096

OFFICERS

(Fast Access Specialty Therapeutics LLC and InfuCare Rx Inc)

President & Treasurer: Dhara Patel

DOB: [redacted]
Address: [redacted] Vincent Road, Cedar Grove NJ 07009

Secretary: Tiffany Scheppers

DOB: [redacted]
Address: [redacted] Lookout Circle, Waxhaw NC 28173

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Fast Access Specialty Therapeutics, LLC dba InfuCare Rx of LA

Physical Address: 2400 Veterans Memorial Blvd STE 480

City: Kenner State: LA Zip: 70062

Mailing Address (if different from physical address): P.O. Box 2578

City: Secaucus State: NJ Zip: 07096

Telephone: 877-327-8881 Website: WWW.InfuCareRx.com

Licensing Company Email: Licensing@infucarerx.com

Section 2: Personal Information

First: Richard Middle: Paul Last: Anderson Jr.

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Lizabeth Dr.

City: Morgan City State: LA Zip: 70380

Telephone: [redacted] Email: RAnderson@infucarerx.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: N/A to:

Military Occupation/Specialty: N/A

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: PA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Xavier University of Lousiana College of Pharmacy		08/08 - 05/14	
Address	**City**	**State**	**Zip**
1 Drexel Drive	New Orleans	LA	70125
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Xavier University of Louisiana		08/04-05/08	
Address	**City**	**State**	**Zip**
1 Drexel Drive	New Orleans	LA	70125
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Morgan City High School		08/00-05/04	
Address	**City**	**State**	**Zip**
2400 Tiger Dr	Morgan City	LA	70380
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/10 - Present	[redacted] Lizabeth Dr	Morgan City	LA	70380
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Fast Access Specialty Therapeutics, LLC dba InfuCare Rx of LA			06/21-Pres.&11/17-06/19
Business Address	**City**	**State**	**Zip**
2400 Veterans Memorial Blvd STE 480	Kenner	LA	70062
Phone	**Title**	**Number of Employed Hours**	
877-327-8881	Pharmacist in Charge	'21 =1000 hr Prev = 5248	
Description of Duties			
Supervise the pharmacy staff to ensure accurate and safe job performance Directs, coordinates, and supervises all pharmacy activities. Works with VP of operations to facilitate and coordinate pharmacy operations Performs performance			

Business Name			From - To (MM/YY – MM/YY)
Factor One Source Pharmacy dba InfuCare Rx of MD			06/19 - 10/20
Business Address	**City**	**State**	**Zip**
217 Glenn Street STE 300	Cumberland	MD	21502
Phone	**Title**	**Number of Employed Hours**	
877-327-8881	Pharmacy Manager/Clinical Pharmacist	2808	
Description of Duties			
Supervise the pharmacy staff to ensure accurate and safe job performance Directs, coordinates, and supervises all pharmacy activities. Works with VP of operations to facilitate and coordinate pharmacy operations Performs performance			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Richard P. Anderson Jr.

Original Signature (electronic, copies or stamps not accepted)

4/12/21

Date

Applicant's initials RA

I, Richard P. Anderson Jr., **certify that as the designated representative for**

Fast Access Specialty Therapeutics, LLC dba InfuCare Rx of LA,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Richard P. Anderson Jr.

Print Name (First, Last)

Richard P. Anderson Jr.

Original Signature (electronic, copies or stamps not accepted)

4/12/17

Date

Applicant's initials RPA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard P. Anderson Jr.

Print Name (First, Last)

Richard P. Anderson Jr. — 4/12/22

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of LOUISIANA, ss. County of JEFFERSON

I, RICHARD PAUL ANDERSON JR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Richard P. Anderson Jr. — 4/12/22

Original Signature — **Date**

Subscribed and Sworn to before me this 12TH day of APRIL, 2022.

Notary Public Signature

AMY LITCHFIELD NOTARY PUBLIC #159758 MY COMMISSION IS FOR LIFE ORLEANS PARISH, LA (Seal)

Applicant's initials RA

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 03/15/2022
Amount:
License #: 22161

Richard P. Anderson Jr

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:03/15/2022
Expires:10/31/2023

Richard P. Anderson Jr

License #
22161
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 22161
Effective Date:03/15/2022

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Richard P. Anderson Jr

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Fast Access Specialty Therapeutics, LLC dba InfuCare Rx of LA

Physical Address: 2400 Veterans Memorial Blvd., STE 480

City: Kenner State: LA Zip: 70062

Mailing Address (if different from physical address): P.O. Box 2578

City: Secaucus State: NJ Zip: 07096

Telephone: 877-327-8881 Website: www.infucarerx.com

Licensing Company Email: Licensing@infucarerx.com

Section 2: Personal Information

First: Tiffany Middle: Samantha Last: Scheppers

Alias(es, nicknames, name changes, etc.): Szeles; Adams

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: 695 US Highway 46, STE 100

City: Fairfield State: NJ Zip: 07004

Telephone: [redacted] Email: tscheppers@infucarerx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials: [signature]

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Missouri		09/2011-03/2012	
Address	City	State	Zip
1 University Blvd	St. Louis	MO	63121-4400
Diploma/Degree obtained, if any			
MBA not completed			

School Name		From - To (MM/YY – MM/YY)	
St. Louis University School of Law		08/1996-05/1999	
Address	City	State	Zip
100 N Tucker Blvd	St. Louis	MO	63101
Diploma/Degree obtained, if any			
Juris Doctor			

School Name		From - To (MM/YY – MM/YY)	
St. Louis University		08/1993-05/1996	
Address	City	State	Zip
1 N Grand Blvd	St. Louis	MO	63101
Diploma/Degree obtained, if any			
Nursing			

School Name		From - To (MM/YY – MM/YY)	
Cornelia Connelly School of the Holy Child Jesus		08/1984-06/1988	
Address	City	State	Zip
2323 W Broadway	Anaheim	CA	92804
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted]ookout Circle	Waxhaw	NC	28173
From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted]Jones Crossing, [redacted]	Charlotte	NC	28277
From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted]Polo Lake Dr.	Ellisville	MO	63021
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
InfuCare Rx, Inc.			03/2021 - Present
Business Address	**City**	**State**	**Zip**
695 US Highway 46, STE 100	Fairfield	NJ	07004
Phone	**Title**		
877-828-3940	General Counsel and Corporate Secretary		
Description of Duties			
Oversee all corporate, regulatory, employment, litigation, and compliance legal matters. Current officer action as Corporate Secretary.			

Business Name			From - To (MM/YY – MM/YY)
Asembia, LLC			07/19-12/20
Business Address	**City**	**State**	**Zip**
200 Park Ave #300	Florham Park	NJ	07932
Phone	**Title**		
	Senior Vice President, General Counsel and Chief Compliance Officer; Corporate Secr		
Description of Duties			
Oversee all corporate, regulatory, employment, litigation, and compliance legal matters. Advised executive leadership and Board of Directors on a variety of complex regulatory compliance matters.			

Business Name			From - To (MM/YY – MM/YY)
Outside General Counsel			03/19 - 07/19
Business Address	**City**	**State**	**Zip**
	Charlotte	NC	
Phone	**Title**		
	Outside General Counsel		
Description of Duties			
Delivered outsourced general counsel and compliance services to, and temporary coverage for, in-house general counsel and chief compliance officer clients, consisting of health care, pharma, biotech, and CRO/CSO companies on all legal and regulatory			

Business Name			From - To (MM/YY – MM/YY)
SYNEOS Health, Inc.			08/2012-03/2019
Business Address	**City**	**State**	**Zip**
1030 Sync Street	Morrisville	NC	27560
Phone	**Title**		
	Senior Associate General & Chief Compliance Officer; Commercial Division		
Description of Duties			
Supervised legal and compliance teams across US, Canada, Europe, and APAC, reporting directly to the General Counsel			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tiffany Scheppers

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/25/2022

Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Mecklenburg

I, Nimesh R. Patel Tiffany Scheppers, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/25/2022

Date

Subscribed and Sworn to before me this 25 day of March 2022

Notary Public Signature

Comm Exp 11/7/24

NIMESH R. PATEL NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Fast Access Specialty Therapeutics, LLC dba InfuCare Rx of LA

Physical Address: 2400 Veterans Memorial Blvd., STE 480

City: Kenner State: LA Zip: 70062

Mailing Address (if different from physical address): P.O. Box 2578

City: Secaucus State: NJ Zip: 07096

Telephone: 877-327-8881 Website: www.infucarerx.com

Licensing Company Email: Licensing@infucarerx.com

Section 2: Personal Information

First: Dhara Middle: Last: Patel

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: 695 US Highway 46, STE 100

City: Fairfield State: NJ Zip: 07004

Telephone: [redacted] Email: dbpatel@infucarerx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials DP.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Armstrong Atlantic State University			
Address	City	State	Zip
11935 Abercom	Savannah	GA	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Richmond Hill High School			
Address	City	State	Zip
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
present	[redacted]Vincent Road	Cedar Grove	NJ	07009
From - To (MM/YY – MM/YY)	Address [redacted]7th St.	City Secaucus	State NJ	Zip 07094
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
InfuCare Rx, Inc.			present	
Business Address		**City**	**State**	**Zip**
695 US Highway 46, STE 100		Fairfield	NJ	07004
Phone	**Title**			
877-828-3940	President			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials DP.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/19/22
Date

Applicant's initials DP

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dhara Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/19/22

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Essex

I, Dhara Patel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/19/22

Date

Subscribed and Sworn to before me this 19th day of April, 2022.

Notary Public Signature

ADELA LUNGU
NOTARY PUBLIC OF NEW JERSEY
Comm. # 2423604
My Commission Expires 8/3/2022

{Seal}

Applicant's initials DP

11F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Precision Compounding Pharmacy and Wellness

Physical Address: 2657 Merrick Rd

City: Bellmore State: NY Zip: 11710

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 516-833-6262 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 516-222-0605 Contact Email: compounding@precisionpharmacy.net

Website: www.precisioncompoundingpharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Robert Alleavitch ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 14809 ✓

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ■ Retail/Community
- ■ Non-sterile Compounding
- ☐ Sterile Compounding
- ■ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Robert Alleavitch	NV Pharmacist Registration #: 14809
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New York

Parent Company (if any): _____

Corporation/Organization Name: Precision Compound Pharmacy and Wellness

Mailing Address: 2657 Merrick Rd

City: Bellmore State: NY Zip: 11710

Telephone: 516-833-6262 Email: compounding@precisionpharmacy.net

Contact Person Name: John Stella

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

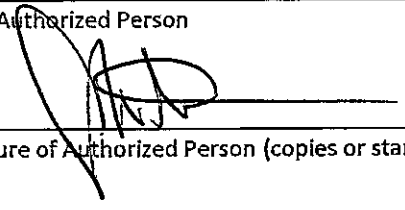
Section 9. Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the John Stella (title) for Precision Compounding Pharmacy & Wellness (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

John Stella

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

3/8/2021

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, John Stella hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for Precision Compounding Pharmacy & Wellness (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 8TH day of March, 2022

Notary Public

ANTHONY LONGO
NOTARY PUBLIC, State of New York
No. 24-01L04935786
Qualified In Nassau County
Commission Expires June 27, 2022

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Christian Stella Pharmacist Registration #: 062646

Pharmacy Name: Precision Compounding Pharmacy and Wellness

Initial each statement below to indicate you have read and agree with the following:

C.S. I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

C.S. I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

C.S. I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

C.S. I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

C.S. I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christian Stella

Original signature of Managing Pharmacist (copies or stamps not accepted)

3/2/2022

Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data**- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Stella

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3/8/2022

Date

Board Use Only	Date Received: _____	Amount: 500 CC ✓

Corporate Officers / Stock Holders

Managing Member
John Stella
[redacted] Halyard Dr
Merrick, NY 11566
100% ownership
250 Shares owned

EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

SUPERVISING PHARMACIST
CHRISTIAN STELLA

2021-24

THIS IS TO CERTIFY

PRECISION COMPOUNDING PHARMACY & WELLNESS INC.
2657 MERRICK ROAD
BELLMORE, NY 11710

is duly recorded as a

REGISTERED PHARMACY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE TWENTY-THIRD DAY OF NOVEMBER, 2021.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF OCTOBER, 2024.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER
039041

THE UNIVERSITY OF THE STATE OF NEW YORK

Dina Lynn
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

NYSED.gov

Office of the Professions

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

Pharmacy Establishment Information *

02/21/2022

Type : PHARMACY
Legal Name : PRECISION COMPOUNDING PHARMACY & WELLNESS INC.
Trade Name : PRECISION COMPOUNDING PHARMACY
Street Address :
2657 MERRICK ROAD
BELLMORE, NY 11710-0000

Registration No : 039041
Date First Registered : 11/23/21
Registration Begins : 11/23/21
Registered through : 10/31/24
Supervisor : 062646 STELLA CHRISTIAN
Establishment Status : ACTIVE
Successor : NONE

* Use of this online verification service signifies that you have read and agree to the terms and conditions of use. See HELP glossary for further explanations of terms used on this page.

- Use your browser's back key to return to establishment list.
- You may search to see if there has been recent disciplinary action against this registered establishment.

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	PRECISION COMPOUNDING PHARMACY & WELLNESS INC.
DOS ID Number:	5670689
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	12/12/2019
Statement Status:	CURRENT
Statement Due Date:	12/31/2021

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 29, 2022 at 02:25 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100001302896 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP0999637	03-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	11-30-2021

PRECISION COMPOUNDING PHARMACY & WELLNESS INC.
D/B/A PRECISION COMPOUNDING PHARMACY
2657 MERRICK RD
BELLMORE, NY 117105716

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP0999637	03-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	11-30-2021

PRECISION COMPOUNDING PHARMACY & WELLNESS INC.
D/B/A PRECISION COMPOUNDING PHARMACY
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Form DEA-223 (9/2016)

CERTIFICATE OF INCORPORATION

OF

PRECISION PHARMACY INC. OF WANTAGH

Under Section 402 of the Business Corporation Law

Filed by:

Alessandro F. Marra, Esq.
1142 East 92nd Street
The Canarsie Courier Building
Brooklyn, New York 11236

202003110 49 IWG-14.

_____ **County(ies), Added or Deleted, in Which Business Will be Conducted Under the Assumed Name:**

County(ies) Added:	County(ies) Deleted:

_____ **Address(es) of Specific Business Location(s), Added or Deleted:**

Business Location(s) Added (include the number and street, city, state and zip code):	Business Location(s) Deleted (include the number and street, city, state and zip code):

INSTRUCTIONS FOR SIGNING: If a corporation, by an officer; if a limited partnership, by a general partner; if a limited liability company, by a member or manager; or by an attorney-in-fact or authorized person for such corporation, limited partnership or limited liability company. ICC

JOHN STELLA, PRESIDENT
Name and Title

Signature

STATE OF NEW YORK
DEPARTMENT OF STATE

FILED MAR 11 2020
TAX D BY: 468435

CERTIFICATE OF AMENDMENT OF CERTIFICATE OF ASSUMED NAME OF

PRECISION COMPOUNDING PHARMACY & WELLNESS INC.

(Insert Name of Entity)

Under Section 130 of the General Business Law

Filer's Name: ALESSANDRO F. MARRA, ESQ.

Address: 1142 East 92 Street

City, State and Zip Code: Brooklyn, New York 11236

Note: This form was prepared by the New York State Department of State. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. The certificate must be submitted with a $25 fee. The Department of State also collects the following, additional, county clerk fees for each county affected by the amendment in which a corporation does or transacts business: $100 for each county within New York City (Bronx, Kings, New York, Queens and Richmond) and $25 for each county outside New York City. All checks over $500 must be certified.

RECEIVED 2020 MAR 11 PM 12:52

For Office Use Only

C# 5670689
T# 201912160 33
12-16-19
Nassau Co.

20200311049
IWG-14

New York State
Department of State
Division of Corporations, State Records & UCC
41 State Street
Albany, NY 12231
www.dos.state.ny.us

CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF ASSUMED NAME
OF

PRECISION COMPOUNDING PHARMACY & WELLNESS INC.
(Insert Name of Entity)

Under Section 130 of the General Business Law

FIRST: The name of the entity is: PRECISION COMPOUNDING PHARMACY & WELLNESS INC.

SECOND: *Foreign entities only.* If applicable, the fictitious name the entity agreed to use in New York State is: Not Applicable.

THIRD: If the name of the entity is different on the last Certificate of Assumed Name or Certificate of Amendment of Certificate of Assumed Name, the previous name of the entity is: PRECISION PHARMACY INC. OF WANTAGH.

FOURTH: The entity was formed or authorized under (indicate law):

X Business Corporation Law	____ Not-for-Profit Corporation Law
____ Education Law	____ Revised Limited Partnership Act
____ Insurance Law	____ Other (specify law)
____ Limited Liability Company Law	____

FIFTH: The present assumed name is: PRECISION COMPOUNDING PHARMACY

SIXTH: The date the original Certificate of Assumed Name was filed is: December 16, 2019

SEVENTH: The date, if applicable, the last Certificate of Amendment of Certificate of Assumed Name was filed is: ____.

EIGHTH: The following change(s) are being made (check the appropriate change(s)):

X Entity Name:
The new name of the entity is: PRECISION COMPOUNDING PHARMACY & WELLNESS INC.

____ Assumed Name:
The new assumed name is: ____

____ Principal Place of Business:
The principal place of business is changed to (include the number and street, city, state and zip code): ____

N. Y. S. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS ALBANY, NY 12231-0001

FILING RECEIPT

ENTITY NAME : PRECISION COMPOUNDING PHARMACY & WELLNESS INC.

DOCUMENT TYPE : AMENDED ASSUMED NAME CERTIFICATE

FILER:

ALESSANDRO F. MARRA, ESQ.
1142 EAST 92 STREET

BROOKLYN NY 11236

FILED: 03/11/2020
CASH#: 468435
FILM#: 20200311049

PRINCIPAL LOCATION

COMMENT:

ASSUMED NAME

PRECISION COMPOUNDING PHARMACY

SERVICE COMPANY : GERALD WEINBERG, INC.

CODE: 14
BOX : 47

FEES	85.00
FILING :	25.00
COUNTY :	25.00
COPIES :	10.00
MISC :	.00
HANDLE :	25.00

PAYMENTS:	85.00
CASH :	
CHECK :	85.00
C CARD :	
REFUND :	

DO3HD108 DOS-281 (04/2007)

N. Y. S. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS ALBANY, NY 12231-0001

FILING RECEIPT

ENTITY NAME : PRECISION PHARMACY INC. OF WANTAGH

DOCUMENT TYPE : ASSUMED NAME CERTIFICATE

FILER:

ALESSANDRO F. MARRA, ESQ
1142 EAST 92 STREET

BROOKLYN NY 112366

FILED: 12/16/2019
CASH#: 462667
FILM#: 201912160033

PRINCIPAL LOCATION

2900 WANTAGH AVENUE

WANTAGH
NY 11793

COMMENT:

ASSUMED NAME

PRECISION COMPOUNDING PHARMACY

SERVICE COMPANY : GERALD WEINBERG, INC.

CODE: 14
BOX : 47

FEES	85.00
FILING :	25.00
COUNTY :	25.00
COPIES :	10.00
MISC :	.00
HANDLE :	25.00

PAYMENTS:	85.00
CASH :	
CHECK :	85.00
C CARD :	
REFUND :	

DO3HD108 DOS-281 (04/2007)

FILING RECEIPT

ENTITY NAME: PRECISION PHARMACY INC. OF WANTAGH

DOCUMENT TYPE: INCORPORATION (DOM. BUSINESS) COUNTY: NASS

FILED:12/12/2019 DURATION:PERPETUAL CASH#:191212000428 FILM #:191212000394
DOS ID:5670689

FILER:

ALESSANDRO F. MARRA, ESQ.
1142 EAST 92ND STREET
THE CANARSIE COURIER BUILDING
BROOKLYN, NY 11236

EXIST DATE
12/12/2019

ADDRESS FOR PROCESS:

THE CORPORATION
2200 WANTAGH AVENUE
WANTAGH, NY 11793

REGISTERED AGENT:

STOCK: 200 NPV

The corporation is required to file a Biennial Statement with the Department of State every two years pursuant to Business Corporation Law Section 408. Notification that the biennial statement is due will only be made via email. Please go to www.email.ebiennial.dos.ny.gov to provide an email address to receive an email notification when the Biennial Statement is due.

SERVICE COMPANY: GERALD WEINBERG, P.C. 13 SERVICE CODE: 13 *

FEES	150.00
FILING	125.00
TAX	0.00
CERT	0.00
COPIES	0.00
HANDLING	25.00

PAYMENTS	150.00
CASH	0.00
CHECK	0.00
CHARGE	0.00
DRAWDOWN	150.00
OPAL	0.00
REFUND	0.00

DOS-1025 (04/2007)

THE STATE EDUCATION DEPARTMENT/THE UNIVERSITY OF THE STATE OF NEW YORK/ALBANY, NY 12234

OFFICE OF THE STATE BOARD OF PHARMACY
89 Washington Avenue, 2nd Floor, Albany, NY 12234-1000
Tel. (518) 474-3817, ext. 130; Fax (518) 473-6995
E-mail: pharmbd@nysed.gov; Web: www.op.nysed.gov

May 9, 2022

Sent by electronic mail to: christianstella@precisionpharmacy.net.

Christian Stella
Precision Compounding Pharmacy and Wellness
2657 Merrick Rd.
Bellmore, NY 11710

Dear Christian:

I am writing in response to your FOIL request for records for Precision Compounding Pharmacy and Wellness INC. #039041 located at 2657 Merrick Rd. Bellmore, NY 11710 received on 4/25/2022

Enclosed you will find copies of the forms requested.

Instances of date of birth, social security number, moral character, questionnaire answers, child support questionnaire answers, home street address and zip code, citizenship status, personal phone number, personal email address, basis of licensure information, pre-professional education information, applicant photographs, supervisor identity information, supervisor contact information, personal references, supervisor licensure information, and payment identification numbers have been fully redacted, and signatures have been partially redacted, all pursuant to Public Officers Law §87.2(b). Intra-office notes have been redacted pursuant to Public Officers Law §87.2(g).

You may appeal this FOIL determination within 30 days by writing to:

Betty Rosa
Commissioner of Education
NYS Education Department Room
111, Education Building
89 Washington Avenue
Albany, NY 12234

Sincerely,

Dina Jazrawi

Dina Jazrawi
Executive Secretary

cc: Foil Officer

ASSIGNMENT FOR INSPECTION

New Ownership of a Pharmacy

Assignment # **039041**

OPD REGION:

☐ New York City – region 1 Algeste Marcellus
☒ Long Island – region 2 Algeste Marcellus
☐ Mid Hudson – region 3 David Smith
☐ Albany – region 4 David Smith
☐ Syracuse – region 5 David Smith
☐ Rochester – region 6 David Smith
☐ Buffalo – region 7 David Smith

Name: PRECISION COMPOUNDING PHARMACY & WELLNESS INC.

d/b/a: PRECISION COMPOUNDING PHARMACY

Address: 2657 MERRICK ROAD BELLMORE, NY 11710

☒ Pharmacy
☐ Pharmacy Department
☐ Long Term Care
☐ Mail order (50% or more)
☐ Nuclear
☐ Infusion Pharmacy
☐ Hospital / Limited Institution only
☐ Prison / Correctional Facilty

☒ New Registration
☐ Transfer of Ownership
☐ Change of address - new
☐ Change of location – same bldg.
☐ Remodel / renovation
☐ Full store to Department registration
☐ Department to Full store registration
☐ Outsourcing Facility

☒ Verify heat and air-conditioning are operational.

☒ Verify bathroom: ~~located in registered area~~ located in basement located in non-registered area

☒ Verify area of: ~~Establishment~~ ~~Pharmacy~~ Pharmacy Department Only

☐ Pharmacy department- Outside signs must reflect that there is a department within

☐ Pharmacy department- Posted hours of operation of the pharmacy department

☐ Pharmacy department- Solid doors, gated areas must be a minimum of 9'6" or floor to ceiling alarmed separately from rest of establishment.

☐ Pharmacy department- Exterior sign "pharmacy" cannot be used in juxtaposition to a non-registered name and use of "drugs", medicines" etc. are restricted to the pharmacy department area.

☒ Supervising Pharmacist / supervisor must be present during inspection.

☐ Notes to Inspector: sterile + non-sterile compounding. Verify no drugs stored in basement. Verify security of all glass enclosures to registered area. Advise applicant to provide glass reinforcement has been documents to Board office. Verify security of basement door within registered area.

~~REGULAR INSPECTION~~ PRIOR APPROVED

Date: 7/26/21

Signe [redacted]

NEW YORK STATE BOARD OF PHARMACY

R5926

Wellness INC.
2657 Merrick Rd, Bellmore NY, 11710 P 5168336262 TF
RX9199 CL GOMES, J
TEST, PATIENT 11/08/2021
2657 MERRICK RD BELLMORE, NY 11710

E UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE

R5926

PHARMACY INSPECTION REPORT

☒ Pharmacy ☐ M/W

Inspection # K1340 conducted by
Investigator Algeste Marcellus
Date 11-9-21 Time In/Out _____ / _____

1. Routine
2. New Registration
3. Transfer Ownership
4. Discontinuance
5. Change of Name/Address
6. Medication Recall
7. Complaint Related
8. Follow-up to Previous Inspection
9. Special Project or Renovation

Reg. name Precision Compounding Pharmacy & Wellness Inc
Trade name Precision Compounding Pharmacy
No. and Street 2657 Merrick Road
City Bellmore County Nassau Zip 11710
Reg. # 039041 Telephone 516-833-6262
Hours open per week 45 # RXs daily _____

Pharmacists' Names	Hrs. Per Week	License Number	License Date	License Displayed	Registration Displayed
S.P. Christian Frank Stella	45	062646	1-10-17	Y N	Y N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Intern				Y N	Y N

Circle "S" if item is Satisfactory. Circle "N" if item is Not Satisfactory, and explain in Details of Inspection section below.
Be sure to include item number in explanation.

1. Registration name on exterior ..... S N
2. Licenses/current reg. displayed ..... S N
3. Registered pharmacist on duty ..... S N
4. Equip., facilities, and ref. items ..... S N
5. Price list available/current ..... S N
6. Drug stock current ..... S N
7. Stock properly branded ..... S N
8. Daily RX record ..... S N
9. Required RX filings ..... S N
10. DEA records complete/available ..... S N
11. Safety/approp. closures/containers ..... S N
12. RX labels required information ..... S N
13. Valid RX formats ..... S N
14. Substitution law compliance ..... S N
15. Required information on RXs ..... S N
16. Refill authorization/fill ..... S N
17. Refills in daily record ..... S N
18. Controlled substance compliance ..... S N
19. General sanitation ..... S N
20. Intern/unlicensed supervision ..... S N
21. Counseling offered/given/refusals documented ..... S N
22. Types of pharmacy (circle those applicable): retail, hospital, skilled nursing, assisted living. compounding, sterile preparation, internet, home delivery, mail delivery, nuclear, veterinary

Details of Inspection New Reg inspection of Sterile Compounding Pharmacy is being conducted in the presence of SP Christian Stella and one of the owner Frank Longo. See NABP Universal Pharmacy Inspection form for full inspection

Recommendation (completed in office)
Investigato[redacted]
Supervisor[redacted]

I have receiv[redacted]
Signature [redacted]
Print name Christian Stella
Title Supervising Pharmacist Date 11/9/2021

This is page 1 of 1 page(s)

OPD 234 (6/2011) 11-005 CDC

ORIGINAL - TO CENTRAL OFFICE

Office of Professional Discipline
Pharmacy Registration Checklist

Registered Name/Address Precision Compounding Pharmacy - 2657 Merrick, Bellmore, NY

Investigator Name/Date Marcellus

PREMISES

- ✓ Registered area not less than 300 square feet
- ✓ Compounding and dispensing area not less than 100 square feet
- ✓ Compounding area has both hot and cold running water
- ✓ Registered name of owner on exterior of premises
- ✓ Heat and air conditioning
- ✓ Adequate lighting
- ✓ Security system
- ✓ Bathroom
- ✓ Adequate sanitation

Pharmacy Department

N/A

- Permanent partition at least 9'6" or floor to ceiling partition
- Separately alarmed and secured from the rest of the establishment
- Exterior sign indicates that there is a department within
- Hours of operation for pharmacy department are posted
- Exterior sign "pharmacy" cannot be used in juxtaposition to a non-registered name and use of "drugs", "medicines", etc. are restricted to the pharmacy department

EQUIPMENT

- ✓ Weighing devise sensitive to 6mg
- ✓ Metric weights (if needed)
- ✓ Devices capable of measuring volumes from 0.1 ml to 500 ml
- ✓ Mortar and pestle
- ✓ Refrigerator for drug storage
- ✓ Thermometer in refrigerator (temperature between 2-8°C; 36-46°F)

REFERENCES

- ✓ Copies of or access to laws, rules and regulations governing the practice of pharmacy in NYS
- ✓ Reference resources necessary to carry on the practice of pharmacy

ADDITIONAL ITEMS

- ✓ Sample prescription label showing FULL Corporate name and address
- ✓ License and registration of the supervising pharmacist
- ✓ "Drug Retail Price List Available Upon Request" Sign
- N/A Limited English Proficiency Sign, for pharmacies required to provide translation services (8 or more pharmacies commonly owned) "Point to your language. Language assistance will be provided at no cost to you."
- N/A Initial controlled drug inventory to be taken for transferred registration
- N/A For Transfer/Change of Address the registration certificate should be returned to the Board upon receipt of the new one.

CHARLES SOLANA & SONS

CERTIFICATE OF COMPLIANCE

Customer: PRECISION PHARMACY

Address: 2657 MERRICK ROAD

BELLMORE, NEW YORK 11710

Per requirements of ISO14644-1, IES RP2, IES RP6, NEBB, USP 797, of the above listed facility has successfully passed minimum standards for an ISO class 7 clean room and ISO class 7 ante room.

All tests were performed as outlined in the above standards. The classification is applicable to the area as designated and attested to in this clean room.

Report # 191354 P6 Dated: October 2021

The certification will expire APRIL 2022

Certified By: [redacted]

CHARLES SOLANA & SONS

80 Modular Avenue
Commack, NY 11725
Phone: (631) 864 – 6483 x 603
Fax: (631) 864 – 6488

Charles Solana & Sons
NEBB
MICHAEL R. YOUNG
CERTIFICATION
107
Exp. 3/31/23
Cleanroom Performance Testing

Charles Solana & Sons
80 Modular Avenue
Commack, NY 11725
631-864-6483 F: 631-864-6488

Route Ticket	191354
Purchase Order	101121CS
Invoice Date	10/15/21
Terms	NET 30

Customer No. 00PRECIS02
PRECISION PHARMACY
2657 MERRICK ROAD
BELLMORE, NY 11710

PRECISION PHARMACY
2657 MERRICK ROAD
BELLMORE, NY 11710

Telephone: 516-833-6262 X 2
Contact: CHRISTIAN STELLA - PHARMACY

Route : NY
Driver : S/A

Qty	Desc	List Price	If paid within 45 days	Equip Code
1	Class I Biological Safety Cabinet(s)	$ 150.00	$ 115.00	P4
~~1~~	~~Biological Safety Cabinet(s) (A1-A2 / B3)~~	~~$ 200.00~~	~~$ 150.00~~	~~P5~~
1	Clean Room Certification(s)	$ 850.00	$ 750.00	P6
~~1~~	~~USP 797 Particle Count(s)~~	~~$ 60.00~~	~~$ 50.00~~	~~P5~~
~~1~~	~~GET-A-CAG-002-2006 Smoke Study~~	~~$ 200.00~~	$ 150.00	P5
~~1~~	~~Environmental Viable Particle Test (8 Plates-Our Lab)~~	~~$ 760.00~~	~~$ 600.00~~	~~P5,P6~~
~~1~~	~~Environmental Viable Surface Test (8 Swabs)~~	~~$ 560.00~~	~~$ 400.00~~	~~P5,P6~~
~~1~~	~~TSA Negative Control Plate(s) (1 Plate)~~	~~$ 90.00~~	~~$ 40.00~~	
~~1~~	~~MEA Negative Control Plate(s) (1 Plate)~~	~~$ 90.00~~	~~$ 40.00~~	
~~1~~	~~TSA Control Swab(s) (1 Swab)~~	~~$ 55.00~~	~~$ 20.00~~	
~~1~~	~~MEA Control Swab(s) (1 Swab)~~	~~$ 55.00~~	~~$ 20.00~~	
	Tax	264.79	201.39	
	Total	$ 3,334.79	$ 2,536.39	

Received by [redacted] *Technician / Date* *Next Certification Date*

Remarks

CURRENT - S/A -
Fax #:516-222-0605
E-Mail: compounding@precisionpharmacy.net -
9:30A - 5P - MORNINGS ARE BEST -

IF CHRISTIAN IS NOT THERE, CONFIRM APPOINTMENT WITH YVONNE. -

NOTE: CUSTOMER HAS MOVED HOODS OVER FROM OLD ADDRESS & NEEDS TESTED ALONG WITH THE NEW CLEAN ROOM THE WEEK OF 10/18/21. -

Comments: P5 needs Exhaust Canopy
clean Hoods & Cleanrooms

CHARLES SOLANA & SONS

80 Modular Avenue, Commack, NY 11725 • Phone: (631) 864-6483 Fax: (631) 864-6488

Regional Office of: **Independent Certification Services, Inc.**

PERFORMANCE TEST REPORT FOR CLASS I BIOLOGICAL SAFETY CABINETS

REPORT NO.: 191354 P4
(Formerly P1 @ 2640 Merrick Road)

DATE: October 15, 2021

CLIENT: PRECISION PHARMACY

ADDRESS: 2657 MERRICK ROAD, BELLMORE, NY 11710

PHONE NO.: 516-785-4774 x 2 ATTENION: CHRISTIAN STELLA/YVONNE

EQUIPMENT BEING TESTED: LABCONCO

MODEL NO.: 3950400 SERIAL NO.: 131184301G

EXHAUST HEPA SIZE: 18 x 42 x 3 A/F (STD18-42-03-EHDC3U-DT)

LOCATION OF EQUIPMENT: PHARMACY DEPARTMENT – HAZARDOURS ROOM

AIR FLOW PROFILE

Anemometer Mfr.: TSI Model No.: 9535-A

Number of Readings Taken - Intake: 5

Intake air Velocity

96	91	95	90	87

Note: Readings taken at window opening

Exceptions: _____

☐ Non-Vented

☒ Vented

Average Velocity Readings

Intake 92 FPM (75-100)

Duct Size: 6" round x —

ΔP in Duct: .72

REPORT NO.: 191354 P4 PAGE 2

(E) AIR FLOW PATTERN TEST

Inside air escaping from unit YES _____ NO X

Air Curtain and Containment properties effective YES X NO _____

(F) Velocity meets specifications YES X NO _____

AIR FLOW ADJUSTMENT

Motor speed at time of test medium Motor speed required NO Adjustment

Internal Damper YES _____ NO X Adjustment required YES _____ NO X

FILTER RESTRICTION - Pressure Gauge Mfg. DWYER Maximum 1.00 inches W.C.

Pressure behind HEPA Filters .28 inches W.C.

Suction in blower section N/A inches W.C.

Paper catch clear YES _____ NO _____ N/A X

FLUORESCENT LIGHTING INTENSITY, U.V. LIGHTING INTENSITY, AND ACOUSTIC LEVEL

Fluorescent light at table top is 90 89 90 90 Avg. 90 Ft. Candles

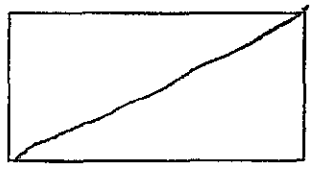
Ultra Violet Light at work surface N/A µw/cm²

Sound Level on the ASA "A" scale within the operator's working zone is

Cabinet on 61 dBA Cabinet off 58 dBA

INSTALLATION LEAK TEST - Photometer Mfg. ATI Model No. 2-I

		Leakage
Filter media.....	(X)	[NO]
Seal between filter gasket and equipment filter seat.....	(Z)	[NO]
Equipment frame.....	(*)	[NO]



Exhaust ONLY

Leakage repaired: YES _____ NO _____ NOT APPLICABLE X

HEPA Filter condition: New _____ Acceptable X Not Acceptable _____

Upstream Concentration: .10µg/L

LAMINAR FLOW BIOLOGICAL SAFETY CABINET PASSES INSPECTION FOR CERTIFICATION ACCORDING TO:

[ ] National Sanitation Foundation Standard #49 [ ] NSF/ANSI49-2002 [ ] CAG-003-2006-11

[X] Manufacturer's Specifications [ ] ISO 14644-1

YES X NO _____

Recommendations/Remarks: _____

[redacted]

Technician

CHARLES SOLANA & SONS

80 Modular Avenue, Commack, NY 11725 • Phone: (631) 864-6483 Fax: (631) 864-6488

Regional Office of: Independent Certification Services, Inc.

PERFORMANCE TEST REPORT
FOR LAMINAR FLOW CLEAN ROOMS

REPORT NO.: 191354 P6

DATE: October 18, 2021

CLIENT: PRECISION PHARMACY

ADDRESS: 2657 MERRICK ROAD, BELLMORE, NY 11710

PHONE NO.: 516-785-4774 x 2 ATTENION: CHRISTIAN STELLA/YVONNE

HEPA SIZE: (4) 24x48x6 MODEL: _____

PREFILTER: _____ PREFILTER TYPE: _____

AIRFLOW VELOCITY PROFILE OF WORK AREA

Anemometer Mfr.: SHORTRIDGE FLOW HOOD Model No.: ADM-870

Equipment has a motor speed control: YES X NO _____ Motor Speed _____

Velocity meets specifications: YES X NO _____

LIGHTING INTENSITY AND ACOUSTIC LEVEL

Intensity of light at tabletop is 206 Ft. Candles.
Sound levels of the ASA "A" scale within the operator's working zone 51 dba.

INSTALLATION LEAK TEST – Photometer Mfr.: ATI Model: 2-I

	Leakage	Leakage Repairable:
Filter media.....(X)	(no)	Yes _____ No _____ Not Applicable ✓
Seal between filter gasket and equipment filter seal.....(Z)	(no)	
Equipment frame.....(*)	(no)	

HEPA Filter Condition: New _____ Acceptable ✓ Not acceptable _____

PARTICLE COUNT: meets or exceeds ISO 14644-1 Class: 7

YES X NO _____

LAMINAR FLOW CLEAN AIR DEVICE PASSES INSPECTION FOR CERTIFICATION ACCORDING TO:

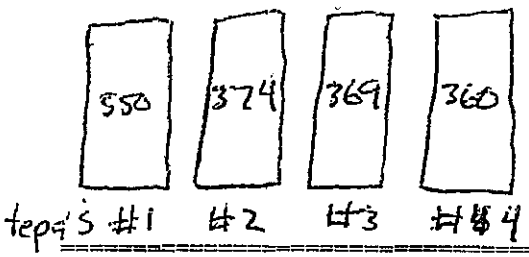
[X] ISO 14644
[✓] Manufacturer's Specifications
[X] CAG-003-2006-11
[✓] IES-RP-CC-006.3

YES X NO _____

Recommendations / Remarks: _____

REPORT NO.: 191354 P6 PAGE 2

AIR FLOW VELOCITY PROFILE - CFM



ROOM AIR CHANGES

Ante Room Volume 1429 Cubic Feet

Total CFM From Ante Room HEPA'S 743

743 CFM ÷ 1429 Ft³ x 60 = 31 Air Changes / Hour
(min 30)

Non-Hazardous Room Volume 620 Cubic Feet

Total CFM From Non-Hazardous Room HEPA'S 360

360 CFM ÷ 620 Ft³ x 60 = 35 Air Changes / Hour
(min 15)

Total CFM From Hoods N/A

N/A CFM ÷ 620 Ft³ x 60 = N/A Air Changes / Hour

Total air changes in non-hazardous room must be more than 30 with at least 15 coming from room supply HEPA'S.

Hazardous Room Volume 1055 Cubic Feet

Total CFM From Hazardous Room HEPA'S 550

550 CFM ÷ 1055 Ft³ x 60 = 30 Air Changes / Hour
(min 30)

Total CFM From Hoods N/A

N/A CFM ÷ 1055 Ft³ x 60 = N/A Air Changes / Hour

Note: Chemo hood CFM is exhaust CFM, if chemo hood is exhausted outside there are no total CFM from hoods.

INSTALLATION LEAK TEST

CHALLENGE: PAO CONCENTRATION: 20 %

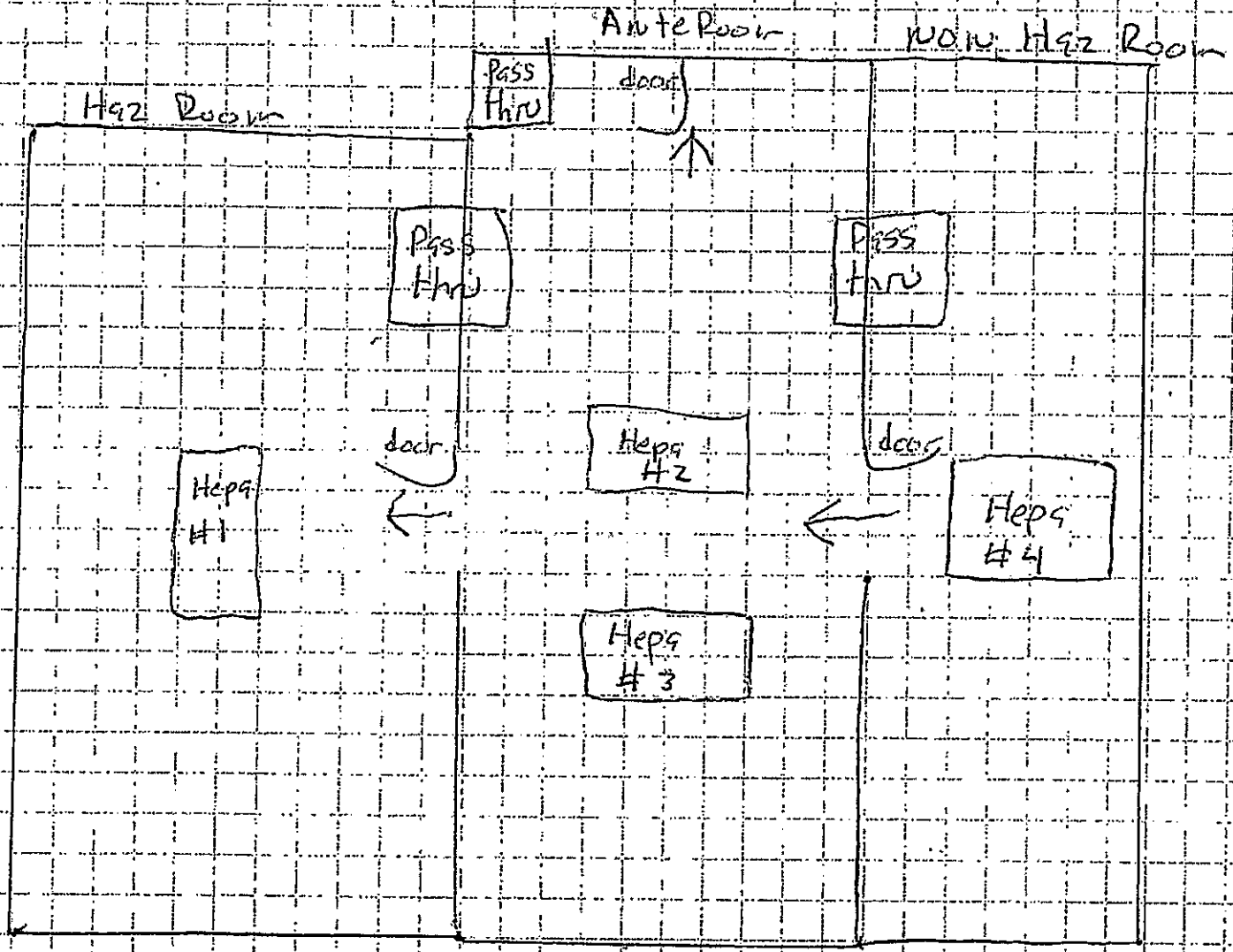
LEAK TEST RESULTS: no leakage

REPORT NO.: 191354 P6 PAGE 3

CLEAN ROOM ISO CLASS: 7 & ANTE ROOM ISO CLASS: 7

DIAGRAM OF ROOM LAYOUT

PLATE & SWAB LOCATIONS: A-F



VIABLE AIR & SURFACE SAMPLING LOCATION LEGEND

PLATE LOCATIONS
P5A (TSA) - DIRECT COMPOUNDING AREA
P5B (MEA) - DIRECT COMPOUNDING AREA
P6 ANTE ROOM (TSA) A -
P5 ANTE ROOM (MEA) B -
P6 NON-HAZARDOUS ROOM (TSA) C -
P6 NON-HAZARDOUS ROOM (MEA) D -
P6 HAZARDOUS ROOM (TSA) E -
P6 HAZARDOUS ROOM (MEA) F -
CONTROL PLATE - (TSA)
CONTROL PLATE - (MEA)
SWAB LOCATIONS
P5A (TSA) - DIRECT COMPOUNDING AREA
P5B (MEA) - DIRECT COMPOUNDING AREA
P6 ANTE ROOM (TSA) A -
P6 ANTE ROOM (MEA) B -
P6 NON-HAZARDOUS ROOM (TSA) C -
P6 NON-HAZARDOUS ROOM (MEA) D -
P6 HAZARDOUS ROOM (TSA) E -
P6 HAZARDOUS ROOM (MEA) F -
CONTROL SWAB - (TSA)
CONTROL SWAB - (MEA)

(PLATE SAMPLES FOR THE CLEAN ROOM ARE TAKEN IN HIGH TRAFFIC AREAS AWAY FROM HEPA FILTERS)

REPORT NO.: 191354 P6

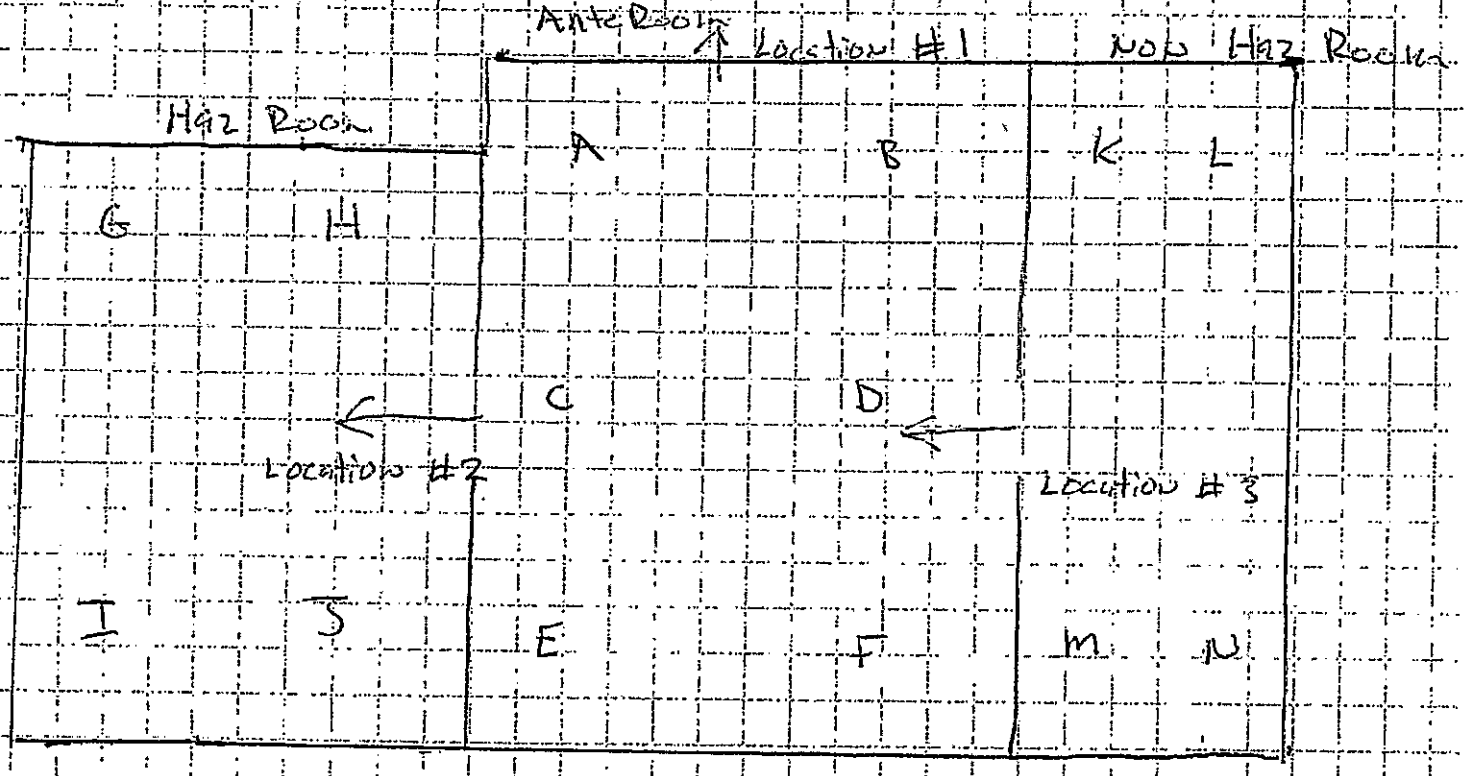
CLEAN ROOM ISO CLASS: 7 & ANTE ROOM ISO CLASS: 7

PARTICLE COUNT .5μ/m³ AND PRESSURE DIFFERENTIAL

MAXIMUM PARTICLE COUNT – CLASS 7 = 352,000

ALL COUNTS TAKEN DURING DYNAMIC CONDITIONS

MANUFACTURER TSI MODEL 9310



SAMPLE LOCATION	1	2	AVERAGE	SAMPLE LOCATION	1	2	AVERAGE
A	16212	16015	16113	H	45062	43396	45729
B	23162	24021	23915	I	65027	66124	67575
C	28820	27052	26926	J	60124	63021	61572
D	50121	46018	49069	K	29602	31026	30314
E	42106	41052	41569	L	58021	59601	57811
F	22016	23015	22515	M	16024	16068	16046
G	56021	57012	56516	N	21068	22013	21504

Particle Counts Taken: As Built ____ At Rest ____ Operating Mode X

Pressure Differential
Location: 1 0.0612 "W.C. Pass: X Fail: ____
Location: 2 0.0318 "W.C. Pass: X Fail: ____
Location: 3 0.0507 "W.C. Pass: X Fail: ____
Ranges
Ante Room: Positive (> 0.02)
Non-Hazardous Room: Positive (> 0.02)
Hazardous Room: Negative (>0.01)
Arrows indicate direction of Air Flow

Particle Count meets or exceeds ISO 14644-1

Yes: X No: ____

ANTE ROOM

VISUAL SMOKE STUDY DURING DYNAMIC CONDITIONS

ANTE ROOM ISO CLASS: 7

AIR FLOW: The minimum Air Changes Per Hour (ACPH) requirement for an ISO Class 8 Ante Room is not Specified in USP <797>. A minimum of 20 ACPH is commonly referred to by the FDA. The air exchange rate for an ISO Class 7 Ante room is 30 ACPH.

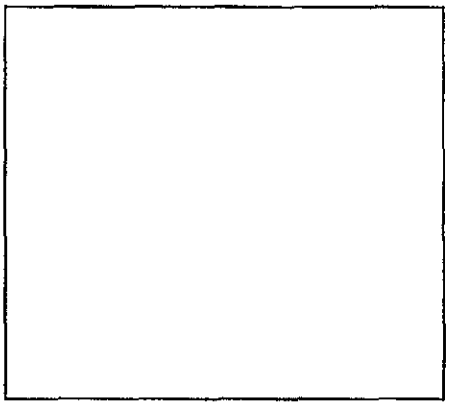
See page 2 of the clean room test report for reported values: Pass: X Fail: _____

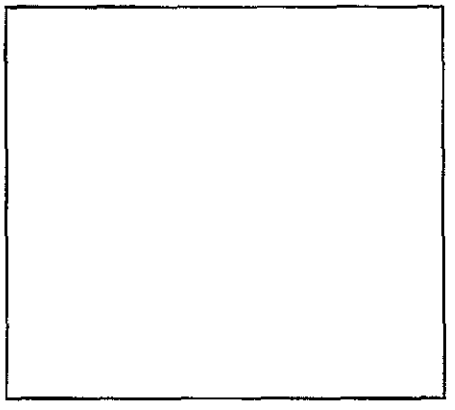
DIFFERENTIAL PRESSURE: A minimum differential pressure of 0.02 "W.C. positive from the Clean Room to the Ante room and all adjacent spaces is required.

See page 4 of the test report for the reported values. Pass: X Fail: _____ N/A: _____

DISPLACEMENT AIRFLOW: A minimum differential velocity of 40 FPM from the Clean Room to the Ante Room is required.

Pass: _____ Fail: _____ N/A: X





Smoke Pattern Test Results: N/A

AS PER CAG-008-2010 A VISUAL CONFIRMATION IN THE FORM OF AN AIRFLOW SMOKE PATTERN SHOWING THAT THE AIR IS FLOWING INTO HAZARDOUS COMPOUNDING ROOM. AIR MUST FLOW OUT OF NON HAZARDOUS ROOMS INTO ANTE ROOM AND OUT OF ANTE ROOM INTO AMBIENT.

REPORT NO.: 191354 P6 PAGE 7

CHEMO ROOM

HAZARDOUS COMPOUNDING

VISUAL SMOKE STUDY DURING DYNAMIC CONDITIONS

CHEMO ROOM ISO CLASS: 7

AIR FLOW: Hazardous sterile compounding rooms must maintain a minimum of 30 Air Changes Per Hour (ACPH). If a compounding aseptic containment isolator (CACI) is used, the room must maintain a minimum of 12 ACPH.

See page 2 of the clean room test report for reported values: Pass: X Fail: _____

DIFFERENTIAL PRESSURE: Rooms used for hazardous applications should be a minimum of 0.01 "W.C. negative relative to adjacent spaces.

See page 2 of the test report for the reported values. Pass: X Fail: _____

Smoke Pattern Test Results: N/A

AS PER CAG-008-2010 ALTHOUGH NOT REQUIRED, A VISUAL CONFIRMATION IN THE FORM OF AN AIRFLOW SMOKE PATTERN TEST THAT THE AIR IS FLOWING INTO A HAZARDOUS ROOM FROM THE ANTE ROOM IS RECOMMENDED.

REPORT NO.: 191354 P6 PAGE 8

BUFFER ROOM

NON-HAZARDOUS COMPOUNDING

VISUAL SMOKE STUDY DURING DYNAMIC CONDITIONS

BUFFER ROOM ISO CLASS: 7

AIR FLOW: Non-hazardous sterile compounding rooms must maintain a minimum of 30 Air Changes per Hour (ACPH) with at least 15 ACPH coming from the air supply through the room HEPA filters.

See page 2 of the clean room test report for reported values: Pass: Y Fail: _____

DIFFERENTIAL PRESSURE: A minimum differential pressure of 0.02 "W.C. positive from the Clean Room to the Ante room and all adjacent spaces is required.

See page 4 of the test report for the reported values. Pass: Y Fail: _____ N/A: _____

DISPLACEMENT AIRFLOW: A minimum differential velocity of 40 FPM from the Clean Room to the Ante Room is required.

Pass: _____ Fail: _____ N/A: Y

Smoke Pattern Test Results: N/A

AS PER CAG-008-2010 A VISUAL CONFIRMATION IN THE FORM OF AN AIRFLOW SMOKE PATTERN SHOWING THAT THE AIR IS FLOWING OUT OF NON HAZARDOUS ROOMS INTO ANTE ROOM AND OUT OF ANTE ROOM.

CHARLES SOLANA & SONS

80 Modular Avenue, Commack, NY 11725 • Phone: (631) 864-6483 Fax: (631) 864-6488

Regional Office of: **Independent Certification Services, Inc.**

PERFORMANCE TEST REPORT FOR CLASS I BIOLOGICAL SAFETY CABINETS

REPORT NO.: 19135 P4
(Formerly P1 @ 2640 Merrick Road)

DATE: October 18, 2021

CLIENT: PRECISION PHARMACY

ADDRESS: 2657 MERRICK ROAD, BELLMORE, NY 11710

PHONE NO.: 516-785-4774 x 2 ATTENION: CHRISTIAN STELLA/YVONNE

EQUIPMENT BEING TESTED: LABCONCO

MODEL NO.: 3950400 SERIAL NO.: 131184301G

EXHAUST HEPA SIZE: 18 x 42 x 3 A/F (STD18-42-03-EHDC3U-DT)

LOCATION OF EQUIPMENT: PHARMACY DEPARTMENT – HAZARDOURS ROOM

AIR FLOW PROFILE

Anemometer Mfr.: TSI Model No.: 9535-A

Number of Readings Taken - Intake: 5

Intake air Velocity

96	91	95	90	87

Note: Readings taken at window opening

Exceptions: _____

☐ Non-Vented

☑ Vented

Average Velocity Readings

Intake 92 FPM (75-100)

Duct Size: 6" round x ____

ΔP in Duct: .72

REPORT NO.: 191354 P4 PAGE 2

(E) AIR FLOW PATTERN TEST

Inside air escaping from unit YES _____ NO X

Air Curtain and Containment properties effective YES X NO _____

(F) Velocity meets specifications YES X NO _____

AIR FLOW ADJUSTMENT

Motor speed at time of test medium Motor speed required NO Adjustment

Internal Damper YES _____ NO X Adjustment required YES _____ NO X

FILTER RESTRICTION - Pressure Gauge Mfg. DWYER Maximum 1.00 inches W.C.

Pressure behind HEPA Filters .28 inches W.C.

Suction in blower section N/A inches W.C.

Paper catch clear YES _____ NO _____ N/A X

FLUORESCENT LIGHTING INTENSITY, U.V. LIGHTING INTENSITY, AND ACOUSTIC LEVEL

Fluorescent light at table top is 90 89 90 90 Avg. 90 Ft. Candles

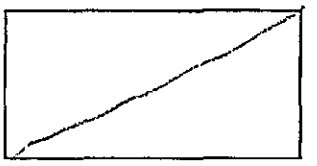
Ultra Violet Light at work surface N/A µw/cm²

Sound Level on the ASA "A" scale within the operator's working zone is

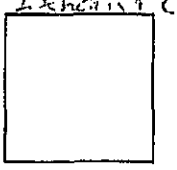
Cabinet on 61 dBA Cabinet off 58 dBA

INSTALLATION LEAK TEST - Photometer Mfg. ATI Model No. 2-T

	Leakage
Filter media..... (X)	[NO]
Seal between filter gasket and equipment filter seat..... (Z)	[NO]
Equipment frame..... (*)	[NO]



Exhaust Only



Leakage repaired: YES _____ NO _____ NOT APPLICABLE X

HEPA Filter condition: New _____ Acceptable X Not Acceptable _____

Upstream Concentration: .10µg/L

LAMINAR FLOW BIOLOGICAL SAFETY CABINET PASSES INSPECTION FOR CERTIFICATION ACCORDING TO:

[ ] National Sanitation Foundation Standard #49 [ ] NSF/ANSI49-2002 [ ] CAG-003-2006-11

[X] Manufacturer's Specifications [ ] ISO 14644-1

YES X NO _____

Recommendations/Remarks: _____

[redacted]

Technician

CHARLES SOLANA & SONS

80 Modular Avenue, Commack, NY 11725 • Phone: (631) 864-6483 Fax: (631) 864-6488

Regional Office of: **Independent Certification Services, Inc.**

PERFORMANCE TEST REPORT FOR CLASS I BIOLOGICAL SAFETY CABINETS

REPORT NO.: 191354 P4
(Formerly P1 @ 2640 Merrick Road)

DATE: November 5, 2021

CLIENT: PRECISION PHARMACY

ADDRESS: 2657 MERRICK ROAD, BELLMORE, NY 11710

PHONE NO.: 516-785-4774 x 2 ATTENION: CHRISTIAN STELLA/YVONNE

EQUIPMENT BEING TESTED: LABCONCO

MODEL NO.: 3950400 SERIAL NO.: 131184301G

EXHAUST HEPA SIZE: 18 x 42 x 3 A/F (STD18-42-03-EHDC3U-DT)

LOCATION OF EQUIPMENT: PHARMACY DEPARTMENT – HAZARDOURS ROOM

AIR FLOW PROFILE

Anemometer Mfr.: TSI Model No.: 9535-A

Number of Readings Taken - Intake: 5

Intake air Velocity

90	87	85	91	96

Note: Readings taken at window opening

Exceptions: _____

☐ Non-Vented

☒ Vented

Average Velocity Readings

Intake 90 FPM (75-100)

Duct Size: 6" ⌀ x round

ΔP in Duct: -.07 WEC

REPORT NO.: 191354 P4 PAGE 2

(E) AIR FLOW PATTERN TEST

Inside air escaping from unit YES _____ NO ✓

Air Curtain and Containment properties effective YES ✓ NO _____

(F) Velocity meets specifications YES ✓ NO _____

AIR FLOW ADJUSTMENT

Motor speed at time of test medium Motor speed required no Adjustment

Internal Damper YES _____ NO ✓ Adjustment required YES _____ NO ✓

FILTER RESTRICTION - Pressure Gauge Mfg. DWYER Maximum 1.00 inches W.C.

Pressure behind HEPA Filters .28 inches W.C.

Suction in blower section N/A inches W.C.

Paper catch clear YES ✓ NO _____ N/A _____

FLUORESCENT LIGHTING INTENSITY, U.V. LIGHTING INTENSITY, AND ACOUSTIC LEVEL

Fluorescent light at table top is 97 96 97 97 Avg. 97 Ft. Candles

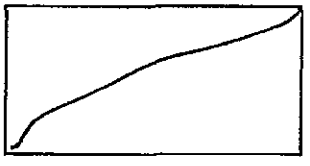
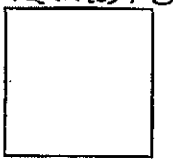
Ultra Violet Light at work surface N/A µw/cm²

Sound Level on the ASA "A" scale within the operator's working zone is

Cabinet on 61 dBA Cabinet off 58 dBA

INSTALLATION LEAK TEST - Photometer Mfg. ATI Model No. 2-I

Exhaust ONLY

	Leakage	
Filter media..... (X)	[no]	
Seal between filter gasket and equipment filter seat..... (Z)	[no]	
Equipment frame..... (*)	[no]	

Leakage repaired: YES _____ NO _____ NOT APPLICABLE ✓

HEPA Filter condition: New _____ Acceptable ✓ Not Acceptable _____

Upstream Concentration: .10 µg/L

LAMINAR FLOW BIOLOGICAL SAFETY CABINET PASSES INSPECTION FOR CERTIFICATION ACCORDING TO:

[ ] National Sanitation Foundation Standard #49 [ ] NSF/ANSI49-2002 [ ] CAG-003-2006-11

[✓] Manufacturer's Specifications [ ] ISO 14644-1

YES ✓ NO _____

Recommendations/Remarks: _____

[redacted]

Technician

CHARLES SOLANA & SONS

80 Modular Avenue, Commack, NY 11725 • Phone: (631) 864-6483 Fax: (631) 864-6488

Regional Office of: **Independent Certification Services, Inc.**

PERFORMANCE TEST REPORT FOR LAMINAR FLOW BIOLOGICAL SAFETY CABINETS

REPORT NO.: 191354 P5

DATE: November 5, 2021

CLIENT: PRECISION PHARMACY

ADDRESS: 2657 MERRICK ROAD. BELLMORE. NY 11710

PHONE NO.: 516-785-4774 x 2 ATTENION: CHRISTIAN STELLA/YVONNE

EQUIPMENT BEING TESTED: LABCONCO CLASS II, TYPE: _____

MODEL NO.: 3950400 SERIAL NO.: 131184301G

SUPPLY HEPA SIZE: _____ EXHAUST HEPA SIZE: _____

LOCATION OF EQUIPMENT: PHARMACY DEPARTMENT – HAZARDOURS ROOM

AIR FLOW PROFILE- Anemometer Mfr.: TSI Flow Hood Mfr.: SHORTRIDGE
Model No.: 9535-A Model #: ADM-870

(A) Supply Air Velocity (B) Intake Air Velocity

Number of Readings Taken – Supply: 21 Intake: 5

													257	282	256	254	252	
53	52	55	54	56	57	56												
55	53	55	56	52	54	57												
59	62	60	57	56	58	59												

Note: Readings taken ( ) at window sash Height ( ) 4" above window sash, 6" from sides and 6" apart.
Exception: _____

( ) Non-Vented (XXX) Vented

ΔP in Duct between HEPA & Damper - NEG
Exhaust Damper location Supply
Exhaust duct size: _____ x _____

(C) Average Supply Readings 55 FPM (50-60) Audio Visual Alarm: Yes: _____ No: _____

(D) Intake Air Velocity

285 CFM Intake ÷ 269 Sq. ft. work opening 105 FPM Intake Velocity
269-295 (100-110)

REV C. - 10/03

REPORT NO.: 191354 PS

(E) AIR FLOW PATTERN TEST

Inside air escaping from unit YES _____ NO ✓

Air Curtain and Containment properties effective YES ✓ NO _____

(F) Velocity meets specifications YES ✓ NO _____

AIR FLOW ADJUSTMENT

Motor speed at time of test medium Motor speed required no Adjustment

Internal Damper YES ✓ NO _____ Adjustment required YES _____ NO ✓

FILTER RESTRICTION - Pressure Gauge Mfg. DWYER Maximum 1.00 inches W.C.

Pressure behind HEPA Filters N/A inches W.C.

Suction in blower section N/A inches W.C.

Paper catch clear YES ✓ NO _____ N/A _____

FLUORESCENT LIGHTING INTENSITY, U.V. LIGHTING INTENSITY, AND ACOUSTIC LEVEL

Fluorescent light at table top is 99 98 99 99 Avg. 99 Ft. Candles

Ultra Violet Light at work surface N/A µw/cm²

Sound Level on the ASA "A" scale within the operator's working zone is

Cabinet on 62 dBA Cabinet off 60 dBA

INSTALLATION LEAK TEST - Photometer Mfg. ATI Model No. 2-I

	Leakage		
Filter media..... (X)	[no]		
Seal between filter gasket and equipment filter seat..... (Z)	[no]		
Equipment frame..... (*)	[no]		

Leakage repaired: YES _____ NO _____ NOT APPLICABLE ✓

HEPA Filter condition: New _____ Acceptable ✓ Not Acceptable _____

Upstream Concentration: 1.12 µg/L

LAMINAR FLOW BIOLOGICAL SAFETY CABINET PASSES INSPECTION FOR CERTIFICATION ACCORDING TO:

[✓] National Sanitation Foundation Standard #49 [✓] NSF/ANSI49-2002 [✓] CAG-003-2006-11

[✓] Manufacturer's Specifications [✓] ISO 14644-I

YES ✓ NO _____

Recommendations/Remarks: _____

[redacted]

Technician

CHARLES SOLANA & SONS

80 Modular Avenue, Commack, NY 11725 • Phone: (631) 864-6483 Fax: (631) 864-6488

Regional Office of: **Independent Certification Services, Inc.**

PARTICLE COUNT DATA – USP 797 COMPLIANCE
LAMINAR FLOW HOODS, BIOLOGICAL SAFETY CABINETS
ALL COUNTS TAKEN DURING DYNAMIC CONDITIONS

DATE: November 5, 2021

PARTICLES PER CUBIC METER @ .5 MICRONS
MAXIMUM COUNT CLASS 5-3520 Part/m³

TEST REPORT #: 19354 P5 MODEL #: 3950400 S/N: 131184301G

0 0 0 0 0

PARTICLE COUNT MEETS OR EXCEEDS, ISO-14644-1 CLASS 5 YES X NO _____

TEST REPORT #: _____ MODEL #: _____ S/N: _____

_____ _____ _____ _____ _____

PARTICLE COUNT MEETS OR EXCEEDS, ISO-14644-1 CLASS 5 YES _____ NO _____

TEST REPORT #: _____ MODEL #: _____ S/N: _____

_____ _____ _____ _____ _____

PARTICLE COUNT MEETS OR EXCEEDS, ISO-14644-1 CLASS 5 YES _____ NO _____

TEST REPORT #: _____ MODEL #: _____ S/N: _____

_____ _____ _____ _____ _____

PARTICLE COUNT MEETS OR EXCEEDS, ISO-14644-1 CLASS 5 YES _____ NO _____

PARTICLE COUNTER	MODEL#	SERIAL #
TSI	9310	9310105402

[redacted]
TECHNICIAN

VIABLE AIR & SURFACE SAMPLING LOCATION LEGEND

PLATE LOCATIONS
P5A (TSA) - DIRECT COMPOUNDING AREA
P5B (MEA) - DIRECT COMPOUNDING AREA
P6 ANTE ROOM (TSA) A - MIDDLE OF THE ROOM
P5 ANTE ROOM (MEA) B - MIDDLE OF THE ROOM
P6 NON-HAZARDOUS ROOM (TSA) C - MIDDLE OF THE ROOM
P6 NON-HAZARDOUS ROOM (MEA) D - MIDDLE OF THE ROOM
P6 HAZARDOUS ROOM (TSA) E - MIDDLE OF THE ROOM
P6 HAZARDOUS ROOM (MEA) F - MIDDLE OF THE ROOM
CONTROL PLATE - (TSA)
CONTROL PLATE - (MEA)
SWAB LOCATIONS
P5A (TSA) - DIRECT COMPOUNDING AREA
P5B (MEA) - DIRECT COMPOUNDING AREA
P6 ANTE ROOM (TSA) A - MIDDLE OF THE ROOM
P6 ANTE ROOM (MEA) B - MIDDLE OF THE ROOM
P6 NON-HAZARDOUS ROOM (TSA) C - MIDDLE OF THE ROOM
P6 NON-HAZARDOUS ROOM (MEA) D - MIDDLE OF THE ROOM
P6 HAZARDOUS ROOM (TSA) E - MIDDLE OF THE ROOM
P6 HAZARDOUS ROOM (MEA) F - MIDDLE OF THE ROOM
P6 PASS THRU #1 – HALLWAY TO ANTE ROOM (TSA) G
P6 PASS THRU #1 – HALLWAY TO ANTE ROOM (MEA) H
P6 PASS THRU #2 – ANTE ROOM TO NON-HAZARDOUS ROOM (TSA) I
P6 PASS THRU #2 – ANTE ROOM TO NON-HAZARDOUS ROOM (MEA) J
P6 PASS THRU #3 – ANTE ROOM TO HAZARDOUS ROOM (TSA) K
P6 PASS THRU #3 – ANTE ROOM TO HAZARDOUS ROOM (MEA) L
CONTROL SWAB - (TSA)
CONTROL SWAB - (MEA)

(PLATE SAMPLES FOR THE CLEAN ROOM ARE TAKEN IN HIGH TRAFFIC AREAS AWAY FROM HEPA FILTERS)

Charles Solana & Sons
80 Modular Avenue
Commack, NY 11725
631-864-6483 F: 631-864-6488

Route Ticket	191354-B
Purchase Order	101121CS
Invoice Date	10/15/21
Terms	NET 30

Customer No. 00PRECIS02

PRECISION PHARMACY
2657 MERRICK ROAD
BELLMORE, NY 11710

PRECISION PHARMACY
2657 MERRICK ROAD
BELLMORE, NY 11710

Telephone: 516-833-6262 X 2
Contact: CHRISTIAN STELLA - PHARMACY

Route : NY
Driver : S/A

Qty	Desc	List Price	If paid within 45 days	Equip Code
1	Class I Biological Safety Cabinet(s)	$ 150.00	$ 115.00	P4
1	Biological Safety Cabinet(s) (A1-A2 / B3)	$ 200.00	$ 150.00	P5
1	Clean Room Certification(s)	$ 850.00	$ 750.00	P6
1	USP 797 Particle Count(s)	$ 60.00	$ 50.00	P5
1	CETA CAG-002-2006 Smoke Study	$ 200.00	$ 150.00	P5
1	Environmental Viable Particle Test (8 Plates-Our Lab)	$ 760.00	$ 600.00	P5,P6
1	Environmental Viable Surface Test (14 Swabs)	$ 980.00	$ 700.00	P5,P6
1	TSA Negative Control Plate(s) (1 Plate)	$ 90.00	$ 40.00	
1	MEA Negative Control Plate(s) (1 Plate)	$ 90.00	$ 40.00	
1	TSA Control Swab(s) (1 Swab)	$ 55.00	$ 20.00	
1	MEA Control Swab(s) (1 Swab)	$ 55.00	$ 20.00	
1	[redacted] 8/21 Equipment Was Not Ready	$ 200.00	$ 150.00	
	Tax	318.26	240.21	
	Total	$ 4,008.26	$ 3,025.21	

[redacted] | November 3, 2021 | April 2022

Received by | T. O'Connell *Technician / Date* | *Next Certification Date*

Remarks

CURRENT - S/A -
Fax #:516-222-0605
E-Mail: compounding@precisionpharmacy.net -
9:30A - 5P - MORNINGS ARE BEST -

IF CHRISTIAN IS NOT THERE, CONFIRM APPOINTMENT WITH YVONNE. -

NOTE: CUSTOMER HAS MOVED HOODS OVER FROM OLD ADDRESS & NEEDS TESTED ALONG WITH THE NEW CLEAN ROOM THE WEEK OF 10/18/21. -

Comments: _____

Precision Compounding Pharmacy & Wellness Inc / Precision Compounding Pha.

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>. An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

[redacted]	Indicate the drug name, dosage or strength, and the size of the sample obtained for testing. (*NA if no sample*)					None Sample - this is a new registration
[redacted]	Indicate the areas/rooms of the pharmacy entered to perform the inspection. *If the inspector did not fully garb and enter buffer room(s), indicate reason.*					front office of pharmacy
	General Operations Information	**Y**	**N**	**?**	**NA**	**Notes**
1.00	Does the pharmacy **dispense** sterile compounded preparations pursuant to a prescription?	✓				
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	✓				
1.02	Are sterile compounded prescriptions picked up at the pharmacy?	✓				
1.03	Are sterile compounded prescriptions delivered/mailed to patients in their homes or residential facilities?	✓				
1.04	Are sterile compounded prescriptions delivered/mailed to the practitioner for administration to the patient in the office, clinic, or facility?		✓			
2.00	Does the pharmacy **distribute** sterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*		✓			
2.01	Does the pharmacy distribute sterile compounded preparations to practitioners for office use?		✓			
2.02	Does the pharmacy distribute sterile compounded preparations to hospitals, clinics, or surgery centers?		✓			
2.03	Is the pharmacy registered with the FDA as an Outsourcing Facility?		✓			
2.04	Does the pharmacy have a sales force that distributes samples containing active ingredients? *List samples provided.*		✓			
3.00	Does the pharmacy provide sterile compounded preparations to other pharmacies for dispensing?		✓			
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations?				✓	
4.00	Which of the following sterile compounds are prepared?					
4.01	Allergen extracts		✓			
4.02	Parenteral solutions		✓			Regular parenteral preparation
4.03	Parenteral *suspensions*		✓			
4.04	Preservative-free parenterals		✓			both HD & non HD 98% will
4.05	Ophthalmic preparations		✓			be non-reterile - Hormone replace-
4.06	Oral or nasal *inhalation* preparations (not topical sprays)		✓			ment will be a big part.
4.07	Baths and soaks for live organs and tissues		✓			non-sterile.
4.08	Irrigations for wounds and body cavities		✓			

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4.09	Any other sterile preparations (implants, pellets, etc.). *Provide list.*	✓	✓		✓	
5.00	Does the pharmacy compound investigational drugs? *Provide list.*		✓			
6.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate name and volume/percent compounded currently.*		✓			
6.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.				✓	
6.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*				✓	
7.00	Does the pharmacy perform **low-risk** compounding? *Indicate percentage of low-risk sterile compounding.*	✓				90% of sterile compounding will be low risk
7.01	Are all low-risk compounds assigned BUDs within USP guidelines (48 hours at controlled room temperature, 14 days refrigerated, 45 days frozen)?	✓				Almost 100%
7.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.					
7.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*		✓			No Extended BUDs
8.00	Does the pharmacy perform **medium-risk** compounding? *Indicate percentage of medium-risk sterile compounding.*	✓				About 10%
8.01	Are all medium-risk compounds assigned BUDs within USP guidelines (30 hours at controlled room temperature, 9 days refrigerated, 45 days frozen)?	✓				
8.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.					
8.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*				✓	No Extended BUDs
9.00	Does the pharmacy perform **high-risk** compounding? *Indicate percentage of high-risk sterile compounding.*					
9.01	Are all high-risk compounds assigned BUDs within USP guidelines (24 hours at controlled room temperature, 3 days refrigerated, 45 days frozen)?		✓			
9.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.					
9.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*				✓	No Extended BUDs - no High risks
10.00	Does the pharmacy provide sterile compounded preparations to be administered via an implantable infusion pump?		✓		NA	
11.00	Does the pharmacy perform compounding for **immediate use?** *Indicate percentage of immediate use sterile compounding.*		✓		100%	

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12.00	Does the pharmacy perform compounding with **hazardous drugs?** *Indicate percentage of hazardous sterile compounding.* *NIOSH list of hazardous drugs including chemotherapy, hormones, etc.*	✓				
12.01	Is the pharmacy aware of the more stringent requirements of the proposed USP Chapter <800>?	✓				
12.02	Are hazardous drugs segregated and stored in a room that is negative pressure (at least -0.01" wc) to adjacent areas and with at least 12 ACPH?	✓				
12.03	Is hazardous drug waste quarantined in a designated area and disposed of in compliance with local, state, and federal regulations?	✓				
13.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	✓				
14.00	Does the pharmacy perform compounding using **blood products** (or other biological materials)? Such as wound care, autologous eye drops, etc. *Describe.*		✓			
15.00	Does the pharmacy compound using any **Federally controlled substances I-V?** *Indicate controlled substances used and percentage of controlled substance sterile compounding.*	✓				
16.00	**APIs:** Does the pharmacy make any sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?		✓			Pharmacy does not use API in sterile prep
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *If not, indicate the source of APIs*		✓			
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified*	✓				
16.03	Does the pharmacy use active ingredients that are not from an FDA facility? *If so, indicate sources.*		✓			
16.04	Does the computer track on-hand quantities of APIs used for compounding?	✓				
17.00	Does the pharmacy use scales/balances for sterile compounding?			✓		for non-sterile compounding
17.01	If so, what type of scale/balanced is used? *List manufacturer and model number.*					
17.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency.*	✓				
18.00	Does the pharmacy have a **lyophilizer?**		✓			
18.01	Where is the lyophilizer located? *Indicate location and ISO class of room.*					
18.02	Note the products lyophilized, and the volume or percent of products per week produced using the lyophilizer.					
18.03	Is the lyophilizer part of the viable air and surface sampling, media fill testing procedures, and cleaning schedules and procedures?				✓	
19.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*			✓	✓	

** According to SP, API are used in non-sterile preps (e.g. Progesteron) until

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	Sterile Compounding Inspection	C	NC	?	NA	Notes
20.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed*	✓		✓		SP Claim Sample of non sterile HD Products will sent to lab.
21.00	**Quality Assurance/Quality Improvement:** Does the pharmacy continuous quality improvement program include sterile compounding measures? ***Note: If the facility indicates "yes", please ask each question below to verify.***	✓				
21.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	✓				
21.02	Does the pharmacy continuous quality improvement program include nonviable environmental monitoring and testing?	✓				
21.03	Does the pharmacy continuous quality improvement program include viable environmental testing?	✓				
21.04	Does the pharmacy continuous quality improvement program include personnel testing and verification?	✓				
21.05	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	✓				
21.06	Does the pharmacy continuous quality improvement program include sterilization method testing and validation?	✓				
21.07	Does the pharmacy continuous quality improvement program include end product testing (such as: potency, particulates, sterility, endotoxin, etc.)?	✓				for non Sterile Preparation-
21.08	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding CSPs?	✓				
21.09	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	✓				
21.10	Does the recall system include communication with both the patient and the physician/prescriber regarding the potentially contaminated CSP administered and the potential risks?	✓				
21.11	Are QREs involving CSPs that may have been contaminated or are recalled reported to the appropriate agency such as the Board of Pharmacy and/or FDA.	✓				
21.12	Are all CFUs detected by any personnel, environmental, or product testing; or any other checks or tests including endotoxin, purity, potency, etc. remediated, appropriately investigated, cause determined, and processes implemented to prevent in the future, where applicable? *Review QA trends.*	✓				in policy and procedures
	Component Selection and Use	**C**	**NC**	**?**	**NA**	**Notes**
	Total Non-Compliant (Includes Unknowns)		**0**			
22.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	✓				

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22.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.* NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before being used for compounding.	✓				
22.02	USP- or NF-grade substances used, if available.	✓				
22.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	✓				
22.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels*	✓				
22.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding.				✓	no animal compounding
22.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	✓				
22.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned is not greater than one (1) year, unless it is supported with data and/or testing. *Note: purity and quality testing may be performed to extend.*	✓				
22.08	All APIs are labeled with the date they were received.	✓				
22.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.				✓	
22.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	✓				
23.00	There are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	✓				
24.00	There are no preparations compounded that present demonstrable difficulties for compounding as identified by the FDA. *If so, list the name of the products.*		✓			
25.00	When manufactured products are used for compounding, all the other excipients (in addition to the active ingredient) in the manufactured product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	✓				
26.00	For animal compounding, does the compounding meet the same standards as compounding for human patients?				✓	no animal compounding
26.01	The pharmacist is knowledgeable or has the most up-to-date references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.				✓	
26.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.				✓	

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	Sterile Compounding Inspection					
26.03	The pharmacist familiar with, or has the most up-to-date reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.				✓	
26.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.				✓	
26.05	The pharmacist is familiar with, or has the most up-to-date reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)				✓	
27.00	If the pharmacy compounds **stock solutions** or components (that are then used to compound a finished product) using APIs, these stock solutions are categorized as high-risk compounding.				✓	NO Animal Compounding
27.01	The stock solutions are assigned BUD based on the USP<797> high-risk compound BUD, OR are assigned on the basis of direct testing or extrapolation from reliable literature sources to support an extended BUD.				✓	
27.02	Compounded preparations using the stock solution are classified as high-risk compounds with appropriate handling with regard to BUD and testing requirements.				✓	
	Environment	**C**	**NC**	**?**	**NA**	**Notes**
	Total Non-Compliant (Includes Unknowns)		**0**			
28.00	If the facility performs both sterile and nonsterile compounding, the areas are separated and distinct.	✓				
29.00	If the facility performs compounding using blood products (or other biological materials), this compounding area is separate and distinct from the general compounding areas.				✓	
29.01	Are components used in compounding with blood products restricted to the blood compounding area (not used in other compounding areas)?				✓	
30.00	Entry into the sterile compounding areas is limited to task critical employees (limited to only the pharmacist(s) and other trained and authorized pharmacy personnel).	✓				
31.00	The anteroom has a line of demarcation or other separation of the dirty to the clean side. Note: the line of demarcation may NOT be the doorway between the anteroom and the clean/buffer room.	✓				
31.01	Carts used to bring supplies from the storeroom are kept on the outside of the line of demarcation.	✓				
31.02	Carts used in the clean/buffer room are kept on the clean side of the line of demarcation.					
32.00	All surfaces of the sterile product compounding area carts, shelves, stools, chairs, and other items are resistant to disinfectants, non-permeable, non-carpeted or upholstered, and low particulate generating.	✓				
33.00	Walls painted with epoxy based paint or other impermeable surface, and are seamless or have sealed seams where panels meet and corners with no cracks.	✓				
34.00	The ceiling tiles are composed of a vinyl surface, with the tiles caulked and sealed and the seams where the walls meet the ceiling are caulked and sealed.	✓				
35.00	The floor overlaid with wide sheet flooring and seamless or with heat welded seams, with coving to the sidewall, and a sealed seam where the coving meets the wall.	✓				
36.00	The clean/buffer room or anteroom does not have dust collecting overhangs (eg ceiling utility pipes, ledges, pneumatic tube stations, sprinkler heads, emergency exit signs, etc).	✓				
37.00	The exposed surfaces of:					
37.01	PEC are free of dirt, rust, chips and particulate matter.	✓				

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	Sterile Compounding Inspection					
37.02	Light fixtures are smooth, mounted flush, and sealed.	✓	✓		MR	
38.00	A working sink, located on the clean side of the line of demarcation, is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PEC(s).	✓	✓			
39.00	There is no sink or drain in the clean/buffer room.	✓	✓			
40.00	Hand drying is with non-linting paper towels, or an electronic or HEPA filtered hand dryer.	✓				
40.01	If using a hand dryer, particle count and smoke testing validation is performed while dryer is in use (while someone is actively using to dry their hands) at certification, and the immediate area around the dryer is part of the viable air and surface testing program performed. *(N/A if only using towels)*				✓	
41.00	All air ducts controlling air flow into the sterile compounding clean/buffer room and anteroom are equipped with High Efficiency Particulate Air filtered air that maintains the cleanroom with an ISO Class 7 or 8 environment.	✓	✓			
42.00	Incoming air ducts through HEPA filters are on or near the ceiling and air return ducts are low on the walls in the anteroom and clean/buffer room.					
43.00	If there are particle generating equipment/appliances in the clean/buffer room or anteroom (e.g. computers, printers, refrigerators, dishwashers, etc), they are located by an air return so air flows over and out of the room taking particles with it, and this air flow has been confirmed by smoke testing while in use.	✓	✓			
44.00	Beverages including drinking water, chewing gum, candy, or food items are prohibited from the clean/buffer room or anteroom.	✓	✓			
45.00	If compounding occurs using nonsterile ingredients, products, components, or devices (for example compounding with non-sterile APIs or using nonsterile vials and closures), the pharmacy has appropriate equipment to sterilize the finished product.				✓	APIs are used for Non-Sterile Products only
45.01	Pre-sterilization procedures for high risk level CSPs (such as weighing and mixing) are performed in no worse than an ISO Class 8 environment.				✓	
46.00	Completely enclosed anteroom and clean/buffer room (with a door) are equipped with monitors or gauges to measure differential pressure.	✓	✓			
46.01	Anteroom is at least 0.02" wc positive pressure to general pharmacy areas.	✓				
46.02	Clean/buffer room is at least 0.02" wc positive pressure to general pharmacy areas.	✓	✓			
46.03	Hazardous compounding room and drug storage area is at least 0.01" wc negative pressure to ISO Class 7 anteroom.	✓				
46.04	Pressures are continuously monitored and at a minimum read and recorded each shift (minimum of once daily). *View logs*	✓	✓			
46.05	Plan in place to detect and react to pressure differentials outside of limits.	✓				
47.00	If the clean/buffer room and anteroom are not fully enclosed (open or with plastic strips - no door that closes), the air flow is measured across the openings.				✓	Ante & buffer rooms are fully enclosed
47.01	The air flow is at least 40 feet per minute across the entire opening.				✓	
47.02	Airflow is read and recorded each shift (minimum of once daily) or continuously recorded. *View logs.*	✓	✓			
47.03	Plan in place to detect and react to air flow measurements outside of limits	✓				

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47.04	This area is used only for low- and medium-risk compounding (High-risk not allowed).	✓				
48.00	**Temperature:** The temperature of the compounding area is controlled by a thermostat and an air conditioning system is in place.	✓				
48.01	Temperature in the **compounding area** is maintained to provide comfortable working conditions for compounding personnel of 20° C or cooler (68° F or cooler); Temperature can be more restrictive if warranted by specific drug product storage requirements.	✓				
48.02	Temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	✓				
48.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas). Temperature is maintained at controlled room temperature of 20° - 25° C (68° - 77° F) or as specified by FDA approved labeling for drug product storage.	✓				
48.04	Temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	✓				
48.05	Temperature in the **refrigerator or cooler** is maintained to provide controlled cold temperature of 2° to 8°C (36° to 46°F) or as specified by FDA approved labeling for drug product storage.	✓				Refrigirator is in a non-sterile area
48.06	Temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	✓				
48.07	Temperature in the **freezer** is maintained to provide controlled frozen temperature of -25° to -10°C (-13° to 14°F) or as specified by FDA approved labeling for drug product storage.	✓				freezer also in non-sterile area
48.08	Temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	✓				
48.09	Action plan in place for any temperature excursions including evaluating excursion effects on drug product integrity for all temperature monitored areas.	✓				
49.00	**Humidity:** If warranted by specific drug products, humidity in the compounding area is maintained to provide humidity within the specified ranges. If drug products require storage in a "dry place", humidity is not to exceed 40%. (*Generally recommended range is 35-60% for performing sterile compounding .*)	✓				
49.01	If applicable, humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	✓				
49.02	If applicable, excursion action plan in place including evaluating excursion effects on drug product integrity.					
49.03	If applicable, humidity monitoring is also performed in drug storage areas (if separate from the compounding areas).	✓				
50.00	Blowers on ISO 5 PECs are operated continuously during compounding activity, including during interruptions of less than eight hours.	✓				
51.00	When the ISO 5 PEC blower is turned off, and before other personnel enter to perform compounding activities, only one garbed person is allowed to enter the buffer area for the purposes of turning on the blower (for at least 30 minutes) and of sanitizing the work surfaces.				✓	not turned off
52.00	The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	✓				

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Sterile Compounding Inspection		C	NC	?	NA	Notes
53.00	The inside and outside doors of a pass-through are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	✓				
53.01	RECOMMENDED: Pass-throughs are located between outside areas and the anteroom, or between the anteroom and the buffer room (and NOT between the outside areas directly into the buffer room).					
54.00	RECOMMENDED: The immediate area around the doorway or pass-through into the anteroom from the general areas is free of particle generating materials (such as corrugated cardboard, etc.) and is located in an area that limits particles (not next to an outside door or window, etc.) to limit potential contamination from being brought in through the entry.					
55.00	**BSC or PEC that is NOT located in an ISO Class 7 clean/buffer room:** BSC or PEC has been certified to maintain ISO Class 5 during compounding activities.				✓	
55.01	Used only for low-risk compounded preparations with a 12-hour or less BUD assigned.				✓	
55.02	All garbing requirements are adhered to.				✓	
55.03	Located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.				✓	
55.04	Location does not contain any unsealed windows or doors that connect to the outdoors or areas of high traffic flow, and is not adjacent to construction sites, warehouses, or food preparation areas?				✓	
55.05	Has the sink separated from the immediate area of the ISO Class 5 workbench (not adjacent) and an eyewash station.				✓	
56.00	**CAI/CACI that is NOT located in an ISO Class 7 clean/buffer room:** CAI/CACI has been certified to maintain ISO Class 5 under dynamic conditions including transferring of ingredients, components and devices, and during preparation of CSP.	✓				
56.01	The pharmacy has documentation from the manufacturer that the CAI or CACI will meet this standard when located in worse than ISO Class 7 environments.	✓				
56.02	The CAI or CACI is located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	✓				
56.03	There is a sink in the compounding area, not directly adjacent to the CAI or CACI, that enables pharmacy personnel to wash hands and an eyewash station.	✓				
56.04	For NIOSH hazardous compounding in a CACI that is NOT located in a clean/buffer room, the CACI is located in a physically separated area that maintains a negative pressure of 0.01" water column pressure to adjacent areas and a minimum of 12 ACPH.	✓				
Cleaning and Disinfection		**C**	**NC**	**?**	**NA**	**Notes**
	Total Non-Compliant (Includes Unknowns)		**0**			
57.00	Are all personnel performing cleaning appropriately garbed?	✓				
58.00	Is the sterile compounding area equipped with appropriate nonshedding cleaning equipment and supplies? *All cleaning tools, such as wipers, sponges, and mops, must be nonshedding, dedicated to and labeled for use in either the buffer or clean area (no wooden handles are allowed).*	✓				
59.00	If cleaning tools are reused, is there a procedure to rinse and sanitize the tools and an appropriate clean storage area and are buckets inverted to prevent moisture accumulation?	✓				

All hoods for Sterile Compounding are located in ISO7. Some hoods that are used for H.D. non-sterile are not located in classified room.

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60.00	Are reusable tools appropriately labeled to prevent them from being used inappropriately? For example, a mop used for the floors cannot also be used for the ceilings and walls.					
61.00	Are there formulas and instructions for mixing or diluting the cleaning and sanitizing agents prior to use and is the preparation of cleaning supplies documented?					
62.00	Are cleaning and sanitizing agents appropriately labeled including expiration dates? *Verify no expired agents present.*					
63.00	Are appropriate cleaning agents used that are effective for bacteria, viruses, fungi, and spores?					
64.00	Is the ISO 5 PEC cleaned at the beginning of each shift, between compounding activities, at least every 30 minutes while compounding and after spills or suspected surface contamination?					
64.01	If heavily soiled, cleaning includes the appropriate agent. *List agent(s) used.*					
65.00	Does sanitizing of the ISO 5 PEC include sanitizing with sterile 70% IPA using a nonlinting wipe?					
66.00	Does daily cleaning and sanitizing include counters and easily cleanable work surfaces?					
67.00	Does daily cleaning include the floors starting from the clean/buffer room and working outwards? Floor cleaning is not to occur during compounding.					
68.00	If fatigue mats are used, are they cleaned daily and let dry on both sides?					
69.00	Is a tacky mat used and if so, is there a procedure in place regarding replacement?					
70.00	Are the ceilings, walls, all shelving, bins, carts, chairs, and the tops and sides of the primary engineering controls (PECs) thoroughly cleaned monthly? *(This includes removing everything from shelves and bins before cleaning, cleaning the undersides of cart surfaces and stools, wheels, etc.) Check inside bins and shelving for dust if you are garbed.*					
71.00	Is enough time allocated for cleaning activities, including contact/dwell times for the cleaning/disinfection agents?					
Training *-Verify records of all compounding personnel (up to 10).*		**C**	**NC**	**?**	**NA**	**Notes**
	Total Non-Compliant (Includes Unknowns)		**0**			
72.00	There is documentation that compounding personnel are appropriately trained including policies and procedures, documentation, hazardous drug handling, and aseptic technique. *Note that "compounding personnel" includes personnel performing compounding, supervising compounding, and performing verification of compounding. List number of personnel training files viewed.*					
72.01	All personnel performing compounding are not allowed to compound until training and initial testing is successfully completed.					
72.02	All personnel that SUPERVISE compounding and/or perform verifications of other's compounding are not allowed to supervise or verify compounding until training and initial testing is successfully completed.					
73.00	All personnel of reproductive capability who handle or compound hazardous drugs or chemicals have confirmed in writing that they understand the risks of handling hazardous drugs. *Teratogenicity, carcinogenicity, reproductive issues.*					

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74.00	There is documentation, such as an observational checklist, that all personnel (including housekeeping or other outside personnel) that perform cleaning activities in the compounding areas including hazardous compounding areas are appropriately trained in garbing, cleaning and disinfection.					
75.00	There is documentation of training on the operation of any equipment that may be used when preparing compounded sterile products. *Documentation needs to include training an operation, and troubleshooting*					
76.00	If the pharmacy uses relief personnel from outside agencies to perform sterile compounding, training and certifications are verified. *View documentation.*					
77.00	There is documentation that all compounding personnel (including those supervising or performing verifications) have passed an initial written exam, and subsequent annual written exams for the appropriate compounding risk levels and NIOSH hazardous drugs. *Indicate frequency, if testing more than annually*					
78.00	There is documentation that all compounding personnel have passed an initial and subsequent annual competency assessments of aseptic compounding skills using observational audit tools including handling NIOSH hazardous drugs. Compounding skills evaluation to include use of equipment. *Indicate frequency, if testing more than annually.*					
79.00	There is documentation that new compounding personnel have passed an initial observed gowning procedure and three gloved fingertip sampling tests? *Personnel must pass the tests upon initial validation before being allowed to compound. Action required if the tests yield any garbing deficiencies, or if the sampling results are >0 colony-forming units (CFU)/plate on the three initial validations. Indicate frequency, if testing more than annually.*					
80.00	There is documentation that compounding personnel preparing low or medium risk-level products have passed an annual observed gowning procedure and gloved fingertip sampling test. *Action required if the tests yield any garbing deficiencies, or if the fingertip sampling results ore >3 CFU (total both hands, all 10 fingers). Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than annually.*					
81.00	There is documentation that a media fill test procedure is performed for each compounding employee at least annually for individuals that prepare low or medium risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automotion used in compounding. Media-filled vials are incubated and failure is indicated by visible turbidity in the medium on or before 14 days. Indicate frequency, if testing more than annually.*					
82.00	The media-fill testing procedures include:					
82.01	Media selection (including obtaining COAs or growth promotion certificates from suppliers)					
82.02	Fill Volume					
82.03	Incubation time and temperature (30-35°C for a minimum of 7 days then 20-25°C for 7 days)					
82.04	Inspection of filled units					
82.05	Documentation					

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82.06	Interpretation of results	✓				
82.07	Action levels set with the corrective actions required	✓				
83.00	**High-Risk Sterile Compounding:** There is documentation that compounding personnel have passed an observed gowning procedure and gloved fingertip sampling test every six (6) months. *Action required if the tests yield any garbing deficiencies, or if the sampling results are >3 CFU on both hands upon revalidation. Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than every 6 months.*				✓	
84.00	**High-Risk Sterile Compounding:** There is documentation that a media fill test procedure is performed for each compounding employee at least every six (6) months for individuals that prepare high risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are incubated and failure is indicated by visible turbidity in the medium on or before 14 days. Indicate frequency, if testing more than every 6 months.*				✓	
85.00	**Failed testing:** Employees who have failed any testing are prohibited from compounding until training is performed/reviewed and subsequent testing is performed successfully.	✓				
85.01	Gloved fingertip tests that have failed have the organisms identified down to the genus to determine the most likely source of the contamination. This data is used to develop plans to prevent contamination.	✓				
85.02	There is a plan to evaluate the sterile compounds prepared by an employee with failed gloved fingertip tests or media fills to detect potential contamination of the sterile preparations compounded.	✓				
	Garbing	**C**	**NC**	**?**	**NA**	**Notes**
	Total Non-Compliant (Includes Unknowns)		0			
86.00	Personnel are prohibited from compounding, or entering the clean/buffer room or anteroom if they have a rash, sunburn, weeping sores, conjunctivitis, or an active respiratory infection.	✓				
87.00	Personnel are required to remove all personal outer garments such as hats, scarves, sweaters, vests, coats, or jackets and any makeup or cosmetics before entering compounding areas. *Include observations in the comments.*	✓				
88.00	Personnel are required to remove all hand and wrist jewelry, and all visible jewelry or piercings such as earrings, lip or eyebrow piercings, etc. before entering clean/buffer room.	✓				
89.00	Personnel are prohibited from wearing artificial nails or extenders, and required to keep natural nails neat and trimmed.	✓				
90.00	Garbing with dedicated shoes or shoe covers that are donned as the line of demarcation is crossed (with the dedicated or covered shoe never touching the same side of the line of demarcation as the dirty shoe).	✓				
91.00	Garbing includes head and facial hair covers and masks. *Note that facial hair requires both a facial hair cover AND a mask. Eye shields are optional unless using cleaning agents or preparing hazardous drugs. There is a mirror available to check that all, hair is covered.*	✓				

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Sterile Compounding Inspection		C	NC	?	NA	Notes
92.00	Hand cleaning is performed in the anteroom and includes removing debris from under the nails with a nail cleaner followed by a vigorous washing of the hands and forearms with soap for at least 30 seconds with hands and arms then dried with a non-linting disposable towel or a hand dryer. *Scrub brushes are NOT recommended as they cause skin irritation and damage.*	✓				
93.00	The gown is nonshedding with sleeves that fit snugly around the wrists and enclosed at the neck.	✓				
94.00	All bare skin is covered on the arms and the legs (no bare ankles, wrists, etc.).	✓				
95.00	Prior to donning sterile gloves, a waterless alcohol based surgical hand scrub with persistent activity is used and hands allowed to dry. *Note: regular Purell Hand Sanitizer is NOT appropriate. Purell or other brand surgical hand scrub is appropriate - must have residual activity.*	✓				
96.00	Upon leaving the sterile product compounding area, gowns are taken off and disposed of, or if used for nonhazardous compounding they are left in the anteroom and not reused for longer than one shift.	✓				
97.00	Pharmacists or other personnel do NOT enter the anteroom and cross the line of demarcation without donning shoe covers or dedicated shoes. *Watch for personnel traversing back and forth across the line of demarcation without doffing and donning new shoe covers or dedicated shoes.*	✓				
98.00	Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing (wearing just a mask to check technician's work, for example).	✓				
Environmental Monitoring		**C**	**NC**	**?**	**NA**	**Notes**
	Total Non-Compliant (includes Unknowns)		**0**			
99.00	The most recent PEC and room certification report is available.	✓				
99.01	All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	✓				
99.02	All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, and barrier isolators) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	✓				
99.03	Certification is performed at least every six months (view date of previous certification) and whenever a device or room is moved or major work is done to the space. *If non-compliant, record the date of the previous certification.*	✓				
99.04	Certification is performed to the Controlled Environment Testing Association (CETA) guide (USP: CETA CAG-003-2006 Certification Guide for Sterile Compounding Facilities) and is noted on the report.	✓				
99.05	If the certification standard used and noted on the report is NOT CETA CAG-003-2006, the facility has performed a comparison and determined the standard used is the same or better than the CETA CAG-003-2006 guide.				✓	
99.06	The PIC/compounding supervisor is familiar with what testing is required and interpretation of results, ensures all testing is performed appropriately (under dynamic conditions where appropriate), has action levels identified, evaluates results to detect issues or trends, and action levels are further customized based on trended data of performance.	✓				

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100.00	The certification report includes information about the equipment used for performing calibration test including: identification of the equipment used by model, serial number, last calibration date (or date when next calibration is due).	✓	✓		✓	
100.01	The equipment used had not exceeded its calibration date at the time of certification.	✓				
101.00	The HEPA filtered air changes per hour (ACPH) were measured for the compounding rooms.					
101.01	ISO Class 7 sterile compounding room is certified as having a minimum of 30 ACPH with at least 15 ACPH from outside air sources. *Recirculated air from the PECs may account for up to 15 ACPH in nonhazardous classified rooms only.*	✓				
101.02	ISO class 7 anteroom is certified as having a minimum of 30 ACPH. *Anteroom must be ISO class 7 if connected to a NIOSH hazardous compounding clean/buffer room.*	✓				
101.03	RECOMMENDED: ISO class 8 anteroom is certified as having a minimum of 20 ACPH.					
101.04	ISO class 7 hazardous sterile compounding room is certified as having a minimum of 30 ACPH. *Typically, all of the air will be from outside.*				✓	
101.05	If a CACI is used in a non-HEPA filtered room, the room is certified to maintain a minimum of 12 ACPH.				✓	
102.00	Air pattern analysis using smoke testing was performed under dynamic conditions (people working in the PECs and rooms). The smoke flow is described in the report for the various tests such as turbulent, sluggish, smooth, etc.	✓				
102.01	Air pattern analysis was conducted at the critical area (direct compounding area inside the ISO Class 5 PEC) to demonstrate **unidirectional** airflow and sweeping action over and away from the product under dynamic conditions (personnel compounding or simulating compounding in PEC).	✓				
102.02	Air pattern analysis was conducted to confirm positive pressure (and negative pressure into hazardous compounding rooms) at all points around all openings, doorways, and pass-throughs.	✓				
102.03	Air pattern analysis conducted around particle generating equipment *while the equipment was in operation* to confirm air flow.				✓	NO particle generating equipment in clean room.
103.00	Differential air pressure between rooms was measured.	✓				
103.01	The differential pressure measured was at least 0.02" water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed.	✓				
103.02	The differential pressure measured was at least 0.01" water column negative from the hazardous clean/buffer room to the anteroom with the doors closed.	✓				
104.00	Displacement airflow between rooms or areas was measured. This is for a clean/buffer room without a door that closes to the anteroom - may be an open space or may have plastic strips in doorways.	✓				
104.01	Displacement airflow (for low and medium-risk non-hazardous rooms only) was measured at a minimum differential velocity of 40 feet per minute from the cleanroom to the anteroom. *Note that it is very important to maintain this velocity across the entire opening and the report should indicate multiple points of measure across all openings.*	✓				
105.00	Particle counts of particles 0.5um and larger were measured under dynamic conditions.				✓	

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105.01	ISO Class 5 areas and PECs are certified as having less than 3,520 particles per cubic meter of air (100 particles per cubic foot).	✓				See certificate on file
105.02	ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air (10,000 particles per cubic foot).	✓				
105.03	ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air (100,000 particles per cubic foot).	✓				
106.00	HEPA filter tests were performed.	✓				
106.01	All room HEPA filters were leak tested and if leaks found, they were fixed.	✓				
106.02	All PEC HEPA filters were leak tested and if leaks found, they were fixed.	✓				
107.00	PECs with failed tests are not used for compounding until the conditions are corrected and verified by subsequent testing.	✓				
108.00	Viable air (every six months) and surface sampling (periodically) tests have been conducted as required. *Document frequency.*	✓				
108.01	Appropriate growth media used (containing tryptic soy agar medium with polysorbate and lecithin (TSApl) added to neutralize cleaning agents for surface sampling) with appropriate corresponding incubation time and temperature used. *Required to use media that supports both bacterial and fungal growth for high risk compounding.*	✓				
108.02	Viable air sampling by active impaction using a volumetric air sampling device. *NOTE: Passive air sampling or settling plates are not compliant with USP Chapter <797>.*	✓				
108.03	Air samples were taken in each ISO Class 5 PEC, and in each sterile compounding room and anteroom and the samples are at least 400 liters in volume? *Note: recommendation in ISO 5 PEC is 1000 liters.*	✓				
108.04	Surface samples performed on all direct compounding areas inside of each ISO 5 PEC, in each ISO classified room, inside any pass-throughs, and on surfaces likely to be contaminated due to position relative to doorways, etc.					not yet received results of surface sampling
108.05	Viable air and surface samples did not exceed USP action levels (or internal action levels if more restrictive). Classification — Air Sample — Surface Sample ISO Class 5 — >1 CFU/m3 — >3 CFU/plate ISO Class 7 — >10 CFU/m3 — >5 CFU/plate ISO Class 8 — >100 CFU/m3 — >100 CFU/plate *CFUs are TOTAL of bacterial plus fungal/mold plates. If air sampling volume is less than 1000 liters (one cubic meter), the number of CFUs found must be multiplied by the appropriate factor.*	✓				
108.06	CFUs detected by any means (viable air or surface sampling, gloved fingertip testing, failed sterility tests, etc.) are analyzed to determine the organism down to the genus. *All CFUs detected must be identified even if the number of CFUs does not exceed an action level.*				✓	CFU did not exceed action level
108.07	If the number of CFUs detected **in the rooms** exceeds action levels, begin immediate remediation, including recleaning, retraining and retesting; and conduct investigation into the causes.				✓	
108.08	If the number of CFUs detected **in the PECs** exceeds action levels, begin immediate remediation, including recleaning, retraining and retesting; and conduct investigation into the causes.				✓	

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	Sterile Compounding Inspection	C	NC	?	NA	Notes
108.09	If any highly pathogenic microbes (ie mold, yeast, coagulase positive staphylococcus, or gram-negative rods) were detected in the PECs (whether or not the number of CFUs exceeds action levels), begin immediate remediation, including recleaning, retraining and retesting; and conduct investigation into the causes.				✓	
108.10	RECOMMENDED: The testing report indicates growth promotion testing or documentation and sterility quality control testing of the media plates was performed. *Positive and negative control tests important to validate results of viable testing.*					
108.11	RECOMMENDED: The testing results report includes media lot numbers and expiration dates and a signature of the laboratory analyst and/or reviewer.					
109.00	Facilities performing routine air or surface sampling with internal qualified personnel routinely verify sampling procedures. *Indicate the outside vendor used to verify procedures and frequency of verifications.*				✓	
	Compounding Equipment	**C**	**NC**	**?**	**NA**	**Notes**
	Total Non-Compliant (Includes Unknowns)		**0**			
110.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (autoclaves, ovens, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines.*	✓				
111.00	All environmental monitoring equipment and gauges (differential pressure gauges or probes, air flow and velocity measuring equipment for rooms not fully enclosed, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented.	✓				
112.00	All temperature and humidity (where applicable) monitoring devices (thermometers, hygrometers, probes, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented.	✓				
113.00	RECOMMENDED: PEC (hood) prefilters are checked and replaced regularly. *View replacement log or documentation of filter check and replacement by certification company.*					
114.00	Automated Compounding Devices (ACDs) are used for sterile compounding (such as repeater pumps) and there is a P&P for the use and calibration.				✓	
114.01	There is documentation of the ACD tubing being changed or discarded every 24 hours.				✓	NO ACD
114.02	The ACD is used when performing media fill testing.				✓	
	Compounding Procedures	**C**	**NC**	**?**	**NA**	**Notes**
	Total Non-Compliant (Includes Unknowns)		**0**			
115.00	Gloves and critical sites are sanitized with adequate frequency and with an approved disinfectant, such as sterile 70% isopropyl alcohol (IPA) spray and a nonlinting wipe.	✓				
116.00	Objects that shed particles are prohibited in the buffer or clean area, including pencils, cardboard cartons, paper towels, reading material, and cotton items (e.g., gauze pads).	✓				
117.00	Essential paper related products (syringe overwraps, work records contained in a protective plastic sleeve) are wiped down with sterile 70% IPA before being brought into the buffer or clean area.	✓				

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118.00	Supplies required for the scheduled operations of the shift are prepared and decontaminated by wiping the outer surface with sterile 70% IPA (or removing the outer wrap as the item is introduced into the aseptic work area) and brought into the buffer or clean area in a bin or on a movable cart.	✓				
119.00	Compounding employees are using appropriate aseptic technique. *May require inspector to garb and enter clean/buffer room. Pay attention to first air, entry and exit of materials in ISO Class 5 PEC, appropriate frequent sanitization of gloves, appropriate cleaning and cleanliness of the direct compounding area (OCA). Compounding MUST be observed, if compounding is not being performed at the time of survey mark item as "Non-Compliant".*	✓				
119.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "Denial of Authorization" form. List individual who signs the Denial of Authorization.*					
120.00	Compounding personnel ascertain that ingredients for CSPs are of the correct identity and appropriate quality by reading vendors' labels, and a unit-by-unit physical inspection of the product before use.	✓				
121.00	All rubber stoppers of vials and bottles and the neck of ampules are sanitized every time with sterile 70% IPA (and a wait of at least 10 seconds to dry) prior to the introduction of a needle or spike for the removal of product.	✓				
122.00	Single-dose vials exposed to ISO Class 5 or cleaner air are used within six (6) hours of the initial puncture and any remaining contents discarded. *If exposed to less than ISO Class 5 air, used within 1 hour and discarded.*	✓				
123.00	The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. *May not be stored for any time period.*	✓				
124.00	Multiple-dose vials formulated for removal of portions on multiple occasions are used within 28 days (or the manufacturer's specific BUD if less) after the initial entry or puncture and any remaining contents discarded.	✓				
125.00	The compounding record is complete. *View several completed compounding records and answer each of the following questions.*	✓				
125.01	Official or assigned name, strength and dosage of the preparation.	✓				
125.02	Names, lot numbers and expiration dates of all components.	✓				
125.03	Total quantity or number of units compounded.	✓				
125.04	Person compounding the preparation.	✓				
125.05	Person performing the quality control procedures.	✓				
125.06	Person who approved the preparation.	✓				
125.07	Date of compounding.	✓				
125.08	Assigned internal identification number or prescription number.	✓				
125.09	Assigned BUD and reference if extended beyond USP guidelines.	✓				
125.10	Duplicate label.	✓				

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	Sterile Compounding Inspection					
125.11	Sterilization method (if applicable).					
125.12	Indication of the quality control procedures to perform (testing, filter integrity, etc.) and results of the testing, quality control issues, and investigation/recall if applicable				✓	
126.00	Procedure for in-process checks is followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is* ***recommended*** *to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage.*				✓	
127.00	Labels on BATCH preparations include the name and quantity of all contents, date, and time of preparation (or internal code indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.				✓	
127.01	RECOMMENDED: Labels on batch single-use containers are clearly marked as "Single Use Only".					
128.00	Labels on PATIENT-SPECIFIC containers, in addition to standard label requirements, also include names and quantity or concentration of active ingredients, BUD, total volume, route of administration, storage conditions and other information for safe use.	✓			N/A	
128.01	RECOMMENDED: Labels on patient-specific single-use containers are clearly marked as "Single Use Only".					
129.00	Inspect several different finished products and look for any particulates. Do any of the finished products inspected show any evidence of particulates? *If so, list the products including lot and expiration date and obtain photos (if possible).* **REQUEST THE PRODUCT BE QUARANTINED AND NOTIFY NABP IMMEDIATELY.**				✓	no items to inspect
130.00	Preparations without additional stability testing or supported by data are assigned BUDs within USP<797> guidelines. **Low Risk:** 48 hours room temp, 14 days refrigerated, 45 days frozen **Medium Risk:** 30 hours room temp, 9 days refrigerated, 45 days frozen **High Risk:** 24 hours room temp, 3 days refrigerated, 45 days frozen				✓	
131.00	If extended BUDs are assigned, are they assigned on the basis of stability data extrapolated from reliable literature sources? *View records, preparation must exactly match the preparation cited in the documentation including concentration of all active ingredients, excipients, etc.*				✓	no extended BUD
132.00	If extended BUDs are assigned, has the facility performed its own stability testing? *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc. If so, view records for at least three products and list the products reviewed below. List the products reviewed.*				✓	11 11 11
133.00	Compounded multiple-dose vials with extended BUDs assigned have additional instruction provided that indicates remainder must be discarded 28 days after first puncture or use.				✓	11 11 11
134.00	**Filter sterilization** in an ISO 5 environment and documentation includes:					
134.01	If the compounded preparation contains large particles, a prefilter is placed upstream from the sterilizing filter.				✓	No filtration – No sterile high risk

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	Sterile Compounding Inspection	C	NC	?	NA	Notes
134.02	The 0.2 micron sterile microporous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP; and the filter is intended for human-use applications for sterilizing CSPs (labeling does not indicate "research only" or "laboratory only", for example).				✓	
134.03	Is the appropriate capacity filter being used for the volume being filtered?				✓	no filtration
134.04	Filtering is completed rapidly without filter replacement.				✓	
134.05	Confirmation of filter integrity/bubble testing is performed and value documented for each filter used with each batch sterilized by filtration. View documentation on compounding records of items sterilized by filtration to confirm.				✓	
135.00	**Steam sterilization** documentation includes:					
135.01	The autoclave has been validated for the exposure time and mass of the items to be sterilized.				✓	
135.02	Ensures live steam contacts all ingredients and surfaces to be sterilized, effectiveness verified with biological indicators and temperature sensing devices.				✓	
135.03	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization.				✓	no sterilization - the product
135.04	Heated filtered air is evenly distributed throughout the chamber with a blower.				✓	they use A.P.C for are non-ster
135.05	That the CSP will not be adversely affected by the steam and heat.				✓	
135.06	The description of steam sterilization includes conditions and duration for specific CSPs.				✓	
135.07	That the effectiveness of steam sterilization is verified each time using appropriate biological indicators.				✓	
136.00	**Dry heat sterilization** documentation includes:					
136.01	Dry heat is only used for those items that cannot be sterilized by steam or would be damaged by moisture.				✓	
136.02	Sufficient space is left between materials to allow for air circulation.				✓	
136.03	The description of dry heat sterilization includes conditions and duration for specific CSPs.				✓	no sterilization of any kind
136.04	That the effectiveness of dry heat sterilization is verified each time using appropriate biological indicators.				✓	
136.05	The oven is equipped with a system for controlling and recording temperature and exposure period.				✓	
137.00	**Depyrogenation by dry heat** documentation includes:					
137.01	Dry heat depyrogenation is used to render glassware and containers (such as vials) free from pyrogens as well as viable microbes.				✓	
137.02	The description of the cycle and duration for specific load items.				✓	
137.03	The effectiveness of the cycle is verified using endotoxin challenge vials (ECVs).				✓	no Depyrogenation
137.04	Bacterial endotoxin testing is performed on the ECVs to verify the cycle is capable of achieving a three log reduction in endotoxins.				✓	
138.00	Other methods of sterilization are used with documented procedures and validation performed. *Indicate method.*				✓	
	Finished Preparation Release Checks and Tests	C	NC	?	NA	Notes

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	Total Non-Compliant (Includes Unknowns)			0		
139.00	Are products visually checked for particulates or other foreign matter against both a light and a dark colored background as a condition of release?	✓				
140.00	Are there checks for container, closure integrity and any other apparent visual defects?	✓				
141.00	Is compounding accuracy documented by verification of steps?	✓				
142.00	Is verification of ingredient identity and quantity verified? *Is there a reconciliation of components?*	✓				
143.00	Are labels verified as being correct and is a copy of the label included in the record? *Complies to regulation, contains the correct names and amounts or concentrations of ingredients, total volumes, BUDs, storage conditions, and route of administration.*	✓				
144.00	**Sterility testing (USP <71>).** *If testing is performed to a higher standard than the minimums below, describe.*					
144.01	Sterility testing includes both bacterial and fungal testing.				✓	
144.02	Sterility testing is performed for all CSPs that have extended BUDS.				✓	
144.03	Sterility testing is performed for high-risk CSPs prepared in batches of more than 25 identical containers.				✓	No Sterility testing
144.04	Sterility testing is performed for CSPs exposed longer than 12 hours at 2°C-8°C or longer than six hours at warmer than 8°C before being sterilized.				✓	
144.05	The appropriate quantities of units are sterility tested. Parenterals, number of units in the batch is: 1. Less than 100, test 10% or four units, whichever is greater 2. 100 up to 500, test 10 units 3. More than 500, test 2% or 20 units, whichever is less For large volume parenterals: 2% or 10 containers, whichever is less. For non-parenterals (eye drops, inhalation, etc.): 1. Less than 200 containers, test 5% or 2 containers, whichever is greater 2. 200 or more containers, test 10 containers 3. If the product is packaged in unit doses, use the parenteral testing above.				✓	
144.06	For products failing testing, product is quarantined, and an investigation is performed including microbial identification and action taken. *View testing records and note any products with failed results and actions taken.*				✓	
144.07	If items are dispensed or distributed prior to sterility testing completion, there is a written procedure requiring daily observation of the incubated media. If there is any evidence of microbial growth, there is an immediate recall and both the patient and the physician/prescriber of the patient to whom a potentially contaminated CSP was administered are notified of the potential risk. *View testing records and note any products with failed results and actions taken.*				✓	
145.00	**Endotoxin testing (USP <85>).** *If testing is performed to a higher standard than the minimums below, describe.*					

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	Sterile Compounding Inspection	C	NC	?	NA	Notes
145.01	Is endotoxin testing performed for all high-risk level CSPs for administration by injection prepared in groups of more than 25 single-dose packages (such as ampules, bags, syringes, vials).					
145.02	High-risk CSPs prepared in multiple dose vials for administration to multiple patients.					
145.03	High-risk CSPs exposed longer than 12 hours at 2°C-8°C (25°F-46°F) or longer than six (6) hours at warmer than 8°C (46°F) before they are sterilized.					
145.04	For products failing testing, product is quarantined, and an investigation is performed and action taken. *View testing records and note any products with failed results and actions taken.*					
146.00	RECOMMENDED: **Potency testing is performed.** *Describe for which products or circumstances potency testing is performed in.*					
	Patient Counseling and Communication	**C**	**NC**	**?**	**NA**	**Notes**
	Total Non-Compliant (Includes Unknowns)		**0**			
147.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of hazardous products such as chemotherapy medications?					
148.00	Are the above required printed drug information materials (drug information, PPI, MedGuides, etc.) provided for the compounded products?					
149.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?					
150.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated CSP was administered are notified of the potential risk.					

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>. An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Robert A. Alleavitch

Date: 09/02/2021
Amount: $ 210.00
License #: 14809

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Robert A. Alleavitch

License #
14809
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 14809

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Robert A. Alleavitch

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

RECEIVED
NOV 9 2022
NEVADA STATE BOARD OF PHARMACY

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Precision Compounding Pharmacy and Wellness, Inc.

Physical Address 2657 Merrick Road

City Bellmore State NY Zip 11710

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email compounding@precisionpharmacy.com

Section 2: Personal Information

First Robert Middle Abraham Last Alleavitch

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Via Grande

City Boynton Beach State FL Zip 33437

Telephone [redacted] Email _____

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials RA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Brooklyn Technichal High School		06/61-06/65	
Address	**City**	**State**	**Zip**
29 Fort Green Place	Brooklyn	NY	113605
Diploma/Degree obtained, if any			
General			

School Name		From - To (MM/YY – MM/YY)	
Brooklyn College of Pharmacy		09/75-06/78	
Address	**City**	**State**	**Zip**
100 Lafayette Avenue	Brooklyn	NY	11301
Diploma/Degree obtained, if any			
B.S. Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
CW Post College		09/65-01-70	
Address	**City**	**State**	**Zip**
xxx	Brookville	NY	11207
Diploma/Degree obtained, if any			
B.S. Biology			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2023-Present	[redacted] Via Grande	Boynton Beach	FL	33437
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Precision Compounding Pharmacy and Wellness, Inc.			05/2022-Present
Business Address	**City**	**State**	**Zip**
2657 Merrick Road	Bellmore	NY	11710
Phone	**Title**	**Number of Employed Hours**	
516-833-6262	Pharmacist	1200	
Description of Duties			
verify prescriptions, consult patients			

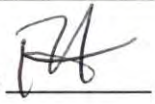
Business Name			From - To (MM/YY – MM/YY)
Medstar Southern Maryland Hospital			09/2021-04/2022
Business Address	**City**	**State**	**Zip**
7503 Surrats Road	Clinton	MD	20735
Phone	**Title**	**Number of Employed Hours**	
301-868-8000	Director of Pharmacy	1200	
Description of Duties			
Ran Hospital Pharmacy in 300 bed Acute Care Hospital.			

Business Name			From - To (MM/YY – MM/YY)
Optum Home Infusion			10/2019-09-2021
Business Address	**City**	**State**	**Zip**
4220 Executive Circle	Ft. Myers	FL	33913
Phone	**Title**	**Number of Employed Hours**	
239-340-7700	Pharmacy Director	4160	
Description of Duties			
Over saw operations of Home Infusion Pharmacy.			

Business Name			From - To (MM/YY – MM/YY)
Health First Pharmacy			10/2018-10/2019
Business Address	**City**	**State**	**Zip**
1301 53rd Street	West Palm Beach	FL	33407
Phone	**Title**	**Number of Employed Hours**	
800-499-6579	Pharmacy Director	2080	
Description of Duties			
Ran Home Infusion Pharmacy.			

Business Name			From - To (MM/YY – MM/YY)
Comprehensive Pharmacy Services			09/2005-12/2017
Business Address	**City**	**State**	**Zip**
6409 Quail Hollow Road	Memphis	TN	38120
Phone	**Title**	**Number of Employed Hours**	
800-968-6962	Pharmacy Corporate Director	24,960	
Description of Duties			
Acted as Pharmacy Director in various pharmacies.			

Continue on next page if additional space is needed.

Applicant's initials 

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I, Robert Alleavitch, **certify that as the designated representative for**

Precision Compounding Pharmacy and Wellness Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Robert Alleavitch

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/24/2022

Date

Applicant's initials RA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Alleavitch

Print Name (First, Last)

Robert Alleavitch

Original Signature (electronic, copies or stamps not accepted)

10/24/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Robert Alleavitch, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Robert Alleavitch

Original Signature

10/24/2022

Date

Subscribed and Sworn to before me this 24 day of Oct 2022

Jodi Stracci

Notary Public Signature

JODI STRACCI
Notary Public, State of Florida
Commission# GG 338323
My comm. expires July 22, 2023

(Seal)

Applicant's initials RA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Precision Compounding Pharmacy and Wellness

Physical Address: 2657 Merrick Rd

City: Bellmore State: NY Zip: 11710

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 516-833-6262 Website: www.precisioncompoundingpharmacy.com

Licensing Company Email: compounding@precisionpharmacy.net

Section 2: Personal Information

First: John Middle: Last: Stella

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Halyard Dr

City: Merrick State: NY Zip: 11566

Telephone: [redacted] Email: compounding@precisionpharmacy.net

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: JS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Canarsie High School				
Address	City	State	Zip	
1600 Rockaway Pkwy	Brooklyn	NY	11236	
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	City	State	Zip	
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	City	State	Zip	
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	City	State	Zip	
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1996 — 22	[redacted] Hartwell Drive	Brooklyn	NY.	11236
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name: Great Neck Chemist			From - To (MM/YY – MM/YY): 1987 – 22
Business Address: 69 Allen Blvd	City: Farmingdale	State: NY.	Zip: 11735
Phone: 516 482 0004	Title: VP		
Description of Duties: Owner			

Business Name: Precision Pharmacy of LB.			From - To (MM/YY – MM/YY): 2012 – 22
Business Address: 629 E Park Ave	City: L.B.	State: NY.	Zip: 11561
Phone: 5168898855	Title: Sec		
Description of Duties: Owner			

Business Name: Precision Pharmacy			From - To (MM/YY – MM/YY): 2007 – 22
Business Address: 2640 Merrick Rd	City: Bellmore	State: NY.	Zip: 11710
Phone: 5167854774	Title: Sec		
Description of Duties: Owner			

Business Name: Precision Pharmacy of GN			From - To (MM/YY – MM/YY): 2018 – 22
Business Address: 665 N. Middle Neck Rd	City: GN	State: NY	Zip: 11024
Phone: 516 482 0005	Title: VP		
Description of Duties: Owner			

Business Name: Belle Harbor Chemist			From - To (MM/YY – MM/YY): 1995 – 22
Business Address: 449 Beach 129 St	City: Belle Harbor	State: NY	Zip: 11694
Phone: 516 634.0001	Title: Sec.		
Description of Duties: Owner			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section B: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7/8/22
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Stella

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/6/22

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of NASSAU

I, John Stella, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/8/22

Date

Subscribed and Sworn to before me this 8TH day of MARCH.

Notary Public Signature

ANTHONY LONGO
NOTARY PUBLIC, State of New York
No. 24-01L04935788
Qualified in Nassau County
Commission Expires June 27, 20__

(Seal)

Applicant's initials

12

12A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☐ Nevada

■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: AllianceRx Walgreens Pharmacy #1403-1

Physical Address: 7003 Presidents Drive, Suite 260

City: Orlando State: Florida Zip: 32809

Mailing Address (if different from physical address): Walgreen Co., Attn: Licensing Dept. - 300 Wilmot Road, MS 3215

City: Deerfield State: Illinois Zip: 60015

Telephone: 407-859-6197 Toll Free # (NAC 639.708, NRS 639.23286): n/a - see attached

Fax: 407-859-6442 Contact Email: specialtylicenses@walgreens.com

Website: alliancerxwp.com

Nevada Business License # (if applicable) n/a

Supervising/Managing Pharmacist Name (NRS 639.220): Nicola Johnson ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 17283 ✓

Type of Pharmacy (check all applicable)

☐ Retail/Community

☐ Hospital (# beds _____)

☐ Internet

☐ Nuclear

■ Other: Remote Processing

Services the Pharmacy will Provide (check all applicable)

☐ Retail/Community

☐ Non-sterile Compounding

☐ Sterile Compounding

☐ Mail-Order Service

☐ Off-site Cognitive Services

☐ Long Term Care

☐ Hospital

■ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Please see attached.	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: n/a	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): n/a

Corporation Name: Walgreens Boots Alliance, Inc.

Mailing Address: 108 WILMOT ROAD

City: Deerfield State: Illinois Zip: 60015

Telephone: (847) 315-2500 Email: specialtylicenses@walgreens.com

Contact Person Name: Aurora Linang - Licensing Team Lead

Date of SEC Registration: 12/31/2014 | SEC Registration Number: 0001618921 | Stock Exchange Symbol: WBA

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ■ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Corporate Secretary (title) for Walgreens Specialty Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Daniel Tardiff, Corporate Secretary

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/19/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Daniel Tardiff hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Corporate Secretary (title) for Walgreens Specialty Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 19 day of July, 2022

Notary Public

Commonwealth of Pennsylvania - Notary Seal
Steven W. Everett, Notary Public
Allegheny County
My commission expires October 21, 2022
Commission number 1194054
Member, Pennsylvania Association of Notaries

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Nicola Johnson Pharmacist Registration #: 17283

Pharmacy Name: AllianceRx Walgreens Pharmacy #1403-1

Initial each statement below to indicate you have read and agree with the following:

NJ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

NJ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

NJ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

NJ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

NJ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicola Johnson
Original signature of Managing Pharmacist (copies or stamps not accepted)

6/13/2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	**Publicly Traded**	**Non-publicly Traded**	**Partner-ship**	**Sole Owner**
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded -** The top 4 shareholder/stockholders. **b. For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Tardiff, Corporate Secretary

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

8/11/2022

Date

Board Use Only	Date Received: _____	Amount: 500.00 CK-28307

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002889

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF OPTIONCARE SPECIALTY PHARMACY, REGISTRATION NO. OSP 5773,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Optioncare Specialty Pharmacy ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2010-002889 as follows:

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent Pharmacy has been registered by the Board as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 42108.

4. Respondent Pharmacy neither admits nor denies these findings but does not contest that the Board alleges these findings. It hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent failed to submit required data into Colorado's Prescription Drug Monitoring Program (PDMP) for the January 16, 2010, through January 25, 2010, reporting period.

6. On January 28, 2010, the Board initiated a complaint against Respondent Pharmacy because Respondent Pharmacy failed to comply with the data submission requirements of the PDMP.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of section 12-22-125(1)(c)(I), (II) and (III) and 12-22-708,

C.R.S., and that such conduct may provide grounds for disciplinary action against Respondent Pharmacy's non-resident prescription drug outlet registration.

DISPOSITION

$5,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge.** Pursuant to section 12-22-125.2(5), C.R.S., Respondent Pharmacy shall pay a fine of Five Thousand Dollars and No Cents ($5,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of Five Thousand, Five Hundred Dollars and No Cents ($5,500.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent Pharmacy shall at all times comply with the data submission requirements of the PDMP.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, whether or not Respondent Pharmacy has consulted with legal counsel. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent Pharmacy has consulted with legal counsel, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully

with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 3/30/2010

Subscribed and sworn to before me in the County of Washtenaw, State of Michigan, this 30 day of March, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Optioncare Specialty Pharmacy.

JESSICA E. HANNING
Notary Public, State of Michigan
County of Wayne
My Commission Expires 05-04-2013
Acting in the County of Washtenaw

My commission expires: 5/4/2013

Notary Public

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 9th DAY OF April, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-003719

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5773,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC ("Respondent") to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2010-003719 as follows:

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent has been registered as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent hereby waives any further proof in this proceeding before the Board regarding the following facts.

4. Respondent's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 48108.

5. Respondent failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this instance, 244 days transpired between July 15, 2009, the date the previous pharmacist manager ceased the position, and March 17, 2010, the date the application and fee were received.

6. On or about April 5, 2010, the Board initiated a complaint against Respondent because of the delay of 244 days in submitting an application detailing a change in pharmacist manager and fee.

EXHIBIT "2"

7. Respondent does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(II), C.R.S., and Regulation 5.00.70(b) and that such conduct provides grounds for disciplinary action against Respondent:

12-22-125. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Regulation 5.00.70. Change in Pharmacist Manager.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

DISPOSITION

$1,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge**. Pursuant to section 12-22-125.2(5), C.R.S., Respondent shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance**. Respondent shall submit all future applications to the Board detailing changes in pharmacist manager and fees within fourteen (14) days of the previous pharmacist manager ceasing the position.

10. **Acknowledgments**. The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or

not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.

11. **Advisements and Waivers**. Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's understanding that it has the following rights:

    a. To have formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Violations**. Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

11 NOV 23 P 1:36

ACCEPTED AND AGREED BY

Larry E. Niederkohr

Authorized Agent of Respondent Pharmacy

Dated: June 28, 2010

Subscribed and sworn to before me in the County of Washtenaw State of Michigan, this 28 day of June, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

Notary Public

My commission expires:
5-4-2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an order of the Board.

DONE AND EFFECTIVE THIS 19th DAY OF July, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

11 NOV 23 P1:36

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 25th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 2nd day of July, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

'10 NOV 23 P1:36

Agent of the Board

RECEIVED
2016 APR 15 A 10:27
DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

HEARINGS OFFICE
2016 APR 28 P 2:26
DEPT. OF COMMERCE
AND CONSUMER AFFAIRS

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permits of WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443, Respondent.	PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443 (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

//

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I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 547 issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314. The permit was issued on or about January 17, 2008 and will expire or forfeit on or about December 31, 2017.

2. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 644, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15438. The permit was issued on or about April 12, 2010 and will expire or forfeit on or about December 31, 2017.

3. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 669, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15443. The permit was issued on or about September 23, 2010 and will expire or forfeit on or about December 31, 2017.

4. Respondent's mailing address for purposes of this action is P.O. Box 901, Deerfield, Illinois 60015.

5. RICO received a request for investigation from the Board after Respondent reported disciplinary actions by the State of Colorado.

6. Respondent provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522 (hereinafter "the Colorado Order in Case No. 2011-000522") (Exhibit "1"). The Colorado Order in Case No. 2011-000522 was based on action in Colorado and imposed a $5,000.00 fine.

7. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719 (hereinafter "the Colorado Order in Case No. 2010-003719 ") (Exhibit "2"). The Colorado Order in Case No. 2010-003719 was based on allegations related to reporting changes in pharmacist manager and imposed a $1,000.00 fine.

8. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518 (hereinafter "the Colorado Order in Case No. 2011-000518") (Exhibit "3"). The Colorado Order in Case No. 2011-000518 was based on disciplinary action in Colorado and imposed a $5,000.00 fine.

9. RICO alleges that disciplinary action was taken against Respondent in other states.

10. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

11. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permits and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522; Exhibit "2" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719; and Exhibit "3" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permits.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case Numbers PHA 2015-62-L (PMP 547), PHA 2015-90-L (PMP 644) and PHA 2015-91-L (PMP 669).

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay administrative fines in the amount of TWO THOUSAND HUDNRED AND NO/100 DOLLARS ($2,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of fines shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permits shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permits to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for new permits until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for new permits pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Deerfield (CITY), IL (STATE), 4/6/16.

WALGREENS SPECIALTY PHARMACY, LLC
Respondent

By: Joel Wright
Its SVP of Specialty Services

DATED: Honolulu, Hawaii, April 15, 2016.

DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMITS OF WALGREENS SPECIALTY PHARMACY, LLC, INDIVIDUALLY AND DOING BUSEINSS AS WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, AND WALGREENS SPECIALTY PHARMACY #15443; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"; CASE NO(S). PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

Kerri Okamura
KERRI OKAMURA
Chairperson

4/28/16
DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

Mary Jo Keefe
MARY JO KEEFE

CAROLYN S. J. MA

PVL 07/01/15

STATE OF ILLINOIS)
) SS.
COUNTY OF LAKE)

On this 6th day of APRIL, 2016, before me personally appeared JOEL WRIGHT, to me known to be the person described, and who executed the foregoing instrument on behalf of WALGREENS SPECIALTY PHARMACY, LLC, as its DIVISIONAL VICE PRESIDENT, and acknowledged he/she executed the same as his/her free act and deed.

This 5-page *Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order* document dated APRIL 6, 2016 was acknowledged before me by JOEL WRIGHT (NAME OF PERSON SIGNING THIS DOCUMENT) this 6th day of APRIL, 2016, in the County of LAKE, in the State of ILLINOIS.

Karen A. Kessler

Name: KAREN A. KESSLER
Notary Public, State of ILLINOIS

My Commission expires: 10/8/2017

OFFICIAL SEAL
KAREN A KESSLER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/08/17

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000522

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5737,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreen Specialty Pharmacy, LLC ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000522 as follows:

1. On February 19, 2008, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5737 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 9775 SW Gemini Dr., Ste. 1, Beaverton, OR 97008.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a "zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Sherrie R Cooper
Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Washington, State of Oregon, this 29th day of September, 2010 by Sherrie R Cooper, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

My commission expires: July 2, 2012

Luanne J Mueller
Notary Public

OFFICIAL SEAL
LUANNE J MUELLER
NOTARY PUBLIC OREGON
COMMISSION NO. 430354
MY COMMISSION EXPIRES JULY 2, 2012

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 19th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-003719

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5773,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC ("Respondent") to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2010-003719 as follows:

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent has been registered as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent hereby waives any further proof in this proceeding before the Board regarding the following facts.

4. Respondent's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 48108.

5. Respondent failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this instance, 244 days transpired between July 15, 2009, the date the previous pharmacist manager ceased the position, and March 17, 2010, the date the application and fee were received.

6. On or about April 5, 2010, the Board initiated a complaint against Respondent because of the delay of 244 days in submitting an application detailing a change in pharmacist manager and fee.

EXHIBIT "2"

7. Respondent does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(II), C.R.S., and Regulation 5.00.70(b) and that such conduct provides grounds for disciplinary action against Respondent:

> **12-22-125. Unprofessional conduct – grounds for discipline.**
>
> (1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:
>
> (c) Has violated:
>
> (II) The lawful rules of the board.
>
> **Regulation 5.00.70. Change in Pharmacist Manager.**
>
> b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

DISPOSITION

$1,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge**. Pursuant to section 12-22-125.2(5), C.R.S., Respondent shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance**. Respondent shall submit all future applications to the Board detailing changes in pharmacist manager and fees within fourteen (14) days of the previous pharmacist manager ceasing the position.

10. **Acknowledgments**. The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or

not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.

11. **Advisements and Waivers**. Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's understanding that it has the following rights:

    a. To have formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Violations**. Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

11 NOV 23 P 1:36

ACCEPTED AND AGREED BY

Larry E. Niederkohr

Authorized Agent of Respondent Pharmacy

Dated: June 28, 2010

Subscribed and sworn to before me in the County of Washtenaw State of Michigan, this 28 day of June, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

Notary Public

My commission expires:
5-4-2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an order of the Board.

DONE AND EFFECTIVE THIS 19th DAY OF July, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

11 NOV 23 11:36

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 25th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

John Steele
John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 23rd day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

RECD & FILED
2010 NOV 23 P 1:36

Agent of the Board

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000518

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000518 as follows:

1. On August 7, 1998, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5004 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 7164 Technology Dr., #100, Frisco, TX 75034.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

EXHIBIT "3"

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge**. Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments**. The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations**. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Collin, State of Texas, this 29 day of September, 2010 by Thomas Mathews, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625.

My commission expires: 7-26-13

Notary Public

PAMELA SEALE
My Commission Expires
July 26, 2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 18th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois DIVISION OF PROFESSIONAL REGULATION, Complainant	)	
v.	)	No. 2016-04570
WALGREENS SPECIALTY PHARMACY LLC, Walgreens Specialty Pharmacy #15443 License No. 054.017539, Walgreens Specialty Pharmacy #12314 License No. 054.017548, Walgreens Specialty Pharmacy #15438 License No. 054.017538, Respondents.	)	

ORDER

This matter having come before the Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation following the filing of a formal complaint against Walgreens Specialty Pharmacy #15443, Walgreens Specialty Pharmacy #12314, and Walgreens Specialty Pharmacy #15438 (hereinafter "Respondents") and said complaint being sent by email to Respondents' email addresses of record on or about January 11, 2019; Respondents having been ordered to file an answer or be held in default on February 25, 2019; Respondents having failed to answer the complaint and being held in default on March 25, 2019; the Illinois State Board of Pharmacy (hereinafter "Board") having deliberated this matter and issued a report containing certain findings of fact, conclusions of law, and a recommendation to the Director, and that report and a 20 Day Notice having been sent to Respondents' email addresses of record on May 17, 2019; Respondents having failed to reply within 20 days of the notice; and all due notice having been given:

Now therefor, I, Cecilia Abundis, Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, after reviewing this matter and the documents attached hereto and referenced herein, do hereby adopt the Findings of Fact, Conclusions of Law, and Recommendation of the Board;

It is therefore ordered that Respondents Walgreens Specialty Pharmacy #15443, license no. 054.017539, Walgreens Specialty Pharmacy #12314, license no. 054.017548, and Walgreens Specialty Pharmacy #15438, license no. 054.017538, are each individually assessed a fine of two thousand dollars ($2,000.00).

DATED THIS 19th day of December, 2019.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2016-05470
License No. 054.017539
054.017548
054.017538

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 2016-04570
WALGREENS SPECIALTY PHARMACY LLC Walgreens Specialty Pharmacy #15443, License No. 054.017539, Walgreens Specialty Pharmacy #12314, License No. 054.017548, Walgreens Specialty Pharmacy #15438, License No. 054.017538, Respondents.	)	

FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATION TO THE DIRECTOR

Now comes the Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation and, after reviewing the record in this matter, a majority of its members hereby makes the following Findings of Fact, Conclusions of Law and Recommendation to the Director of Professional Regulation:

FINDINGS OF FACT

1. WALGREENS SPECIALTY PHARMACY LLC #15443, (hereinafter "Respondent Pharmacy #15443") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017539. Said license is presently in ACTIVE status.
2. WALGREENS SPECIALTY PHARMACY LLC #12314, (hereinafter "Respondent Pharmacy #123143") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017548. Said license is presently in ACTIVE status.
3. WALGREENS SPECIALTY PHARMACY LLC #15438, (hereinafter "Respondent Pharmacy #15438") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017538. Said license is presently in ACTIVE status.
4. On January 11, 2019, the Department filed a Complaint against Respondent and sent notice of the Preliminary Hearing with the Complaint to Respondent on January 11, 2019, to the last known email

address of Respondent: specialtypharmacy@walgreens.com. The Preliminary Hearing was set for February 25, 2019.

5. On February 25, 2019, the Administrative Law Judge ordered that Respondent file an Answer to the Department's Complaint on or before March 18, 2019. A Status Hearing was set for March 25, 2019. A copy of the Administrative Law Judge's Order was emailed to Respondent at Respondent's last known email address of record.

6. On March 25, 2019, Respondent failed to appear. Respondent had not filed an answer to the Department's allegations. The Administrative Law Judge entered an Order of Default and transferred the matter to this Board for its deliberation on the pleadings. A copy of the Administrative Law Judge's Order was sent to the last known email address of Respondent.

7. The Board finds the allegations said Complaint to be true:

    i. Respondent Pharmacy #15443 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 669.

    ii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #15443 stating that Respondent Pharmacy #15443 was disciplined by the Hawaii Board of Pharmacy.

    iii. On or about October 18, 2010, Respondent Pharmacy #15443 entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy in case number 2011-000518.

    iv. The Colorado Order disciplined Respondent Pharmacy #15443 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) and Respondent Pharmacy #15443 also provided false information on applications.

    v. On or about October 18, 2010, the Colorado Order imposed a monetary penalty on Respondent Pharmacy #15443 in the amount of five thousand ($5,000) dollars in case number 2011-000518.

    vi. On or about April 6, 2016, Respondent Pharmacy #15443 entered into a Settlement

Agreement with the Hawaii Board of Pharmacy.

vii. Subsequently, Respondent Pharmacy #15443 was issued a two thousand ($2,000.00) dollar fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-90-L.

viii. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #15443.

ix. On or about July 30, 2013, Respondent Pharmacy #15443 submitted a Change of Address application to the Department.

x. The 2013 application did not disclose that Respondent Pharmacy #15443 was disciplined in 2010.

xi. Respondent Pharmacy #15443 failed to disclose prior discipline on the July 30, 2013 Change of Address application.

xii. Respondent Pharmacy #12314 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 547.

xiii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #12314 stating that Respondent Pharmacy #12314 was disciplined by the Hawaii Board of Pharmacy for failure to timely report discipline in another state.

xiv. On or about October 18, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #12314 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) and for providing false information on applications.

xv. On or about October 18, 2010, the Respondent Pharmacy #12314 entered into a Final Agency Order with the Colorado Board of Pharmacy in case number 2011-00522 and was assessed a fine in the amount of five thousand ($5,000.00) dollars.

xvi. On or about April 6, 2016, Respondent Pharmacy #12314 entered into a Settlement Agreement with the Hawaii Board of Pharmacy.

xvii. Subsequently, Respondent Pharmacy #12314 was issued a two thousand ($2,000.00) dollar

fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-62-L.

xviii. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #12314.

xix. On or about March 2, 2011, March 4, 2014, and January 14, 2015, Respondent Pharmacy #12314 submitted Pharmacist-in-Charge applications to the Department.

xx. The 2013 application did not disclose that Respondent Pharmacy #12314 was disciplined in 2010.

xxi. Respondent Pharmacy #12314 failed to disclose prior discipline on the Pharmacist-in-Charge applications submitted to the Department in 2011, 2014, and 2015.

xxii. Respondent Pharmacy #15438 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 644.

xxiii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #15438 stating that Respondent Pharmacy #15438 was disciplined by the Hawaii Board of Pharmacy for failure to timely report discipline in another state.

xxiv. On or about April 9, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #15438 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) in case number 2010-002889.

xxv. On or about July 14, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #15438 for failing to timely submit a Change of Pharmacist-in-Charge application to the Colorado Board of Pharmacy in case number 2010-003719.

xxvi. On or about April 9, 2010, the Respondent Pharmacy #15438 entered into a Final Agency Order in case number 2010-002889 with a fine in the amount of five thousand ($5,000.00) dollars.

xxvii. On or about July 14, 2010, the Respondent Pharmacy #15438 entered into a Final Agency Order in case number 2010-003719 with a fine in the amount of one thousand ($1,000.00)

dollars.

xxviii. On or about April 6, 2016, Respondent Pharmacy #15438 entered into a Settlement Agreement with the Hawaii Board of Pharmacy.

xxix. Subsequently, Respondent Pharmacy #15438 was issued a two thousand ($2,000.00) dollar fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-91-L.

xxx. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #15438.

xxxi. On or about September 5, 2013, Respondent Pharmacy #15438 submitted a Change of Address application to the Department.

xxxii. The 2013 application did not disclose that Respondent Pharmacy #15438 was disciplined in 2010.

xxxiii. Respondent Pharmacy #15438 failed to disclose prior discipline on the July 30, 2013 Change of Address application.

CONCLUSIONS OF LAW

1. The Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation has jurisdiction over the subject matter and of the parties in this case.
2. The Department has jurisdiction to investigate the complaints and to bring this action pursuant to 225 ILCS 85/1 et. seq.
3. Respondent Walgreens Specialty Pharmacy LLC is in violation of 68 Ill. Admin. Code 1330.30, 68 Ill. Admin. Code 1330.40, and 225 ILCS 85/30(a)(2), (3), (8), and (13).
4. Respondent Walgreens Specialty Pharmacy LLC's violations are grounds for discipline pursuant to 225 ILCS 85/30(a)(2), (3), (8), and (13).

RECOMMENDATION

The Illinois Board of Pharmacy of the Division of Professional Regulation of the Department of

Financial and Professional Regulation of the State of Illinois, after making the above Findings of Fact and Conclusions of Law, recommends to the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, that the license to practice as a Licensed Pharmacy of WALGREENS SPECIALTY PHARMACY LLC, License Nos. 054.017539, 054.017548, and 054.017538 be FINED Two Thousand Dollars ($2,000.00) for each license for a total amount of Six Thousand Dollars ($6,000.00).

DATED THIS 14 DAY OF May, 2019.

recuse
Chairperson, Lemrey Al Carter Pharm.D.

MEMBER

MEMBER

MEMBER

MEMBER

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MEMBER

MEMBER

MEMBER

Case No. 2016-04570
License Nos. 054.017539, 054.017548, 054.017538

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STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 2017-09917
ALLIANCE RX WALGREENS PRIME, License No. 054.017538, Respondent	)	

ORDER

This matter having come before the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation following the filing of a formal complaint against Alliance Rx Walgreens Prime (hereinafter "Respondent") on January 11, 2019 and said Complaint having been sent to Respondent's last known email address of record; Respondent having been ordered to file an answer or be held in default on February 25, 2019; Respondent having failed to answer the complaint and being held in default on March 25, 2019; the Illinois State Board of Pharmacy (hereinafter "Board") having deliberated this matter and issued a report containing certain findings of fact, conclusions of law, and a recommendation to the Director, and that report and a 20 Day Notice having been sent to Respondent's email address of record on May 17, 2019; Respondent having failed to reply within 20 days of the notice; and all due notice having been given:

Now therefore, I, Cecilia Abundis, Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, after reviewing this matter and the documents attached hereto and referenced herein, do hereby adopt the Findings of Fact, Conclusions of Law, and Recommendation of the Board;

It is therefore Ordered that the Pharmacy License of Alliance Rx Walgreens Prime, license number 054.017538, is assessed a fine of two thousand dollars ($2,000.00).

DATED THIS 19th day of December, 2019.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2017-09917
License No. 054.017538

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 2017-09917
ALLIANCE RX WALGREENS PRIME, License No. 054.017538, Respondent	)	

FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATION TO THE DIRECTOR

Now comes the Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation and, after reviewing the record in this matter, a majority of its members hereby makes the following Findings of Fact, Conclusions of Law and Recommendation to the Director of Professional Regulation:

FINDINGS OF FACT

1. ALLIANCE RX WALGREENS PRIME, (hereinafter "Respondent") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017538. Said license is currently in ACTIVE status.
2. On January 11, 2019, the Department filed a Complaint against Respondent and sent notice of the Preliminary Hearing with the Complaint to Respondent on January 11, 2019, to the last known email address of Respondent: specialtypharmacy@walgreens.com. The Preliminary Hearing was set for February 25, 2019.
3. On February 25, 2019, the Administrative Law Judge ordered that Respondent file an Answer to the Department's Complaint on or before March 18, 2019. A Status Hearing was set for March 25, 2019. A copy of the Administrative Law Judge's Order was emailed to Respondent at Respondent's last known email address of record.

4. On March 25, 2019, Respondent failed to appear. Respondent had not filed an answer to the Department's allegations. The Administrative Law Judge entered an Order of Default and transferred the matter to this Board for its deliberation on the pleadings. A copy of the Administrative Law Judge's Order was sent to the last known email address of Respondent.
5. The Board finds the allegations said Complaint to be true:
    a. ALLIANCE RX WALGREENS PRIME (hereinafter "Respondent Pharmacy") is currently licensed as a Pharmacy in the State of Illinois, License Number 054.017538. Respondent's Pharmacy license is currently in "Active" status.
    b. On or about October 3, 2017 and October 10, 2017, Respondent Pharmacy dispensed an incorrect prescription to Patient S.J.
    c. On or about October 3, 2017, Respondent Pharmacy received new prescriptions for Patient S.J, Rx Number 154382250892 for BD Needles 25G x 5/8.
    d. On or about October 6, 2017, Respondent Pharmacy did not catch the mistake and the order was filled and dispensed without the BD Needles 25G x 5/8 to Patient S.J.
    e. On or about October 7, 2017, Patient S.J. contacted Respondent Pharmacy and advised the order was missing the needles and syringes.
    f. On or about October 10, 2017, Respondent Pharmacy scheduled the syringes for delivery to Patient S.J.
    g. Respondent Pharmacy did not catch the mistake and the order was filled and dispensed with the incorrect syringes, 3CC Oral Syringes.
    h. Patient S.J. did not receive the needles in a timely manner and was unable to administer the medication prescribed.
    i. Respondent has committed dispensing errors that resulted in the patient being unable

to administer the prescribed medication.

CONCLUSIONS OF LAW

1. The Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation has jurisdiction over the subject matter and of the parties in this case.
2. The Department has jurisdiction to investigate the complaints and to bring this action pursuant to 225 ILCS 85/1 et. seq.
3. Respondent Alliance RX Walgreens Prime is in violation of 68 Ill. Admin. Code 1330.30(o),
4. .and 225 ILCS 85/30(a)(2), and (7).
5. Respondent Alliance RX Walgreens Prime's violations are grounds for discipline pursuant to 225 ILCS 85/30(a)(2), and (7).

RECOMMENDATION

The Illinois Board of Pharmacy of the Division of Professional Regulation of the Department of Financial and Professional Regulation of the State of Illinois, after making the above Findings of Fact and Conclusions of Law, recommends to the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, that the license to practice as a Licensed Pharmacy of ALLIANCE RX WALGREENS PRIME, License No. 054.017538, be FINED Two Thousand Dollars ($2,000.00).

DATED THIS 14 DAY OF May, 2019.

Chairperson, Lemrey Al Carter Pharm.D.

MEMBER

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MEMBER

Case No. 2017-09917
License No. 054.017538

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Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

October 27, 2010

Walgreens Specialty Pharmacy, LLC
DBA Walgreens Specialty Pharmacy #13625
Attn: Tom Mathews, RPH
7164 Technology Dr. #100
Frisco, TX 75034

RE: Stipulation and Final Agency Order
Case #2011-0518

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATON OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

Dear Mr. Mathews:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective October 18, 2010.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY
PRESCRIPTION DRUG MONITORING PROGRAM

Tia Johnson
PDMP Administrator

enclosure
cc: Michael Simko, Esq.
John H. Steele, Director, Office of Expedited Settlement
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000518

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000518 as follows:

1. On August 7, 1998, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5004 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 7164 Technology Dr., #100, Frisco, TX 75034.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments**. The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations**. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Collin, State of Texas, this 29 day of September, 2010 by Thomas Mathews, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625.

My commission expires: 7-26-13

Notary Public

PAMELA SEALE
My Commission Expires
July 26, 2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 18th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 29th day of September 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
DBA Walgreens Specialty Pharmacy #13625
Attn: Tom Mathews, RPH
7164 Technology Dr., #100
Frisco, TX 75034

Gary A. Peter, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1434
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 28th day of October 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
DBA Walgreens Specialty Pharmacy #13625
Attn: Tom Mathews, RPH
7164 Technology Dr., #100
Frisco, TX 75034

Michael Simko, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1434
Deerfield, IL 60015

Agent of the Board

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000065148843
Process Date: 10/27/2010
Page: 1 of 2

WALGREENS SPECIALTY PHARMACY, LLC

SENSITIVE INFORMATION ENCLOSED

To: CEO or President
WALGREENS SPECIALTY PHARMACY, LLC
7164 TECHNOLOGY DR #100

FRISCO, TX 75034

From: The Healthcare Integrity and Protection Data Bank
Re: Notification of a Report in the Data Bank(s)

This notice is to inform you that the enclosed report of an action taken against you was recently submitted to the Healthcare Integrity and Protection Data Bank (HIPDB).

What is the HIPDB? Section 1128E of the Social Security Act as added by Section 221(a) of the Health Insurance Portability and Accountability Act of 1996, established the HIPDB. Section 1128E mandates that information on certain final adverse actions (e.g., licensure, civil judgment and criminal convictions related to health care, exclusions from Federal or State health care programs and certain other adjudicated actions and decisions) taken against health care practitioners, providers and suppliers be reported to the HIPDB. Federal and State government agencies and health plans are authorized to query the HIPDB.

Confidentiality.

All information in the HIPDB is considered confidential and is disclosed only to legally authorized queriers for specified uses. Disclosure or use of confidential information for other purposes is a violation of Federal law. Health care practitioners, providers and suppliers may query the Data Bank about themselves (self-query) and may share their self-query results with anyone they choose. Information in the Data Bank is NOT available to the public.

What does the report mean to you?

The enclosed report summarizes an action taken against you. The HIPDB may contain more than one report on a particular incident, if two or more actions were taken that related to that one incident, e.g., an adverse licensure action and an exclusion from the Medicare and Medicaid programs. A report in the Data Bank does not necessarily reflect adversely on your professional competence or conduct. Those entities authorized to access the HIPDB use the information in conjunction with information from other sources, including you, when granting clinical privileges or making employment, affiliation or licensure decisions. This report is being sent to you so that you can check its accuracy. This is important because the Data Bank is a clearinghouse for reports, which are maintained exactly as submitted.

>> **If the report is accurate**, you need not respond to this mailing. The report will be available to authorized queriers exactly as submitted.
>> **If the mailing address in this report is incorrect**, you may update your mailing address as maintained by the Data Banks using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov. Future correspondence from the Data Banks will be mailed to you at the address specified. Please be advised that this does not change your address as reflected in the report. Only the entity that originally submitted the report can modify or correct information provided in the report.
>> **You may add a statement** expressing your view of the events described in the report using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov.
>> **You may dispute the report** using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov. You may NOT dispute the reported action itself or the appropriateness of any finding or judgment.

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000065148843
Process Date: 10/27/2010
Page: 1 of 1

REPORT RESPONSE SERVICE LOGIN INSTRUCTIONS

To access the on-line Report Response Service, go to http://www.npdb-hipdb.hrsa.gov and click Respond to a Report. The Welcome to the Report Response Service screen displays. Click the Respond to a Report icon on this page to proceed to the Report Response Log In screen.

As the subject of a report, you are assigned a unique Report Password. This Report Password applies to all reports on file with the Data Bank(s) for which you are the subject.

If you have more than one report for which you wish to dispute report information (add, modify, or remove a Subject Statement, initiate or withdraw a dispute or request for Secretarial Review, or modify your address as maintained by the Data Bank(s)), you must enter one Report Number in the appropriate field on the Report Response Login screen, along with your Report Password. Once you have completed your transaction for that report, return to the Report Response Login screen and enter the next Report Number for which you wish to dispute report information. Use the same Report Password for all Report Numbers.

Report Number: [redacted]

Report Password: [redacted]

NOTE: Enter the Report Password exactly as it appears here. The Report Password is case-sensitive. File this information in a secure place for future access to the on-line Report Response Service.

The Data Bank News, quarterly newletter, is available electronically. If you would like to receive the Data Banks e-newsletter, check the box on the *Report Response Options* page. Enter your e-mail address and click **Save**.

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National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000065148843
Process Date: 10/27/2010
Page: 1 of 2
WALGREENS SPECIALTY PHARMACY, LLC

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number: 5500000065148843

This report is maintained under the provisions of:

[ ] Title IV (NPDB) [ ] Section 1921 (NPDB) [X] Section 1128E (HIPDB)

The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name:	COLORADO STATE BOARD OF PHARMACY
Address:	1560 BROADWAY, STE. 1300
City, State, Zip:	DENVER, CO 80202-0546
Country:	
Name of Office:	COLORADO STATE BOARD OF PHARMACY
Title or Department:	DORA/PROGRAM ASSISTANT
Telephone:	(303) 894-7754
Entity Internal Report Reference:	2011-0518
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name:	WALGREENS SPECIALTY PHARMACY, LLC
Other Organization Name(s) Used:	WALGREENS SPECIALTY PHARMACY #13625
Business Address:	7164 TECHNOLOGY DR #100
City, State, ZIP:	FRISCO, TX 75034
Organization Type:	PHARMACY (345)
Names and Titles of Principal Officers and Owners (POO):	
Federal Employer Identification Numbers (FEIN):	260631132
Social Security Numbers (SSN):	
Individual Taxpayer Identification Numbers (ITIN):	
State License Number, State of Licensure:	5004, CO
Is the Subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?:	NO
Drug Enforcement Administration (DEA) Numbers:	
Clinical Laboratory Act (CLIA) Numbers:	
Food and Drug Administration (FDA) Numbers:	
National Provider Identifiers (NPI):	
Medicare Provider/Supplier Numbers:	
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

C. INFORMATION REPORTED

Type of Adverse Action:	STATE LICENSURE
Basis for Action:	VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES (A6)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	COLORADO STATE BOARD OF PHARMACY
Adverse Action Classification Code(s):	PUBLICLY AVAILABLE FINE/MONETARY PENALTY (3233)

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National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000065148843
Process Date: 10/27/2010
Page: 2 of 2
WALGREENS SPECIALTY PHARMACY, LLC

Date Action Was Taken:	10/18/2010
Date Action Became Effective:	10/18/2010
Total Amount of Monetary Penalty, Assessment and/or Restitution:	$ 5,500.00
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?:	YES
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:	Stipulation and Final Agency Order, effective 10/18/10, Case #2011-0518, as the pharmacy failed to submit required data into the Colorado Prescription Drug Monitoring Program. The pharmacy paid the fine, and the action was completed effective 10/18/10.

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

☐ If box is checked, this report has been disputed by the subject identified in Section B.

☐ If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 10/27/2010
Date of Most Recent Change: 10/27/2010

END OF REPORT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

END OF DOCUMENT

RECEIVED
2016 APR 15 A 10:27
DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

HEARINGS OFFICE
2016 APR 28 P 2:26
DEPT. OF COMMERCE
AND CONSUMER AFFAIRS

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permits of WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443, Respondent.	PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443 (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

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I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 547 issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314. The permit was issued on or about January 17, 2008 and will expire or forfeit on or about December 31, 2017.

2. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 644, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15438. The permit was issued on or about April 12, 2010 and will expire or forfeit on or about December 31, 2017.

3. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 669, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15443. The permit was issued on or about September 23, 2010 and will expire or forfeit on or about December 31, 2017.

4. Respondent's mailing address for purposes of this action is P.O. Box 901, Deerfield, Illinois 60015.

5. RICO received a request for investigation from the Board after Respondent reported disciplinary actions by the State of Colorado.

6. Respondent provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522 (hereinafter "the Colorado Order in Case No. 2011-000522") (Exhibit "1"). The Colorado Order in Case No. 2011-000522 was based on action in Colorado and imposed a $5,000.00 fine.

7. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719 (hereinafter "the Colorado Order in Case No. 2010-003719 ") (Exhibit "2"). The Colorado Order in Case No. 2010-003719 was based on allegations related to reporting changes in pharmacist manager and imposed a $1,000.00 fine.

8. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518 (hereinafter "the Colorado Order in Case No. 2011-000518") (Exhibit "3"). The Colorado Order in Case No. 2011-000518 was based on disciplinary action in Colorado and imposed a $5,000.00 fine.

9. RICO alleges that disciplinary action was taken against Respondent in other states.

10. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

11. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permits and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522; Exhibit "2" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719; and Exhibit "3" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permits.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case Numbers PHA 2015-62-L (PMP 547), PHA 2015-90-L (PMP 644) and PHA 2015-91-L (PMP 669).

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay administrative fines in the amount of TWO THOUSAND HUDNRED AND NO/100 DOLLARS ($2,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of fines shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permits shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permits to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for new permits until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for new permits pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Deerfield (CITY), IL (STATE), 4/6/16.

WALGREENS SPECIALTY PHARMACY, LLC
Respondent

By: [signature] Joel Wright
Its SVP of Specialty Services

DATED: Honolulu, Hawaii, April 15, 2016.

[signature]
DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMITS OF WALGREENS SPECIALTY PHARMACY, LLC, INDIVIDUALLY AND DOING BUSEINSS AS WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, AND WALGREENS SPECIALTY PHARMACY #15443; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"; CASE NO(S). PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

Kerri Okamura — 4/28/16

KERRI OKAMURA
Chairperson

DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

MARY JO KEEFE

CAROLYN S. J. MA

PVL 07/01/15

STATE OF ILLINOIS)
) SS.
COUNTY OF LAKE)

On this 6TH day of APRIL, 2016, before me personally appeared JOEL WRIGHT, to me known to be the person described, and who executed the foregoing instrument on behalf of WALGREENS SPECIALTY PHARMACY, LLC, as its DIVISIONAL VICE PRESIDENT, and acknowledged he/she executed the same as his/her free act and deed.

This 5-page *Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order* document dated APRIL 6, 2016 was acknowledged before me by JOEL WRIGHT (NAME OF PERSON SIGNING THIS DOCUMENT) this 6TH day of APRIL, 2016, in the County of LAKE, in the State of ILLINOIS.

Karen A. Kessler

Name: KAREN A. KESSLER
Notary Public, State of ILLINOIS

My Commission expires: 10/8/2017

OFFICIAL SEAL
KAREN A KESSLER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/08/17

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000522

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5737,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreen Specialty Pharmacy, LLC ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000522 as follows:

1. On February 19, 2008, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5737 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 9775 SW Gemini Dr., Ste. 1, Beaverton, OR 97008.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a "zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

EXHIBIT "1"

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Sherrie R Cooper
Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Washington, State of Oregon, this 29th day of September, 2010 by Sherrie R Cooper, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

My commission expires: July 2, 2012

Luanne J Mueller
Notary Public

OFFICIAL SEAL
LUANNE J MUELLER
NOTARY PUBLIC OREGON
COMMISSION NO. 430354
MY COMMISSION EXPIRES JULY 2, 2012

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 19th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-003719

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5773,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC ("Respondent") to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2010-003719 as follows:

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent has been registered as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent hereby waives any further proof in this proceeding before the Board regarding the following facts.

4. Respondent's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 48108.

5. Respondent failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this instance, 244 days transpired between July 15, 2009, the date the previous pharmacist manager ceased the position, and March 17, 2010, the date the application and fee were received.

6. On or about April 5, 2010, the Board initiated a complaint against Respondent because of the delay of 244 days in submitting an application detailing a change in pharmacist manager and fee.

EXHIBIT "2"

7. Respondent does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(II), C.R.S., and Regulation 5.00.70(b) and that such conduct provides grounds for disciplinary action against Respondent:

12-22-125. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Regulation 5.00.70. Change in Pharmacist Manager.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

DISPOSITION

$1,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge**. Pursuant to section 12-22-125.2(5), C.R.S., Respondent shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance**. Respondent shall submit all future applications to the Board detailing changes in pharmacist manager and fees within fourteen (14) days of the previous pharmacist manager ceasing the position.

10. **Acknowledgments**. The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or

not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.

11. **Advisements and Waivers**. Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's understanding that it has the following rights:

    a. To have formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Violations**. Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

NOV 23 P 1:39

ACCEPTED AND AGREED BY

Larry E. Niederkohr

Authorized Agent of Respondent Pharmacy

Dated: June 28, 2010

Subscribed and sworn to before me in the County of Washtenaw State of Michigan, this 28 day of June, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

Notary Public

My commission expires:
5-4-2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an order of the Board.

DONE AND EFFECTIVE THIS 19th DAY OF July, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

2011 NOV 23 11:36

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 25th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 29th day of July, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

11 NOV 23 P1:36

Agent of the Board

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000518

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000518 as follows:

1. On August 7, 1998, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5004 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 7164 Technology Dr., #100, Frisco, TX 75034.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

EXHIBIT "3"

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge**. Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board

9. **Compliance with PDMP**. At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers**. Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Collin, State of Texas, this 29 day of September, 2010 by Thomas Mathews, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625.

My commission expires: 7-26-13

Notary Public

PAMELA SEALE
My Commission Expires
July 26, 2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 18th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois DIVISION OF PROFESSIONAL REGULATION, Complainant	)	
v.	)	No. 2016-04570
WALGREENS SPECIALTY PHARMACY LLC, Walgreens Specialty Pharmacy #15443 License No. 054.017539, Walgreens Specialty Pharmacy #12314 License No. 054.017548, Walgreens Specialty Pharmacy #15438 License No. 054.017538, Respondents.	)	

ORDER

This matter having come before the Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation following the filing of a formal complaint against Walgreens Specialty Pharmacy #15443, Walgreens Specialty Pharmacy #12314, and Walgreens Specialty Pharmacy #15438 (hereinafter "Respondents") and said complaint being sent by email to Respondents' email addresses of record on or about January 11, 2019; Respondents having been ordered to file an answer or be held in default on February 25, 2019; Respondents having failed to answer the complaint and being held in default on March 25, 2019; the Illinois State Board of Pharmacy (hereinafter "Board") having deliberated this matter and issued a report containing certain findings of fact, conclusions of law, and a recommendation to the Director, and that report and a 20 Day Notice having been sent to Respondents' email addresses of record on May 17, 2019; Respondents having failed to reply within 20 days of the notice; and all due notice having been given:

Now therefor, I, Cecilia Abundis, Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, after reviewing this matter and the documents attached hereto and referenced herein, do hereby adopt the Findings of Fact, Conclusions of Law, and Recommendation of the Board;

It is therefore ordered that Respondents Walgreens Specialty Pharmacy #15443, license no. 054.017539, Walgreens Specialty Pharmacy #12314, license no. 054.017548, and Walgreens Specialty Pharmacy #15438, license no. 054.017538, are each individually assessed a fine of two thousand dollars ($2,000.00).

DATED THIS 19th day of December, 2019.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2016-05470
License No. 054.017539
054.017548
054.017538

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 2016-04570
WALGREENS SPECIALTY PHARMACY LLC Walgreens Specialty Pharmacy #15443, License No. 054.017539, Walgreens Specialty Pharmacy #12314, License No. 054.017548, Walgreens Specialty Pharmacy #15438, License No. 054.017538, Respondents.	)	

FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATION TO THE DIRECTOR

Now comes the Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation and, after reviewing the record in this matter, a majority of its members hereby makes the following Findings of Fact, Conclusions of Law and Recommendation to the Director of Professional Regulation:

FINDINGS OF FACT

1. WALGREENS SPECIALTY PHARMACY LLC #15443, (hereinafter "Respondent Pharmacy #15443") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017539. Said license is presently in ACTIVE status.
2. WALGREENS SPECIALTY PHARMACY LLC #12314, (hereinafter "Respondent Pharmacy #123143") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017548. Said license is presently in ACTIVE status.
3. WALGREENS SPECIALTY PHARMACY LLC #15438, (hereinafter "Respondent Pharmacy #15438") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017538. Said license is presently in ACTIVE status.
4. On January 11, 2019, the Department filed a Complaint against Respondent and sent notice of the Preliminary Hearing with the Complaint to Respondent on January 11, 2019, to the last known email

address of Respondent: specialtypharmacy@walgreens.com. The Preliminary Hearing was set for February 25, 2019.

5. On February 25, 2019, the Administrative Law Judge ordered that Respondent file an Answer to the Department's Complaint on or before March 18, 2019. A Status Hearing was set for March 25, 2019. A copy of the Administrative Law Judge's Order was emailed to Respondent at Respondent's last known email address of record.

6. On March 25, 2019, Respondent failed to appear. Respondent had not filed an answer to the Department's allegations. The Administrative Law Judge entered an Order of Default and transferred the matter to this Board for its deliberation on the pleadings. A copy of the Administrative Law Judge's Order was sent to the last known email address of Respondent.

7. The Board finds the allegations said Complaint to be true:

    i. Respondent Pharmacy #15443 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 669.

    ii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #15443 stating that Respondent Pharmacy #15443 was disciplined by the Hawaii Board of Pharmacy.

    iii. On or about October 18, 2010, Respondent Pharmacy #15443 entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy in case number 2011-000518.

    iv. The Colorado Order disciplined Respondent Pharmacy #15443 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) and Respondent Pharmacy #15443 also provided false information on applications.

    v. On or about October 18, 2010, the Colorado Order imposed a monetary penalty on Respondent Pharmacy #15443 in the amount of five thousand ($5,000) dollars in case number 2011-000518.

    vi. On or about April 6, 2016, Respondent Pharmacy #15443 entered into a Settlement

Agreement with the Hawaii Board of Pharmacy.

vii. Subsequently, Respondent Pharmacy #15443 was issued a two thousand ($2,000.00) dollar fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-90-L.

viii. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #15443.

ix. On or about July 30, 2013, Respondent Pharmacy #15443 submitted a Change of Address application to the Department.

x. The 2013 application did not disclose that Respondent Pharmacy #15443 was disciplined in 2010.

xi. Respondent Pharmacy #15443 failed to disclose prior discipline on the July 30, 2013 Change of Address application.

xii. Respondent Pharmacy #12314 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 547.

xiii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #12314 stating that Respondent Pharmacy #12314 was disciplined by the Hawaii Board of Pharmacy for failure to timely report discipline in another state.

xiv. On or about October 18, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #12314 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) and for providing false information on applications.

xv. On or about October 18, 2010, the Respondent Pharmacy #12314 entered into a Final Agency Order with the Colorado Board of Pharmacy in case number 2011-00522 and was assessed a fine in the amount of five thousand ($5,000.00) dollars.

xvi. On or about April 6, 2016, Respondent Pharmacy #12314 entered into a Settlement Agreement with the Hawaii Board of Pharmacy.

xvii. Subsequently, Respondent Pharmacy #12314 was issued a two thousand ($2,000.00) dollar

fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-62-L.

xviii. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #12314.

xix. On or about March 2, 2011, March 4, 2014, and January 14, 2015, Respondent Pharmacy #12314 submitted Pharmacist-in-Charge applications to the Department.

xx. The 2013 application did not disclose that Respondent Pharmacy #12314 was disciplined in 2010.

xxi. Respondent Pharmacy #12314 failed to disclose prior discipline on the Pharmacist-in-Charge applications submitted to the Department in 2011, 2014, and 2015.

xxii. Respondent Pharmacy #15438 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 644.

xxiii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #15438 stating that Respondent Pharmacy #15438 was disciplined by the Hawaii Board of Pharmacy for failure to timely report discipline in another state.

xxiv. On or about April 9, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #15438 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) in case number 2010-002889.

xxv. On or about July 14, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #15438 for failing to timely submit a Change of Pharmacist-in-Charge application to the Colorado Board of Pharmacy in case number 2010-003719.

xxvi. On or about April 9, 2010, the Respondent Pharmacy #15438 entered into a Final Agency Order in case number 2010-002889 with a fine in the amount of five thousand ($5,000.00) dollars.

xxvii. On or about July 14, 2010, the Respondent Pharmacy #15438 entered into a Final Agency Order in case number 2010-003719 with a fine in the amount of one thousand ($1,000.00)

dollars.

xxviii. On or about April 6, 2016, Respondent Pharmacy #15438 entered into a Settlement Agreement with the Hawaii Board of Pharmacy.

xxix. Subsequently, Respondent Pharmacy #15438 was issued a two thousand ($2,000.00) dollar fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-91-L.

xxx. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #15438.

xxxi. On or about September 5, 2013, Respondent Pharmacy #15438 submitted a Change of Address application to the Department.

xxxii. The 2013 application did not disclose that Respondent Pharmacy #15438 was disciplined in 2010.

xxxiii. Respondent Pharmacy #15438 failed to disclose prior discipline on the July 30, 2013 Change of Address application.

CONCLUSIONS OF LAW

1. The Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation has jurisdiction over the subject matter and of the parties in this case.
2. The Department has jurisdiction to investigate the complaints and to bring this action pursuant to 225 ILCS 85/1 et. seq.
3. Respondent Walgreens Specialty Pharmacy LLC is in violation of 68 Ill. Admin. Code 1330.30, 68 Ill. Admin. Code 1330.40, and 225 ILCS 85/30(a)(2), (3), (8), and (13).
4. Respondent Walgreens Specialty Pharmacy LLC's violations are grounds for discipline pursuant to 225 ILCS 85/30(a)(2), (3), (8), and (13).

RECOMMENDATION

The Illinois Board of Pharmacy of the Division of Professional Regulation of the Department of

Financial and Professional Regulation of the State of Illinois, after making the above Findings of Fact and Conclusions of Law, recommends to the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, that the license to practice as a Licensed Pharmacy of WALGREENS SPECIALTY PHARMACY LLC, License Nos. 054.017539, 054.017548, and 054.017538 be FINED Two Thousand Dollars ($2,000.00) for each license for a total amount of Six Thousand Dollars ($6,000.00).

DATED THIS 14 DAY OF May, 2019.

recuse
Chairperson, Lemrey Al Carter Pharm.D.

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

Case No. 2016-04570
License Nos. 054.017539, 054.017548, 054.017538

Carter recuse
Pietrandoni recuse

DHP – MAILROOM

JAN 29 2021

BEFORE THE VIRGINIA BOARD OF PHARMACY

IN RE: WALGREENS SPECIALTY PHARMACY, LLC D/B/A ALLIANCERX WALGREENS PRIME #15443

Permit Number: 0214-000307
Case Number: 203205

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Pharmacy ("Board") and Thomas J. Matthews, Pharmacist-in-Charge of Walgreens Specialty Pharmacy, LLC DBA AllianceRX Walgreens Prime #15443 ("AllianceRX"), Frisco, Texas, as evidenced by their signatures hereto, in lieu of proceeding to informal conference, enter into the following Consent Order affecting AllianceRX's permit to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. On July 16, 1998, the Board issued Permit Number 0214-000307 to AllianceRX to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia. Said permit is scheduled to expire on July 31, 2021. At all times relevant hereto, said permit was in full force and effect.

2. AllianceRX violated Virginia Code § 54.1-3316(1) and (13) in that it failed to provide Patient A's physician with a prescription for a life-saving medication, Revlimid, on or before April 10, 2019, as requested by Patient A on April 2, 2019. When Patient A requested shipment of a prescription for Revlimid to his physician's office for April 10, 2019 administration, a hold, which had previously been placed on the prescription due to side effects reported by Patient A, was not removed from the prescription, causing the prescription not to be processed.

3. AllianceRX reported that it has changed the process for placing these types of prescriptions on hold to prevent this situation from happening again.

CONSENT

AllianceRX, by affixing the signature of a representative hereon to this Order, agrees to the following:

1. AllianceRX has been advised to seek advice of counsel prior to signing this document;

2. AllianceRX is fully aware that without its consent, no legal action can be taken against it or its permit except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. AllianceRX acknowledges that it has the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. AllianceRX waives its right to an informal conference;

5. AllianceRX admits to the Findings of Fact and Conclusions of Law contained herein and waives its right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. AllianceRX consents to the entry of the following Order affecting its right to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Pharmacy hereby ORDERS as follows:

1. AllianceRX is assessed a MONETARY PENALTY of $500.00. This penalty shall be paid to the Board by certified check or money order made payable to the Treasurer of Virginia within 60 days from the date of entry of this Order. Failure to pay the full monetary penalty by the due date may cause the matter to be sent for collection and constitutes grounds for an administrative proceeding and further discipline.

2. AllianceRX shall comply with all laws and regulations governing the practice of non-resident pharmacies delivering in the Commonwealth of Virginia.

3. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of non-resident pharmacies delivering in the Commonwealth of Virginia shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

FAR Caroline D. Juran
Executive Director
Virginia Board of Pharmacy

ENTERED: 2/3/2021

SEEN AND AGREED TO:

Thomas J. Matthews, representative for
Walgreens Specialty Pharmacy, LLC D/B/A AllianceRx Walgreens Prime #15443

STATE OF TEXAS
COUNTY/CITY OF Collin / Frisco, TO WIT:

Subscribed and sworn to before me, a notary public in and for the state of Texas at large, on this 26th day of January, 2021.

TARAH RECKER
My Notary ID # 131137161
Expires May 19, 2021

Notary Public

My commission expires: 5/19/2021

Registration No.: 131137161

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000519

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #10997, REGISTRATION NO. OSP 5198,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #10997 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000519 as follows:

1. On January 11, 2000, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5198 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 500 Noblestown Rd., Ste. 200, Carnegie, PA 15106.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On January 28, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of January 16 through January 25, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Kathleen K. Kobly
Authorized Agent of Respondent Pharmacy

Dated: 9/29/2010

Subscribed and sworn to before me in the County of Allegheny, State of Pennsylvania, this 29th day of September, 2010 by LaVerne B. Boell, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #10997.

My commission expires: April 26, 2013

LaVerne B. Boell
Notary Public

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
LaVerne B. Boell, Notary Public
South Fayette Twp., Allegheny County
My Commission Expires April 26, 2013
Member, Pennsylvania Association of Notaries

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 20th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

AC# 11063389

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
06/15/2022	PH 34014	130238

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Community Pharmacy

Expiration Date: **FEBRUARY 28, 2023**
WALGREENS SPECIALTY PHARMACY, LLC
AllianceRx Walgreens Pharmacy #1403-1
7003 PRESIDENTS DRIVE
SUITE 260
ORLANDO, FL - 32809

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 11063389
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
DATE 06/15/2022 | LICENSE NO. PH 34014 | CONTROL NO. 130238
THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.
Expiration Date : FEBRUARY 28, 2023
WALGREENS SPECIALTY PHARMACY, LLC
AllianceRx Walgreens Pharmacy #1403-1
QUALIFICATION(S): Community Pharmacy
REGISTRANT SIGNATURE

EXPIRATION DATE: **FEBRUARY 28, 2023**

Your license number is PH 34014. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at http://flhealthsource.gov/. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit
www.FLHealthSource.gov/AYRR

GROUNDS FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES

INV355 - Community Pharmacy (New Business / Change of Owner)

File # 28579
Insp # 185481

NAME	PERMIT NUMBER	DATE OF INSPECTION
Walgreens Specialty Pharmacy, LLC		06/13/2022
DOING BUSINESS AS ALLIANCERX WALGREENS PHARMACY #1403-1		
STREET ADDRESS 7003 Presidents Drive Suite 260	**TELEPHONE #** 877-627-6337	**EXT**
CITY ORLANDO	**COUNTY** ORANGE	**STATE/ZIP** FL/32809

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 8am-10pm
Monday Y	Monday Hours 8am-10pm
Tuesday Y	Tuesday Hours 8am-10pm
Wednesday Y	Wednesday Hours 8am-10pm
Thursday Y	Thursday Hours 8am-10pm
Friday Y	Friday Hours 8am-10pm
Saturday Y	Saturday Hours 8am-10pm
Sunday Y	Sunday Hours 8am-10pm

Registered Pharmacist / Intern / Tech

License # 50061	Licensee Name Nicola J Johnson
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # N/A	

License Relations

Pharmacy Affiliate

JOHNSON, NICOLA JAYNE	License # 50061

RX DPT MGR/COR/POR

JOHNSON, NICOLA JAYNE	License # 50061

INV355 - Community Pharmacy (New Business / Change of Owner)

COMMUNITY REQUIREMENTS GENERAL SECTION

Rx Department is open for a minimum of 20 hours per week and signage stating the hours the pharmacy department is open. [64B16-28.1081, F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-28.1035, F.A.C]	N/A
Private Consultation Area available. [64B16-28.1035, F.A.C]	N/A
Generic equivalent sign is posted. [465.025(7), F.S]	Yes
Prescription department is clean and safe, has a sink with running water convenient to the prescription department, and references and equipment necessary for the practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy has a designated Prescription Department manager with a current and active Florida license. [465.018, F.S.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16 -27.410(2)(a) F.A.C.]	Yes

INV355 - Community Pharmacy (New Business / Change of Owner)

Insp # 185481

Walgreens Specialty Pharmacy, LLC

File # 28579

Continuous Quality Improvement Program described in Policy and Procedure manual [64B16-27.300 F.A.C.] [766.101(1)(a)(l) F.S.]	Yes
Policy and Procedure to prevent the fraudulent dispensing or controlled substances. [465.022 (4) F.S]	Yes
Prescription Department is securable from unauthorized access. [64B16-28.109 F.A.C.]	Yes
All medications to be purchased from a Florida licensed wholesaler [499-F.S.]	Yes
The following rules have been reviewed with the applicant: 64B16-30.003, F.A.C. (Citations), 64B16-28.140(4) F.A.C. (Compounding Records), 64B16-28.1081, F.A.C. (Regulation of Daily Operating Hours; Commencement of Operation-s), 64B16-28.202, F.A.C (Closing of a Pharmacy)	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

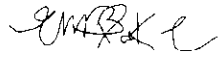
Remarks:

Today's inspection meets the requirements for a new pharmacy permit.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature

BLAKE, ELLEN



Date:6/13/2022

Representative:

Nicola Johnson

Date:6/13/2022

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 28579
Insp # 185839

NAME	PERMIT NUMBER	DATE OF INSPECTION
Walgreens Specialty Pharmacy, LLC	34014	07/11/2022
DOING BUSINESS AS ALLIANCERX WALGREENS PHARMACY #1403-1		
STREET ADDRESS 7003 Presidents Drive Suite 260	**TELEPHONE #** 877-627-6337	**EXT**
CITY ORLANDO	**COUNTY**	**STATE/ZIP** FL/32809

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 9am-5pm
Monday Y	Monday Hours
Tuesday Y	Tuesday Hours
Wednesday Y	Wednesday Hours
Thursday Y	Thursday Hours
Friday Y	Friday Hours
Saturday Y	Saturday Hours closed
Sunday Y	Sunday Hours closed

Registered Pharmacist / Intern / Tech

License # 50061	Licensee Name Nicola J Johnson
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # N/A	

License Relations

Pharmacy Affiliate

JOHNSON, NICOLA JAYNE	License # 50061

RX DPT MGR/COR/POR

JOHNSON, NICOLA JAYNE	License # 50061

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.]	Yes
A sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons stating, "Prescription Department Closed". [64B16-28.109 F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C]	Yes

Community Requirements General Section

Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.] *No medications on site*	N/A
Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081 (1) F.A.C.]	Yes

INV359 - Community Requirements

Insp # 185839

Walgreens Specialty Pharmacy, LLC

File # 28579

All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05] *scripts are not sent to this site they are scanned in at other locations*	N/A
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) & F.A.C] *Log is an electronic attestation. The attestation is then emailed to the PIC weekly as an excel spreadsheet. The log is digitally signed.*	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.].	Yes
Legend drugs properly stored. [64B16-28.118 F.A.C.]; [64B16-28.120 F.A.C.]	N/A
Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.]	N/A
Generic equivalent sign is posted. [465.025(7), F.S]	Yes

Additional Community Requirements

Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.] *in bathroom*	Yes
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	Yes
When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.] *4:1 below policy limit*	Yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.] *online statement signed in Learning training management performance site*	Yes
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.] *Learning training management performance site*	Yes
Pharmacy licenses are current. [465.015(1)(a) F.S.]	Yes
Private consultation area available [6416-28.1035 F.A.C.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.] *via phone*	Yes
Medication properly labeled. [499 F.S.]; [64B16-28.108 F.A.C.]; [893.04(1)(e) F.S.] [21CFR1306.24]; [21CFR1306.14] *No drugs onsite to label*	N/A
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(l) F.S.] *Monthly CQI meetings, QM SOP 001*	Yes
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	Yes
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	Yes
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.]	N/A
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11] *No CS*	N/A
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	N/A
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	N/A
Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.]	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11) (b) F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	N/A
Compounding records properly maintained. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	N/A
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.]	N/A
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek followup care from his or her primary care physician. [465.1895 (9) F.S.]	N/A
Pharmacist has a written collaborative practice agreement. [465.1865, F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450, F.A.C.]

INV359 - Community Requirements

Insp # 185839

Walgreens Specialty Pharmacy, LLC

File # 28579

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
The originating pharmacy is identified with pharmacy name and address on the prescription container label.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

Remarks:

Pharmacy has been open about 1 month. No drugs on site. Call center only.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature

GRUBB, SWANIEE

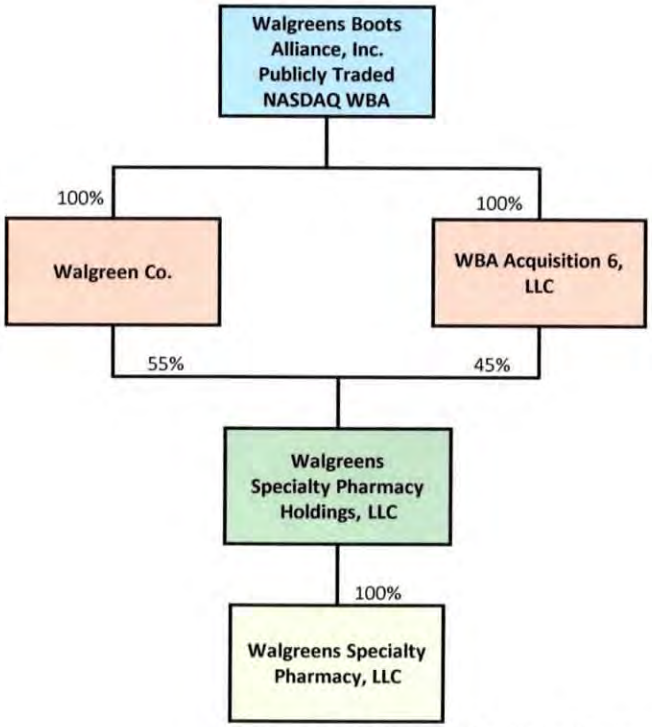
Date:7/11/2022

Representative:

Nicola Johnson

N Johnson

Date:7/11/2022



Officers for Walgreens Specialty Pharmacy, LLC:
Chief Executive Officer – Joel Wright
Chief Financial Officer – Alexander Katen
Chief Operating Officer – Tracey James
Secretary – Daniel Tardiff
Assistant Secretary – Susan Halliday
Assistant Secretary, Tax – John Saylor

Walgreens Specialty Pharmacy, LLC, d/b/a AllianceRx Walgreens Pharmacy #1403-1

Officer List

Owner (100%)
Walgreens Specialty Pharmacy, LLC
300 Wilmot Road
Deerfield, Illinois 60015
Ph: 847-315-3700

Chief Executive Officer
Joel Wright
D.o.B: [redacted]
2354 Commerce Park Drive, Suite 100
Orlando, Florida 32819
Ph: 877-627-6337

Chief Financial Officer
Alexander Katen
D.o.B: [redacted]
2354 Commerce Park Drive, Suite 100
Orlando, Florida 32819
Ph: 877-627-6337

Chief Operating Officer
Tracey James
D.o.B: [redacted]
2354 Commerce Park Drive, Suite 100
Orlando, Florida 32819
Ph: 877-627-6337

Secretary
Daniel Tardiff
D.o.B: [redacted]
108 Wilmot Road
Deerfield, Illinois 60015
Ph: 847-315-2500

Assistant Secretary
Susan Halliday
D.o.B: [redacted]
300 Wilmot Road
Deerfield, Illinois 60015
Ph: 847-315-2500

Assistant Secretary, Tax
John Saylor
D.o.B: [redacted]
300 Wilmot Road
Deerfield, Illinois 60015
Ph: 847-315-2500

Top Four Stockholders of Walgreens Boots Alliance, Inc.

1. Stefano Pessina – 16.5%
2. The Vanguard Group – 8.05%
3. BlackRock, Inc. – 6.05%
4. SSgA Funds Management, Inc. – 5.77%

All stockholders holding more than 10% of shares in Walgreens Boots Alliance, Inc.

1. Stefano Pessina – 16.5%

There is no toll-free number for patients to call the Orlando (#1403-1) pharmacy directly since they do not dispense prescriptions. The patients would call the toll-free number on their RX label which would be one of the following:

800-541-4959 Frisco TX
888-282-6166 Canton MI
800-424-9002 Frisco TX
888-347-3416 Pittsburgh PA

LAST	First	State License	License#	Exp Date	Work Status
Alayoku	Wale	FL	PS49022	9/30/2023	Full Time
Arafat	Manal	FL	PS47387	9/30/2023	Full Time
Betanco	Linda	FL	PS51260	9/30/2023	Full Time
Brahmbhatt	Harikrishna	FL	PS56027	9/30/2023	Full Time
Cibulas	Matthew	FL	PS22799	9/30/2023	Full Time
Cupeto	Eleanor	FL	PS41480	9/30/2023	Full Time
Davison	Carina	FL	PS48547	9/30/2023	Full Time
Gill	Stephen	FL	PS51917	9/30/2023	Full Time
Heath	Kandice	FL	PS51247	9/30/2023	Full Time
Irvin	Desirea	FL	PS42943	9/30/2023	Full Time
Jasso	Paola	FL	PS35975	9/30/2023	Full Time
Johnson	Nicola	FL	PS50061	9/30/2023	Full Time
Marrero Nieves	Nichol	FL	PS49915	9/30/2023	Full Time
Massop	Nadia	FL	PS43149	9/30/2023	Full Time
Nashed	Nadine	FL	PS52845	9/30/2023	Full Time
Nickerson	Cromartie	FL	PS49456	9/30/2023	Full Time
Pham	Phuong	FL	PS46626	9/30/2023	Full Time
Saleh	Samir	FL	PS48330	9/30/2023	Full Time
Sampat	Ojas	FL	PS46068	9/30/2023	Full Time
Shannon	Kimberly	FL	P530747	9/30/2023	Full Time
Soliman	Mariam	FL	PS57010	9/30/2023	Full Time
Strenchock	Trevor	FL	PS54777	9/30/2023	Full Time
Sukie	Lisa	FL	PS60116	9/30/2023	Full Time
Thalla	Adam	FL	PS52469	9/30/2023	Full Time
Victoria	Natalie	FL	PS46446	9/30/2023	Full Time
Wright	Gia	FL	PS54767	9/30/2023	Full Time
Zayed	Yasmeen	FL	PS57333	9/30/2023	Full Time

LAST NAME	FIRST NAME	STATE	LICENSE #	EXP_L_DATE	Work Status
Abreu Valentin	Valerie	FL	RPT79549	12/31/2022	Full Time
Agosto Gonzalez	Kiana Angely	FL	RPT63972	12/31/2022	Full Time
Albert	Victoria	FL	RPT39548	12/31/2022	Full Time
Andrade	Jonathan Manuel	FL	RPT36870	12/31/2022	Full Time
Baez	Zaida	FL	RPT2784	12/31/2022	Full Time
Bailey	Ivanya	FL	RPT76981	12/31/2022	Full Time
Balkaran	Ashley	FL	RPT28632	12/31/2022	Full Time
Bazan-Gillis	Romy	FL	RPT48711	12/31/2022	Full Time
Benitez Morales	Ailin	FL	RPT43692	12/31/2022	Full Time
Borges	Maria	FL	RPT77936	12/31/2022	Full Time
Carnivale	Catherine Ann	FL	RPT46271	12/31/2022	Full Time
Casimir	Michel	FL	RPT63515	12/31/2022	Full Time
Castro Espinosa	Yahaira	FL	RPT84952	12/31/2022	Full Time
Charest	Donna L	FL	RPT38391	12/31/2022	Full Time
Cruz	Jose Antonio	FL	RPT37856	12/31/2022	Full Time
Cruz	Omayra	FL	RPT78057	12/31/2022	Full Time
Darsan	Anita	FL	RPT61086	12/31/2022	Full Time
Do	Khiem	FL	RPT34996	12/31/2022	Full Time
Dorsainvil	Darcy	FL	RPT80962	12/31/2022	Full Time
Edwards	Lanell	FL	RPT81587	12/31/2022	Full Time
Emelan	Miranda	FL	RPT87655	12/31/2022	Full Time
Fawzy Kamel Gamil	Virginia	FL	RPT75367	12/31/2022	Full Time
Ferguson	Brittany Lacreta	FL	RPT46527	12/31/2022	Full Time
Ferjuste	Yolande	FL	RPT45067	12/31/2022	Full Time
Furlow	Teneshia	FL	RPT88733	12/31/2022	Full Time
Garcia	Valentina	FL	RPT72743	12/31/2022	Full Time
Giraldo	Jainelis	FL	RPT74661	12/31/2022	Full Time
Gonzalez	Erica	FL	RPT11866	12/31/2022	Full Time
Gutierrez	Janira	FL	RPT14722	12/31/2022	Full Time
Hale	William Robinson	FL	RPT64519	12/31/2022	Full Time
Henderson	Keisha Monique	FL	RPT42421	12/31/2022	Full Time
Henry	Aesha	FL	RPT21799	12/31/2022	Full Time
Hernandez	Magaly Ibet	FL	RPT52947	12/31/2022	Full Time
Herrington	Rosa	FL	RPT79991	12/31/2022	Full Time
Hill	Alexandria	FL	RPT66850	12/31/2022	Full Time
Jaeger	Priscilla	FL	RPT3843	12/31/2022	Full Time
Jagarnauth	Dana	FL	RPT70124	12/31/2022	Full Time
Johnson	Justin	FL	RPT77743	12/31/2022	Full Time
Jones	Linda V	FL	RPT65492	12/31/2022	Full Time
Kearse	Courtnay A	FL	RPT9765	12/31/2022	Full Time
Kiddish	Rachel	FL	RPT66232	12/31/2022	Full Time
Laguerre	Kettia	FL	RPT75232	12/31/2022	Full Time
Laines	Rebecca	FL	RPT77271	12/31/2022	Full Time
Lopez	Dannash	FL	RPT82634	12/31/2022	Full Time
Macneva	Irina	FL	RPT76913	12/31/2022	Full Time
Maldonado	Marla	FL	RPT76524	12/31/2022	Full Time

Manning	Janelle	FL	RPT87272	12/31/2022	Full Time
Martinez	Glorivee	FL	RPT85836	12/31/2022	Full Time
Matthews	Nadra	FL	RPT81332	12/31/2022	Full Time
Melendez	Arlette	FL	RPT31888	12/31/2022	Full Time
Mendez	Annie	FL	RPT37435	12/31/2022	Full Time
Mendoza	Marilu	FL	RPT43791	12/31/2022	Full Time
Mesa	Jasiela	FL	RPT59806	12/31/2022	Full Time
Mobley	Jemila	FL	RPT74275	12/31/2022	Full Time
Montero	Jose Antonio	FL	RPT47069	12/31/2022	Full Time
Montes	William Rodrigo	FL	RPT50278	12/31/2022	Full Time
Moore	Pamela Elaine	FL	RPT15346	12/31/2022	Full Time
Morrell	James	FL	RPT94087	12/31/2022	Full Time
Murillo	Laura	FL	RPT87250	12/31/2022	Full Time
Myers	Dawnell	FL	RPT87948	12/31/2022	Full Time
Nguyen	Steve	FL	RPT80028	12/31/2022	Full Time
Nicolas	Marlee	FL	RPT70067	12/31/2022	Full Time
Nivar	Anny	FL	RPT46623	12/31/2022	Full Time
Orozco	Cassandra	FL	RPT86450	12/31/2022	Full Time
Palomares	Vicmarie	FL	RPT50281	12/31/2022	Full Time
Pierre-Francois	Mackenzy	FL	RPT8931	12/31/2022	Full Time
Pizarro	Pollyanna	FL	RPT47441	12/31/2022	Full Time
Pou	Alejandra	FL	RPT86060	12/31/2022	Full Time
Quintana	Janet	FL	RPT14670	12/31/2022	Full Time
Rendel	Kechena	FL	RPT80011	12/31/2022	Full Time
Reyes	Sandra	FL	RPT42802	12/31/2022	Full Time
Rigby	Victoria K	FL	RPT51422	12/31/2022	Full Time
Rivera	Yaritza	FL	RPT7S983	12/31/2022	Full Time
Rivera-Perez	Luis Manuel	FL	RPT66875	12/31/2022	Full Time
Rivero	Salomon	FL	RPT49074	12/31/2022	Full Time
Robinson	Cierra	FL	RPT86328	12/31/2022	Full Time
Rodriguez Santos	Hiram	FL	RPT87725	12/31/2022	Full Time
Rodriguez-Obenhausen	Vanessa	FL	RPT40663	12/31/2022	Full Time
Sanchez Hernandez	Naiomy Yari	FL	RPT40358	12/31/2022	Full Time
Santana Torres	Sierra	FL	RPT75989	12/31/2022	Full Time
Santiago	Christopher Junior	FL	RPT25387	12/31/2022	Full Time
Sarika	Dimitra	FL	RPT38732	12/31/2022	Full Time
Schultz	Vanessa	FL	RPT12858	12/31/2022	Full Time
Shack	William Madison	FL	RPT52254	12/31/2022	Full Time
Sharifzadeh	Emily	FL	RPT57064	12/31/2022	Full Time
Sharifzadeh-Foomani	Samira	FL	RPT81067	12/31/2022	Full Time
Shelton	Kenya	FL	RPT72368	12/31/2022	Full Time
Shuler	Keyondra Katerica	FL	RPT37917	12/31/2022	Full Time
Smith Williams	Sielean	FL	RPT49146	12/31/2022	Full Time
Stevens Vega	Gabriela	FL	RPT76685	12/31/2022	Full Time
Tate	Aynesha Altanece	FL	RPT57345	12/31/2022	Full Time
Thomas	Jayda	FL	RPT67158	12/31/2022	Full Time
Thompson	Stacian	FL	RPT83824	12/31/2022	Full Time

Thrailkill-Beasley	Morgan	FL	RPT68126	12/31/2022	Full Time
Tillman	Keane Danton	FL	RPT2776	12/31/2022	Full Time
Urena	Dormarieli	FL	RPT35163	12/31/2022	Full Time
Velazquez	Liz Erika	FL	RPT3842	12/31/2022	Full Time

Candy Nally

From: Pharmacy Board
Sent: Tuesday, February 21, 2023 7:34 AM
To: Candy Nally
Subject: Fw: Walgreens Specialty Pharmacy, LLC. Officer Update
Attachments: Walgreens Specialty Pharmacy, LLC Rider.pdf

Thank you.

Nevada State
Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
Office: 775-850-1440
Fax: 775-850-1444
Web Page: www.bop.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Sims, Sandra <sandra.sims@walgreens.com>
Sent: Monday, February 20, 2023 5:13 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Walgreens Specialty Pharmacy, LLC. Officer Update

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Sir or Madam:

Effective February 15, 2023, Walgreens Specialty Pharmacy, LLC. updated its corporate officers. Attached; please find an updated officer listing.

The following is the affected license/location:

Location #	Doing Business As	Corporation Name	Addr
1403	ALLIANCERX WALGREENS PHARMACY #1403-1	Walgreens Specialty Pharmacy, LLC	7003 PRESIDENTS DF
15438	ALLIANCERX WALGREENS PHARMACY #15438	Walgreens Specialty Pharmacy, LLC	41460 HAGGERTY C
15443	ALLIANCERX WALGREENS PHARMACY #15443	Walgreens Specialty Pharmacy, LLC	10530 JOHN W ELLI

16287	ALLIANCERX WALGREENS PHARMACY #16287	Walgreens Specialty Pharmacy, LLC	130 ENTERPRISE

Please note, this is not a change of ownership, but an update to our corporate officer listing.

If you should have any questions or concerns, please feel free to contact me.

Sincerely,

Sandra Sims
Paralegal/License Specialist, License Administration
Walgreen Co. | 300 Wilmot Road, MS#3215, Deerfield, IL 60015
Telephone: (847) 527-3124 | Fax: (847) 368-6686

Member of Walgreens Boots Alliance | MyWalgreens.com

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WALGREENS SPECIALTY PHARMACY, LLC (DE)
7003 PRESIDENTS DRIVE, ORLANDO, FL 32809
OFFICERS AND DIRECTORS

TITLE	NAME	CORPORATE ADDRESS	OWNERSHIP
Chief Executive Officer	Joel Wright	2354 Commerce Park Drive Ste 100 Orlando, FL 32819	0%
Chief Financial Officer	Alexander L. Katen	2354 Commerce Park Drive Ste 100 Orlando, FL 32819	0%
Chief Operating Officer	Tracey James	2354 Commerce Park Drive Ste 100 Orlando, FL 32819	0%
Secretary	John Stephens	2354 Commerce Park Drive Ste 100 Orlando, FL 32819	0%
Assistant Secretary	Brian Brown	108 Wilmot Rd. Deerfield, IL 60015	0%
Vice President, Tax	Michael Emerson	300 Wilmot Rd. Deerfield, IL 60015	0%
Assistant Treasurer	Brittany Mack	300 Wilmot Rd. Deerfield, IL 60015	0%

Rev. 02/08/2023

12B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*	PH_____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Animal Health International, Inc.

Physical Address: 550 East Frye Road Suite 1

City: Chandler State: AZ Zip: 85225

Mailing Address (if different from physical address): Animal Health International, Inc., Attn: Regulatory, PO Box 1687

City: Loveland State: CO Zip: 80539

Telephone: 480-963-1754 Toll Free # (NAC 639.708, NRS 639.23286): 1-855-205-1133

Fax: 480-963-1701 Contact Email: AHILicensing@animalkealthinternational.com

Website: www.animalhealthinternational.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Steven Brown ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22849 ✓

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	■ Mail-Order Service
■ Other: Veterinarian	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Steven Brown	NV Pharmacist Registration #: 22849
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	✔	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: n/a	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: Colorado

Parent Company (if any): Patterson Companies, Inc.

Corporation Name: Animal Health International, Inc.

Mailing Address: Animal Health International, Inc., Attn: Regulatory, PO Box 1687

City: Loveland State: CO Zip: 80539

Telephone: 970-378-2071 Email: AHILicensing@animalhealthinternational.com

Contact Person Name: Kasey Cannon

Date of SEC Registration:	SEC Registration Number: 0-20572	Stock Exchange Symbol: PDCO

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Animal Health International, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Kevin M Pohlman

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

9/7/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Kevin M Pohlman hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for Animal Health International, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 7th day of September, 2022

Notary Public

SHANNON NAZARIO
NOTARY PUBLIC - STATE OF COLORADO
NOTARY ID 20224009032
MY COMMISSION EXPIRES MAR 4, 2026

Technically, Animal Health International has not been disciplined by any regulatory authority.

However, on February 14, 2020, Animal Health International, Inc. pled guilty to a misdemeanor under the Federal Food, Drug and Cosmetic Act for introducing into interstate commerce veterinary prescription drugs that were misbranded. A letter and all relevant documents to the plea were sent to the Nevada Board of Pharmacy on February 18, 2020.

The above statements are true to the best of my knowledge.

KEVIN M. POHLMAN - PRESIDENT

Name and Title

Signature

9/7/22

Date

*The following attached documents are past Disciplinary actions for Animal Health International, Inc. None of them are for the facility license or location in question.

Animal Health INTERNATIONAL

2915 Rocky Mountain Avenue
Suite 400
Loveland, CO 80538
800.203.5620

Animal Health International, Inc. (AHI) Disclosure Statement

A. On March 4, 2013, Animal Health International, Inc.'s (AHI) Mayo, Florida Veterinary Prescription Drug Wholesale Distributor license was disciplined by the Florida Department of Business and Professional Regulation (DBPR) related to allegations that AHI failed to report a change of ownership tothe DBPR in a timely manner. AHI and the DBRP reached a settlement agreement, a fine, and AHI paid $41,250.

B. On April 18, 2013, Animal Health International, Inc.'s (AHI) Visalia, California Veterinary Food-Animal Drug Retailer license was cited by the California Board of Pharmacy for an alleged failure toaffix labels to a product dispensed in California. AHI paid a fine of $500.

C. On June 18, 2013, Animal Health International, Inc.'s (AHI) Salina, Kansas facility was issued a drug distributor license by the Missouri Division of Professional Regulation. The license was issued subject toprobation due to allegations that this entity distributed legend drugs in Missouri without being licensed todo so. On June 17, 2015, the probation was terminated.

D. On August 30, 2013, Animal Health International, Inc.'s (AHI) Ceres, California Veterinary Food Animal Drug Retailer license was cited by the California Board of Pharmacy for alleged violations of allowing a non-pharmacist to receive an oral order from a veterinarian, furnishing medications without avalid prescription, and failure to comply with labeling requirements. AHI paid a fine of $3,500. Two AHI employees were also cited and fined a total of $3,000.

E. On March 13, 2017, Animal Health International, Inc. (AHI) entered into an agreement with the Alabama Board of Pharmacy in which AHI agreed to pay a fine of $1,000 following allegations that AHI's Manchester, Iowa pharmacy had violated Alabama law by being disciplined by the Arkansas Boardof Pharmacy. AHI had entered into a non-disciplinary agreement with the Arkansas Board of Pharmacy following allegations that it had not notified the Arkansas Board of a change of ownership in a timely manner and paid a non-disciplinary fine of $2,500 to the Arkansas Board. The Alabama Board made no allegations of misconduct beyond the conduct in Arkansas which led to the non-disciplinary order and fine.

F. In March 2017, Animal Health International, Inc.'s (AHI) Greeley, Colorado wholesale distributor license was issued a letter of admonishment by the Colorado Board of Pharmacy following allegations that it failed to timely submit an application to the Board detailing a change in designated representative.AHI was required to pay costs associated with the Board's order.

G. On July 20th, 2020, Animal Health International, Inc. (AHI) entered into an agreement with the Alabama State Board of Pharmacy in which AHI agreed to pay an administrative fine in the amount of
$2,000. This agreement was related to the Alabama Board's investigation following AHI's criminal conviction in the United States District Court for the Western District of Virginia and did not involvenew conduct. The specific facility subject to discipline was AHI's Boaz, Alabama wholesale drug distributor license.

H. On July 20th, 2020, Animal Health International, Inc. (AHI) entered into an agreement with the Alabama State Board of Pharmacy in which AHI agreed to pay an administrative fine of $2,500. This agreement was related to the Alabama Board's investigation following AHI's criminal conviction in the United States District Court for the Western District of Virginia and did not involve new conduct. The specific facility subject to discipline was AHI's Springdale, Arkansas wholesale drugdistributor license.

AO 245E (Rev. 12/03 - VAW Additions 3/04) Judgment in a Criminal Case for Organizational Defendants
Sheet 1

UNITED STATES DISTRICT COURT
Western District of Virginia

UNITED STATES OF AMERICA
V.
ANIMAL HEALTH INTERNATIONAL, INC.

JUDGMENT IN A CRIMINAL CASE
(For Organizational Defendants)
CASE NUMBER: DVAW120CR000007-001
CASE NUMBER:
Amy J. Conway-Hatcher, Kyle A. Clark
Defendant Organization's Attorney

THE DEFENDANT ORGANIZATION:

☒ pleaded guilty to count(s) Count 1 of Information

☐ pleaded nolo contendere to count(s) _____ which was accepted by the court.

☐ was found guilty on count(s) _____ after a plea of not guilty.

The organizational defendant is adjudicated guilty of these offenses:

Title & Section	Nature of Offense	Offense Ended	Count
21 U.S.C. § 331(a), 333(a)(1), and 352(f)(1)	Introduction of Misbranded Drugs into Interstate Commerce	4/2015	1

The defendant organization is sentenced as provided in pages 2 through 8 of this judgment.

☐ The defendant organization has been found not guilty on count(s) _____

☐ Count(s) _____ ☐ is ☐ are dismissed on the motion of the United States.

It is ordered that the defendant organization must notify the United States attorney for this district within 30 days of any change of name, principal business address, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant organization must notify the court and United States attorney of material changes in economic circumstances.

Defendant Organization's
Federal Employer I.D. No.: 84-0575063

Defendant Organization's Principal Business Address:

822 7th Street
Suite 610
Greeley, CO 80631

Defendant Organization's Mailing Address:

822 7th Street
Suite 610
Greeley, CO 80631

May 4, 2020
Date of Imposition of Judgment

James P. Jones
Signature of Judge

James P. Jones, United States District Judge
Name and Title of Judge

5/4/2020
Date

DEFENDANT ORGANIZATION: ANIMAL HEALTH INTERNATIONAL, I
CASE NUMBER: DVAW120CR000007-001

PROBATION

The defendant organization is hereby sentenced to probation for a term of :

One (1) year.

The defendant organization shall not commit another federal, state or local crime.

If this judgment imposes a fine or a restitution obligation, it is a condition of probation that the defendant organization pay in accordance with the Schedule of Payments sheet of this judgment.

The defendant organization must comply with the standard conditions that have been adopted by this court as well as any additional conditions on the attached page (if indicated below).

STANDARD CONDITIONS OF SUPERVISION

1) within thirty days from the date of this judgment, the defendant organization shall designate an official of the organization to act as the organization's representative and to be the primary contact with the probation officer;

2) the defendant organization shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;

3) the defendant organization shall notify the probation officer ten days prior to any change in principal business or mailing address;

4) the defendant organization shall permit a probation officer to visit the organization at any of its operating business sites;

5) the defendant organization shall notify the probation officer within seventy-two hours of any criminal prosecution, major civil litigation, or administrative proceeding against the organization;

6) the defendant organization shall not dissolve, change its name, or change the name under which it does business unless this judgment and all criminal monetary penalties imposed by this court are either fully satisfied or are equally enforceable against the defendant's successors or assignees; and

7) the defendant organization shall not waste, nor without permission of the probation officer, sell, assign, or transfer assets.

DEFENDANT ORGANIZATION: ANIMAL HEALTH INTERNATIONAL, I
CASE NUMBER: DVAW120CR000007-001

SPECIAL CONDITIONS OF SUPERVISION

While on probation, the defendant:

(1) Must comply with the requirements contained in the Plea Agreement and the Non-Prosecution Agreement of Defendant's parent corporation.

AO 245E (Rev. 12/03 - VAW Additions 3/04) Judgment in a Criminal Case for Organizational Defendants
Sheet 3 - Criminal Monetary Penalties

DEFENDANT ORGANIZATION: ANIMAL HEALTH INTERNATIONAL, I
CASE NUMBER: DVAW120CR000007-001

CRIMINAL MONETARY PENALTIES

The defendant organization must pay the following total criminal monetary penalties under the schedule of payments on Sheet 4.

	Assessment	Fine	Restitution
TOTALS	$ 125.00	$ 5,000,000.00	$

☐ The determination of restitution is deferred until _____ . An *Amended Judgment in a Criminal Case* (AO 245C) will be entered after such determination.

☐ The defendant organization shall make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant organization makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

Name of Payee	Total Loss*	Restitution Ordered	Priority or Percentage

TOTALS	$0.00	$0.00

☐ Restitution amount ordered pursuant to plea agreement $ _____

☐ The defendant organization shall pay interest on restitution or a fine of more than $2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 4 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).

☐ The court determined that the defendant organization does not have the ability to pay interest, and it is ordered that:

☐ the interest requirement is waived for the ☐ fine ☐ restitution.

☐ the interest requirement for the ☐ fine ☐ restitution is modified as follows:

* Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

AO 245E (Rev. 12/03 - VAW Additions 3/04) Judgment in a Criminal Case for Organizational Defendants
Sheet 3A - Criminal Monetary Penalties

DEFENDANT ORGANIZATION: ANIMAL HEALTH INTERNATIONAL, I
CASE NUMBER: DVAW120CR000007-001

ADDITIONAL TERMS FOR CRIMINAL MONETARY PENALTIES

The defendant must pay $1,000,000.00 to the Virginia Department of Health Professions in recognition of direct assistance provided by DHP to the United States during the investigation.

AO 245E (Rev. 12/03 - VAW Additions 3/04) Judgment in a Criminal Case for Organizational Defendants
Sheet 4 - Schedule of Payments

DEFENDANT ORGANIZATION: ANIMAL HEALTH INTERNATIONAL, I
CASE NUMBER: DVAW120CR000007-001

SCHEDULE OF PAYMENTS

Having assessed the organization's ability to pay, payment of the total criminal monetary penalties are due as follows:

A ☐ Lump sum payment of $ _____ due immediately, balance due

☐ not later than _____ , or
☐ in accordance with ☐ C or ☐ D below; or

B ☐ Payment to begin immediately (may be combined with ☐ C or ☐ D below); or

C ☐ Payment in _____ (e.g., equal, weekly, monthly, quarterly) installments of $ _____ over a period of _____ (e.g., months or years), to commence _____ (e.g., 30 or 60 days) after the date of this judgment; or

D ☒ Special instructions regarding the payment of criminal monetary penalties:

All amounts have been paid in full.

All criminal monetary penalties are made to the clerk of the court.

The defendant organization shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

☐ Joint and Several

Defendant and Co-Defendant Names and Case Numbers (including defendant number), Total Amount, Joint and Several Amount, and corresponding payee, if appropriate.

☐ The defendant organization shall pay the cost of prosecution.

☐ The defendant organization shall pay the following court cost(s):

☒ The defendant organization shall forfeit the defendant organization's interest in the following property to the United States:
See attached Agreed Order of Forfeiture.

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) fine principal, (5) fine interest, (6) community restitution, (7) penalties, and (8) costs, including cost of prosecution and court costs.

CLERK'S OFFICE U.S. DISTRICT COURT
AT ABINGDON, VA
FILED

FEB 14 2020

JULIA C. DUDLEY, CLERK
BY: DEPUTY CLERK

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF VIRGINIA
ABINGDON

UNITED STATES OF AMERICA)
)
v.)
)
ANIMAL HEALTH INTERNATIONAL, INC.)

Criminal No. 1:20CR00007

AGREED ORDER OF FORFEITURE

IT IS HEREBY ORDERED THAT:

A. Pursuant to Rule 32.2(b)(1)(A) of the Federal Rules of Criminal Procedure, the evidence of record and the guilty plea to Count One of the Information, misbranding a drug, in violation of 21 U.S.C. §§ 331(a), 333(a)(1), and 352(f)(1), the defendant shall forfeit to the United States quantities of prescription veterinary drugs that were misbranded when introduced into interstate commerce and/or when being held for sale in interstate commerce, pursuant to 21 U.S. C. § 334 and 28 U.S.C. § 2461.

B. Pursuant to the defendant's plea agreement, because the above-described forfeitable property, as a result of the defendant's acts, has been transferred or sold to third parties and cannot be located upon the exercise of due diligence, a money judgment in the amount of $46,802,203 (forty-six million eight hundred two thousand two hundred three dollars) is hereby entered against the defendant as a substitute asset pursuant to 21 U.S.C. § 853(p).

C. On or before 7 days from the date of entry of a guilty plea, the defendant will voluntarily remit payment in the amount of $46,802,203 (forty-six million eight hundred two thousand two hundred three dollars) in satisfaction of the money judgment by remitting certified funds made payable to the U.S. Marshals Service, Asset Forfeiture Unit, 247 Federal Building, 210 Franklin Road, S.W., Roanoke, Virginia 24011.

D. As payments are voluntarily being remitted to the United States, notice and publication are not required.

E. The Court shall retain jurisdiction to enforce this Order, and to amend it as necessary, pursuant to Fed. R. Crim. P. 32.2(e).

F. Pursuant to Fed. R. Crim. P. 32.2(b)(4), this Order of Forfeiture shall become final as to the defendant upon entry, and shall be made a part of the sentence and included in the judgment.

ENTERED THIS 14 DAY OF FEB., 2020.

UNITED STATES DISTRICT JUDGE

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Steven Brown Pharmacist Registration #: 22849

Pharmacy Name: Animal Health International, Inc.

Initial each statement below to indicate you have read and agree with the following:

SB I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

SB I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

SB I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

SB I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

SB I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		+
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		+
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		+
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	Y	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
Reprimand	Michigan	5-7-99	53-98-2443-00

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted) Date 8/31/22

April 15, 2014

The purpose of this letter is to clarify a sanction against my Michigan pharmacist license (which is no longer active) in May 1999. As a result of the sanction, the Michigan Board of Pharmacy placed a reprimand on my license, which by Michigan law is required to stay as part of a record permanently.

I was working for CVS Pharmacy and was transferred to Michigan to help transition the acquisition of Arbor Drugs, which CVS had purchased. There was a tremendous pharmacist shortage throughout the state at this time, so instead of placing me in a store equipped with CVS software, I was placed in an Arbor store with software that was brand new to me. I was told I would be trained on the new software for 3 weeks before working on my own.

After only two days of training, the pharmacist that was training me was pulled from my store to prevent closure of another store due to the pharmacist shortage. Ultimately, I was only pharmacist in charge of a store filling 400-500 prescriptions per day on my own, with software that was unfamiliar to me. As a result, I dispensed a prescription for Lorabid 200 mg, instead of Slobid 200 mg. The patient was unharmed as a result of the error.

I was essentially forced to sign a form from the Board of Pharmacy admitting guilt. I filed a grievance with the Board stating that I was put in an unsafe situation by CVS, but to no avail. My grievance remains on file with the Board.

Since this incident, I have successfully obtained pharmacist licenses in Massachusetts, Maine, California, Virginia and Maryland. I have not been reported to the Board of Pharmacy in any of these states for any reason whatsoever.

Sincerely,
Steven Brown

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
BUREAU OF HEALTH SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

RECEIVED
APR 2 9 1999
Health Services
Complaint and Allegation Division

In the Matter of

STEVEN RICHARD BROWN, R.PH.
License Number: 53-02-031951

File Number: 53-98-2443-00
CONSENT ORDER AND STIPULATION

STIPULATION

Respondent acknowledges the facts and violation of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; MSA 14.15(1101) et seq, set forth in the foregoing Complaint and Notice of Intended Action; voluntarily waives the opportunity to show compliance and/or hearing, representation by an attorney and appearance of witnesses, and consents to the sanctions set forth in the following consent order.

Complainant and Respondent agree that the Board's Disciplinary Subcommittee may enter an order as stipulated above.

Thomas C. Lindsay II, Complainant
Dated: May 6, 1999

Steven Richard Brown, R.Ph., Respondent
VICKI L. McCABE
Notary Public, St. Clair County, MI
My Commission Expires Mar. 24, 2000
Subscribed and sworn to before me by Respondent on 4/28/99
, Notary Public,
St. Clair County, MI. Commission expires 3/24/2000

****

CONSENT ORDER

IT IS HEREBY FOUND that Respondent has violated section 16221(a) of the Public Health Code, supra, and acted contrary to 1998 MR 4, R 338.480a(4)(b) which constitutes a violation of sections 16221(g) and 17763 of the Public Health Code, supra; accordingly,

IT IS HEREBY ORDERED, pursuant to the above Stipulation, Respondent shall be and hereby is REPRIMANDED.

IT IS FURTHER ORDERED that this order shall be effective on the date signed as set forth below.

BOARD OF PHARMACY
Disciplinary Subcommittee

Dated: May 7, 1999

By:
Carole Hakala Engle, Director of Licensing

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
OFFICE OF HEALTH SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

TO: Steven Richard Brown, R.Ph., Respondent
[redacted] Dorchester Rd., Apt. [redacted]
Troy, MI 48084
License Number: 53-02-031951

File Number: 53-98-2443-00

COMPLAINT AND NOTICE OF INTENDED ACTION

Pursuant to section 92 of the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq; MSA 3.560(101) et seq, Respondent is hereby advised, based upon an assessment of Respondent's records by a representative of the Michigan Board of Pharmacy, that Respondent has engaged in the following conduct:

> On August 31, 1998, while employed at Arbor Drug #8026 in Troy, Michigan, Respondent dispensed Lorabid 200 mg (an antibiotic), on prescription #917351 instead of Slobid 200 mg (a bronchodilator) as prescribed, in violation of section 16221(a) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq: MSA 14.15(1101) et seq.
>
> Further, on the same date, and on subsequent refills of prescription #917351 on September 22, 1998, and November 1, 1998, Respondent entered the above-mentioned inaccurate information into the automated data processing system, contrary to 1998 MR 4, R 338.480a(4)(b) which constitutes a violation of sections 16221(g) and 17763 of the Public Health Code, supra.

Respondent may waive the right to a compliance conference or hearing and instead agree to a **REPRIMAND by completing and promptly returning the attached Stipulation.** Upon acceptance by the Board's Disciplinary Subcommittee, the reprimand will become a permanent part of Respondent's license file and no further action will be taken for the conduct set forth above.

Pursuant to section 16231(7) of the Public Health Code, supra, Respondent has 30 days from the date of receipt of this Complaint and Notice of Intended Action to sign the Stipulation or submit a written response to the allegations contained herein.

Pursuant to section 16231(8) of the Public Health Code, supra, failure to submit a written response within 30 days, as noted above, shall be treated as an admission of the allegations contained herein and shall result in transmittal of this complaint directly to the Disciplinary Subcommittee for imposition of a sanction.

By: _____
Thomas C. Lindsay II, Director
Office of Health Services
Complainant

DATED: March 4, 1999

Attachment

This is the last and final page of a Complaint and Notice of Intended Action in the matter of Steven Richard Brown, R.Ph., File Number 53-98-2443-00, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of two pages, this page included.

GJH

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 05/31/2022
Amount:
License #: 22849

Steven R. Brown

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:05/31/2022
Expires:10/31/2023

Steven R. Brown

License #
22849
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 22849
Effective Date:05/31/2022

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Steven R. Brown

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kevin M Pohlman

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

9/7/22

Date

Board Use Only	Date Received: 9-12-22	Amount: 500.00 CC ✓

Animal Health INTERNATIONAL

2915 Rocky Mountain Avenue
Suite 400
Loveland, CO 80538
800.203.5620

Parent Company: Patterson Companies, Inc.
Address: 1031 Mendota Heights Road
Saint Paul, MN 55120
Ownership: 100%
FEIN: 41-0886515

Animal Health International, Inc. – Officer List

Corporate Address: 2915 Rocky Mountain Ave., Loveland, CO 80538
Phone: 970-353-2000
FEIN: 84-0575063
State of Incorporation: Colorado (5/16/1967)

Donald Joseph Zurbay
Title: Chief Executive Officer
Business Address: 1031 Mendota Heights Road, St. Paul, MN 55120
Business Phone: 651-686-1600
Email: Facilitylicensing@Pattersoncompanies.com

Kevin Michael Pohlman
Title: President
Business Address: 2915 Rocky Mountain Ave., Loveland, CO 80538
Business Phone: 970-353-2000
Email: Facilitylicensing@Pattersoncompanies.com

Kevin Michael Barry
Title: Chief Financial Officer
Business Address: 1031 Mendota Heights Road, St. Paul, MN 55120
Business Phone: 651-686-1600
Email: Facilitylicensing@Pattersoncompanies.com

Les Brian Korsh
Title: Secretary
Business Address: 1031 Mendota Heights Road, St. Paul, MN 55120
Business Phone: 651-686-1600
Email: Facilitylicensing@Pattersoncompanies.com

Effective 10/13/2022

Animal Health INTERNATIONAL

822 7th Street, Suite 740
Greeley, CO 80631
800.854.7664

ANIMAL HEALTH INTERNATIONAL, INC.

(LIST OF OFFICERS & DIRECTORS)

DIRECTORS

Mark S. Walchirk	1031 Mendota Heights Rd, St. Paul, MN 55120
Les B. Korsh	1031 Mendota Heights Rd, St. Paul, MN 55120

OFFICERS

Mark S. Walchirk	Chief Executive Officer	1031 Mendota Heights Rd, St. Paul, MN 55120
Kevin M. Pohlman	President	2915 Rocky Mtn. Ave., Loveland, CO 80538
Donald J. Zurbay	VP and CFO	1031 Mendota Heights Rd, St. Paul, MN 55120
Les B. Korsh	Secretary	1031 Mendota Heights Rd, St. Paul, MN 55120

Incorporated -	Colorado
Date -	5/16/1967
Federal ID# -	84-0575063

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/18/2021
Receipt Number: 2021119453
Receipt Amount $: 480.00

Pharmacy - Independent

PERMIT NO
Y009194

EXPIRES
10/31/2023

Issued to : Animal Health International, Inc.
Patterson Companies, Inc.
2915 ROCKY MTN. AVE. SUITE 400 LOVELAND, CO 80538

Animal Health International, Inc.
550 EAST FRYE ROAD SUITE 1
CHANDLER, AZ 85225

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Patterson Companies, Inc.
LICENSE NUMBER : Y009194
EXPIRES : 10/31/2023

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	Animal Health International, Inc.
Address :	550 East Frye Road Suite 1 Chandler AZ 85225
License No :	Y009194
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	08/19/2022
Expiration Date :	10/31/2023
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Animal Health International, Inc.

is a

Corporation

formed or registered on 05/16/1967 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871193550 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/24/2022 that have been posted, and by documents delivered to this office electronically through 08/31/2022 @ 14:51:31 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/31/2022 @ 14:51:31 in accordance with applicable law. This certificate is assigned Confirmation Number 14282175 .

Jena Griswold

Secretary of State of the State of Colorado

**********End of Certificate**********

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/ click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

Executive Director
Arizona State Board of Pharmacy

Date: 08/31/2022

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 08/19/2022 for Animal Health International, Inc.

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
Y009194	10/31/2023	Animal Health International, Inc.
Address :		
550 East Frye Road		
Zip :	City :	State :
85225	Chandler	AZ
Phone :	Fax :	Email :
(480) 963-1754	(480) 963-1701	AHILicensing@animalhealthinternational.com
Inspection Date :	PIC :	Pic License Exp Date :
08/19/2022	Steven Brown	10/31/2022
DEA # :	Inspection Reviewed With :	Reviewers License# :
non dea registrant / no cs product(s) distributed	PIC	S025486
Inspection Type :		
Opening		
Inspection Conducted By :		
Steve Haiber		

ACTIVITIES

1	Nonsterile Compounding	○YES ◉NO
2	Nonsterile Hazardous Compounding	○YES ◉NO
3	Sterile Compounding	○YES ◉NO
4	Sterile Hazardous Compounding	○YES ◉NO

Hospital Facility Data

# Licensed Beds	DHS License #

PHARMACY DEPARTMENT

1	Size/Personnel 1500 sq ft / 23 maximum personnel	◉S ○C/P ○U ○N/A R4-23-609(A); R4-23-655(B)(C); R4-23-670 to 675
2	Shelves	◉S ○C/P ○U ○N/A R4-23-609(A); R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 08/19/2022 for Animal Health International, Inc.

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

3	Design-efficient, safe pharmacy practice	◉S ○C/P ○U ○N/A	R4-22-609(A); R4-23-655(C); R4-23-672(A); R4-23-673(A)(B); R4-23-674(A)(3); R4-23-675(A)
4	Counter	◉S ○C/P ○U ○N/A	R4-23-609(B); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Aisles >=36 inches	◉S ○C/P ○U ○N/A	R4-23-609(C); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
6	Consultation area Closed door / pharmacist available by phone	○S ○C/P ○U ◉N/A	R4-23-609(D)
7	Enclosed (barrier) Solid plexiglass affixed to chain link fence (2) internal sides - floor to roof deck / solid block / cement walls (2) exterior sides	◉S ○C/P ○U ○N/A	R4-23-609(F); R4-23-655(D); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675
8	Entry doors (1) small door w/ internal lock to secure during open hours & padlock affixed when closed & (1) large sliding door w/ drop pin padlock to secure when closed	◉S ○C/P ○U ○N/A	R4-23-609(F); R4-23-610(B); R4-23-655(D); R4-23-657(A)(2); R4-23-672(A)(F)(2); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
9	Lighting	◉S ○C/P ○U ○N/A	R4-23-609(G); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
10	Temperature controlled/Ventilation HVAC	◉S ○C/P ○U ○N/A	R4-23-609(G); R4-23-655(E); R4-23-656(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Working counter barrier Solid plexiglass wall & chain link fence	◉S ○C/P ○U ○N/A	R4-23-609(H)
12	Receiving/checking area	◉S ○C/P ○U ○N/A	R4-23-610(E); R4-23-655(E); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
13	Opening for Rx receipt when closed Not used	○S ○C/P ○U ◉N/A	R4-23-610(F)

14 Walls — ◉S ○C/P ○U ○N/A

R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

Solid plexiglass affixed to chain link fence (2) internal sides - floor to roof deck / solid block / cement walls (2) exterior sides

15 Ceilings — ◉S ○C/P ○U ○N/A

R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

Roof deck

16 Windows — ◉S ○C/P ○U ○N/A

R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

None

17 Floors — ◉S ○C/P ○U ○N/A

R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

Cement

18 Restroom — ◉S ○C/P ○U ○N/A

R4-23-611(A)(4)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

W/in 100 ft

19 Sink (hot and cold running water) — ◉S ○C/P ○U ○N/A

R4-23-611(A)(9); R4-23-656(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

20 Nonsterile compounding area — ○S ○C/P ○U ◉N/A

R4-23-410(E)

Pharmacy will not perform this activity

SECURITY

1 Controlled substances — ◉S ○C/P ○U ○N/A

R4-23-609(E); R4-23-657(A)(1); R4-23-658(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

Non-DEA registrant / No CS drug stocked

2 Pharmacist access — ◉S ○C/P ○U ○N/A

R4-23-609(F); R4-23-610(B); R4-23-657(A)(1); R4-23-671(B)(1); R4-23-672(A)(B)(F); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

Combination locks used to secure pharmacy entry when closed / Code to open known by pharmacist only

3 Additional pharmacy drug storage areas — ○S ○C/P ○U ◉N/A

R4-23-609(G)(2); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

None

4	Filled Rx medication storage	◉S ○C/P ○U ○N/A	R4-23-610(G); R4-23-673(E); R4-23-674(C); R4-23-675(C)
5	Remote drug storage (hospitals)	○S ○C/P ○U ◉N/A	R4-23-654(D); R4-23-672(C)

PHARMACY LIBRARY

1	Pharmacology or Toxicology reference On line Facts & Comparison suite / FDA	◉S ○C/P ○U ○N/A	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Therapeutics reference On line Facts & Comparison suite / FDA	◉S ○C/P ○U ○N/A	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Drug compatibility reference On line Facts & Comparison suite / FDA	◉S ○C/P ○U ○N/A	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
4	Drug product equivalency reference On line Facts & Comparison suite / FDA	◉S ○C/P ○U ○N/A	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Sterile products reference	○S ○C/P ○U ◉N/A	R4-23-612(A)(9); R4-23-656(1); R4-23-670(B)(6); R4-23-672(A); R4-23-673(C); R4-23-675(A)
6	Policy and procedure manual-pharmacy operations On line	◉S ○C/P ○U ○N/A	R4-23-610(A); R4-23-653(A); R4-23-658(A); R4-23-671(E); R4-23-672(A)(G); R4-23-673(G); R4-23-674(F); R4-23-675(D)
7	Policy and procedure manual-technicians No technicians at this time	○S ○C/P ○U ◉N/A	R4-23-610(A); R4-23-653; R4-23-672(A)(G); R4-23-673(C); R4-23-674(F); R4-23-675(D)
8	Policy and procedure manual-automation Not used	○S ○C/P ○U ◉N/A	R4-23-614; R4-23-615; R4-23-616; R4-23-654(D); R4-23-701.02; R4-23-701.04
9	Policy and procedure manual-compounding Non compounding	○S ○C/P ○U ◉N/A	R4-23-410; R4-23-670

10	Arizona statutes/rules On line	○S ○C/P ○U ◉N/A R4-23-612(A)(8); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Current antidote/drug interaction information On line	◉S ○C/P ○U ○N/A R4-23-612(A)(12); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
12	Poison Control # displayed Posted	◉S ○C/P ○U ○N/A R4-23-612(A)(13); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

PHARMACY EQUIPMENT/FORMS

1	Refrigerator	◉S ○C/P ○U ○N/A R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670; R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Freezer No frozen drug stocked or dispensed	○S ○C/P ○U ◉N/A R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670(B)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Computer-security/data storage Lexpharm system	◉S ○C/P ○U ○N/A R4-23-408
4	Computer-patient profiles Profile set up for individual "ranch"	◉S ○C/P ○U ○N/A R4-23-408(B)(3)
5	Computer-single drug usage report	◉S ○C/P ○U ○N/A R4-23-408(B)(4)
6	Computer-pharmacist log book/hard copy print out PIC to modify form presented during inspection to add printed pharmacist name and place attestation statement onto the bottom of each signature log page ** PIC to forward updated signature log form to compliance officer **	○S ◉C/P ○U ○N/A R4-23-408(C)(4)
7	Prescription label Sample pending issuance of permit so PIC can activate fulfillment system ** PIC to forward sample label to compliance officer **	○S ◉C/P ○U ○N/A ARS 32-1963.01; ARS 32-1968; R4-23-612(A)(10); R4-23-658(D)(1)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)(D); R4-23-701.01(2); R4-23-703(C)

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 08/19/2022 for Animal Health International, Inc.

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

8	Federal transfer labels Non registrant / no CS drug dispensed	○S ○C/P ○U ◉N/A	R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
9	Warning labels	◉S ○C/P ○U ○N/A	R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
10	Written patient information Non human dispensing	○S ○C/P ○U ◉N/A	R4-23-402(C)(4); R4-23-402(I)
11	Consultation log Non human dispensing / pharmacist available for phone consult with rancher or prescriber	○S ○C/P ○U ◉N/A	R4-23-402(G)
12	Federal medication guides Non human dispensing	○S ○C/P ○U ◉N/A	21 CFR part 208
13	Hospital IV label	○S ○C/P ○U ◉N/A	R4-23-658
14	Generic Rx blanks	◉S ○C/P ○U ○N/A	R4-23-402(A); R4-23-407(D)
15	Immunization administration recordkeeping	○S ○C/P ○U ◉N/A	R4-23-411(F)
16	Schedule V register Non registrant / no CS dispensing or sales	○S ○C/P ○U ◉N/A	R4-23-612(A)(2)
17	Methamphetamine precursor sales log No OTC sales	○S ○C/P ○U ◉N/A	ARS 32-1977
18	Red C stamp	○S ○C/P ○U ◉N/A	R4-23-612(A)(11); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	CSPMP reporting Non-registrant	○S ○C/P ○U ◉N/A	R4-23-502

20	Graduates Non-compounding pharmacy	○S ○C/P ○U ◉N/A	R4-23-612(A)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
21	Mortar & Pestle Non-compounding pharmacy	○S ○C/P ○U ◉N/A	R4-23-612(A)(4); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
22	Steel spatulas Non-compounding pharmacy	○S ○C/P ○U ◉N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
23	Rubber (nonmetallic) spatula Non-compounding pharmacy	○S ○C/P ○U ◉N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
24	Approved Rx balance Non-compounding pharmacy	○S ○C/P ○U ◉N/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
25	Weights for Rx balance Non-compounding pharmacy	○S ○C/P ○U ◉N/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
26	Ointment tile Non-compounding pharmacy	○S ○C/P ○U ◉N/A	R4-23-612(A)(7); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
27	Automated storage and distribution system (patient access)	○S ○C/P ○U ◉N/A	R4-23-614(A)(B)(1)(2)
28	Automated storage and distribution system (hospital)	○S ○C/P ○U ◉N/A	R4-23-614(A)(B)(1)(3); R4-23-654(D)
29	Mechanical storage and counting device Not used	○S ○C/P ○U ◉N/A	R4-23-615
30	Mechanical counting device Not used	○S ○C/P ○U ◉N/A	R4-23-616

31	Emergency drug supply units (LTC)	○S ○C/P ○U ◉N/A	R4-23-701.02
32	Automated emergency drug supply units (LTC)	○S ○C/P ○U ◉N/A	R4-23-701.02(E)
33	Automated dispensing system (LTC)	○S ○C/P ○U ◉N/A	R4-23-701.04

STERILE PRODUCT COMPOUNDING AREA/EQUIPMENT:

1	Size Pharmacy does not support this activity	○S ○C/P ○U ◉N/A	R4-23-670(A)
2	Dedicated to compounding sterile products	○S ○C/P ○U ◉N/A	R4-23-670(A)(1); R4-23-656(5)
3	Isolated from other pharmacy functions	○S ○C/P ○U ◉N/A	R4-23-670(A)(2)
4	Restricts entry/access	○S ○C/P ○U ◉N/A	R4-23-670(A)(3)
5	Free from unnecessary disturbances airflow	○S ○C/P ○U ◉N/A	R4-23-670(A)(4)
6	Nonporous and cleanable floor	○S ○C/P ○U ◉N/A	R4-23-670(A)(5)
7	Nonporous and cleanable walls	○S ○C/P ○U ◉N/A	R4-23-670(A)(5)
8	Nonporous and cleanable ceiling	○S ○C/P ○U ◉N/A	R4-23-670(A)(5)
9	Environment ISO 7	○S ○C/P ○U ◉N/A	R4-23-670(A)(6)
10	Hood ISO 5	○S ○C/P ○U ◉N/A	R4-23-670(B)
11	Prep area ISO 7/ISO 8	○S ○C/P ○U ◉N/A	R4-23-110; R4-23-670(E)(F)

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 08/19/2022 for Animal Health International, Inc.

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

NOTES

Opening permit inspection - Animal Health International Pharmacy located at 550 E. Frye Road Chandler, AZ 85225

Open items for PIC to send to compliance officer by close of business on 8/22/2022:
Sample prescription label
Updated pharmacist daily signature log

Permit Y009194 opened & issued to PIC on 8/19/2022

12C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ☑ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☑ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH	☑ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Clinical Specialty Infusions of Dallas, LLC dba CSI Pharmacy

Physical Address: 459 E. New Boston Rd.

City: Nash State: TX Zip: 75569

Mailing Address (if different from physical address): 459 E. New Boston Rd.

City: Nash State: TX Zip: 75569

Telephone: 833-569-1005 Toll Free # (NAC 639.708, NRS 639.23286): 833-569-1005

Fax: 430-200-4889 Contact Email: alisha.smith@csipharmacy.com

Website: www.csipharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Alisha Smith

Supervising/Managing Pharmacist NV Pharmacist Registration #: ~~Pending~~ NV RPH Temp 22763

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☑ Mail-Order Service
☑ Other: Mail order	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Alisha Smith	NV Pharmacist Registration #: Temporary Application
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

N/A

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

N/A

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: CSI Pharmacy Holding Company, LLC

Mailing Address: 459 E. New Boston Rd

City: Nash State: TX Zip: 75569

Telephone: 833-569-1005 Email: james.sheets@csipharmacy.com

Contact Person Name: James Sheets

Please check type of partnership (NAC 639.214) ☐ General ☑ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☑ No

N/A

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist in Charge (title) for Clinical Specialty Infusions of Dallas, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Alisha Smith

Print Name of Authorized Person

Alisha Smith

Original signature of Authorized Person (copies or stamps not accepted)

3/4/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Alisha Smith hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PIC (title) for Clinical Specialty Infusions of Dallas, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Alisha Smith
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 7th day of March, 2022

Naomi Davis
Notary Public

NAOMI DAVIS
MILLER COUNTY
NOTARY PUBLIC - - ARKANSAS
My Commission Expires March 27, 2028
Commission No. 12703825

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Alisha Smith Pharmacist Registration #: (Pending)

Pharmacy Name: Clinical Specialty Infusions of Dallas, LLC dba CSI Pharmacy

Initial each statement below to indicate you have read and agree with the following:

AS I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

AS I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

AS I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

AS I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

AS I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	**Yes**	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	**State:**	**Date:**	**Case #:**

Criminal Action:	**State:**	**Date:**	**Case #:**	**County:**	**Court:**

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alisha Smith 3/4/2022

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	**Publicly Traded**	**Non-publicly Traded**	**Partner-ship**	**Sole Owner**
• **List <u>all</u> Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the <u>top four</u> stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List <u>all stockholders</u> who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded -** The top 4 shareholder/stockholders. **b. For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James L. Sheets

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3/7/22

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓

BEFORE THE ARKANSAS STATE BOARD OF PHARMACY

IN THE MATTER OF
JAMES LYNN SHEETS,
No. PD09124 **No. 2013-029**

PROBATION CONSENT ORDER

On this day came to be considered by the Arkansas State Board of Pharmacy (hereinafter "the Board") a matter concerning the pharmacist license of Respondent James Lynn Sheets, PD09124, (hereafter "Respondent") and it now appearing that Respondent is willing to enter into a Consent Order to preserve the pendency of this matter while seeking treatment for chemical dependence in the impaired pharmacist program.

IT IS HEREBY agreed by and between Respondent and John Clay Kirtley, Pharm. D, Executive Director of the Board that:

1. Respondent holds a pharmacist license and is subject to the jurisdiction of the Board.

2. Respondent has read the Consent Order, acknowledges his/her right to consult with counsel, and voluntarily agrees to enter into this Consent Order on his/her own volition in lieu of hearing pursuant to Board Regulation 02-05-0001 and without any reliance upon any representations by the Board or any officer, employee, agent, or other representative.

3. Respondent agrees to this Consent Order for the purpose of preserving the pendency of this matter without further administrative proceedings at this time. Respondent fully understands and agrees that the Board will review the Consent Order

and other information relevant to Respondent's impairment and capacity to practice pharmacy and it will determine whether to initiate additional administrative proceedings against Respondent if necessary.

4. Respondent hereby waives any further procedural steps including, without limitation, the right to a hearing and all rights to seek judicial review or to otherwise challenge or contest the validity of this Consent Order.

5. Respondent fully understands and agrees that approval and entry of this Consent Order shall in no way preclude additional proceedings by the Board against the Respondent for acts or omissions not specifically set forth herein.

6. Respondent agrees that the Board shall retain jurisdiction of this matter for purposes of implementation and enforcement of this Consent Order and that any violation of this Consent Order shall constitute gross unprofessional or dishonorable conduct for which the Board may reinstate full suspension of his license and/or impose additional disciplinary action pursuant to A.C.A § 17-92-311(a)(7).

7. This Probationary Consent Order and the Board's records in regard to this proceeding are public records that are available to the public pursuant to and subject to the exceptions of the Freedom of Information Act, A.C.A. § 25-19-101 *et seq.*, and this Consent Order will be subject to the reporting requirements of Section 1128E of the Social Security Act, 42 U.S.C. § 1320a-7e.

ARKANSAS STATE
BOARD OF PHARMACY
JUN 10 2014
RECEIVED

ORDER

IT IS THEREFORE ORDERED that:

1. Pharmacy License No. PD09124 issued to Respondent shall be suspended for period of five years from the date of this Order. If at any time during the duration of this Order Respondent is not actively engaged in the practice of pharmacy, this Order shall be extended to include the amount of time in which Respondent was not actively engaged in the practice of pharmacy.

2. Respondent's suspension shall be probated so long as he remains in full compliance of this Order. If Respondent fails to comply with any and all terms of this Order, the Board may reinstate full suspension of Respondent's license and/or impose other discipline. Upon Request, Respondent shall appear before the Board's Impairment Committee for an evaluation of his progress in recovery and possible modification of the terms of this Order.

3. Respondent shall be in violation of this Order, and shall immediately surrender his pharmacist license pending formal disciplinary action by the Board, in the event that:

(a) Respondent fails to submit to the performance of any unscheduled urinalysis or other drug or alcohol tests required by the ARPSG Recovery Contract;

(b) Respondent fails to comply with any of the terms of this Consent Order or his Recovery Contract with ARPSG including, but not limited to, providing samples for drugs screens, testing or monitoring.

(c) the results of the above mentioned drug or alcohol tests indicate the presence of alcohol or a controlled substance (unless the controlled substance was prescribed for a legitimate medical purpose by a practitioner who reviewed the terms of

this Order prior to authorizing the prescription and was approved by the ARPSG); and/or a mental health professional submits written documentation that Respondent has developed an incapacity of a nature that may prevent his engaging in the practice of pharmacy with reasonable skill, competence, and safety to the public;

4. During the probated suspension:

(a) The length of the Respondent's existing Recovery Contract with the Arkansas Pharmacy Support Group (ARPSG) shall coincide with the term of this Probationary Consent Order. Respondent agrees that the Board may periodically review Respondent's Recovery Contract and modify the requirements of the contract as warranted in its sole discretion without prior notice to or the approval of Respondent. Failure to comply with any and all provisions of the Recovery Contract shall constitute a violation of this Order and may subject Respondent's license to revocation.

(b) Respondent shall continue compliance with the treatment and/or after-care recommended by his/her approved Mental Health Professional (MHP) and shall authorize the MHP and/or representative of the after-care program to furnish written reports to the ARPSG on a quarterly basis or as requested concerning the status of Respondent's recovery and compliance with treatment.

(c) Respondent shall abstain completely from consumption of alcohol or any mood-altering chemicals except as may be prescribed by his/her primary physician and approved by the ARPSG. Upon request, Respondent shall provide treatment and prescription records to the ARPSG and/or Board staff.

(d) Respondent authorizes Board staff, ARPSG members and staff, any physician or other health professional that has treated or evaluated Respondent and any supervising pharmacist or employer to disclose information related to Respondent's status, recovery and compliance with treatment. Respondent further agrees to promptly execute a release form if requested.

(e) Respondent may return to the practice of pharmacy for no more than 20 hours per week. *The Board's Executive Director and/* or the *Impairment Committee* are authorized to modify the maximum number of hours of practice per week and the conditions of supervision upon the recommendation of the MHP, a physician or ARPSG by providing written notification to Respondent. Failure to comply with the maximum hours per week, conditions of practice and supervision shall constitute a violation of this Order.

(f) Respondent shall notify the Board in writing with the name and address of his IPPE and/or APPE sites or any other intern sites and provide a signed statement from the pharmacist in charge or supervising pharmacist that he/she has reviewed and understands the terms of this Order, that he/she agrees to be the supervising pharmacist for Respondent, and that he/she agrees to provide written quarterly reports to the ARPSG and, upon request, to the Board. If Respondent ceases to be employed as a pharmacist intern/or pharmacist at any time, he shall notify the Board within 10 days of the last day he practiced in Arkansas.

(g) In addition to the drug screening provided by the ARPSG Recovery Contract, upon request of the Board staff, Respondent shall submit to unscheduled drug screening within 12 hours of notice of the request at his/her own expense.

(h) During the period of Respondent's probated suspension, he shall complete 100 hours of community service per year for total of 500 hours during the 5 year period of probation. Respondent is encouraged to focus his service on mentoring troubled or disadvantaged youth, particularly young men. Within 30 days of the date of this Consent Order, Respondent shall submit in writing a written plan to the Executive Director for fulfilling the required hours of community service and Respondent shall provide written documentation of completed service if requested to the Board office.

5. Respondent furthermore agrees to abstain completely from the use of any and all alcohol or mood or mind altering drugs, substances or chemicals while she is a licensed pharmacist in the state of Arkansas unless she has a legitimate medical prescription for such medication to which she will;

(a) Provide a copy of the prescription to the Board staff within 24 hours of the date of said prescription,

(b) refrain from practicing as a pharmacist while taking any prescribed controlled drug, substance or chemical; and

(c) destroy all remaining drugs after completing the prescribed course of treatment.

6. Respondent agrees that they will willfully cooperate and be subject to random drug screening tests as requested by the Board, Board staff or other agent designated by the Board while she is a licensed pharmacist. Respondent further agrees to provide a requested sample for drug testing within 24 hours of any Board request. Respondent will notify the Board in advance if she is going to be out of the state or unable to be available

7. Respondent acknowledges and agrees that if any drug test is found to be positive for any prohibited substance or chemicals while she is a licensed pharmacist, Respondent will voluntarily surrender his license for summary suspension, pending a formal hearing.

IT IS FURTHER ORDERED that the Board shall retain jurisdiction to enforce this Consent Order and certain terms and conditions of this agreement shall be binding on Respondent beyond the probationary term of this Consent Order and Respondent's failure to comply with any provision herein shall constitute gross unprofessional or dishonorable conduct for which the Board may impose disciplinary action pursuant to A.C.A.§ 17-92-311(a)(7).

AGREED TO this 10th **day of** June **, 2014.**

Respondent

Attorney for Respondent (optional)

And

Executive Director,
Arkansas State Board of Pharmacy

John Clay Kirtley, Pharm.D.

In the Matter of
James Lynn Sheets
Approved by:

Arkansas State Board of Pharmacy

Steve Bryant, P.D.
President

ARKANSAS PHARMACY SUPPORT GROUP
We're Here to Help

Arkansas Pharmacy Support Group
4301 W. Markham Slot 522-3
Little Rock, AR 72205
www.arpsg.org Fax (secure) 501-686-8340

June 15, 2018

To Whom it may concern:

Please be advised that **James Lynn Sheets, PD09124** is a pharmacist in good standing with the ARPSG. He signed an ARPSG contract on October 11, 2013 and received advocacy to sign a Probationary Consent Order with the Board of Pharmacy on April 6, 2014. The Board approved that Probationary Consent Order on April 30, 2014 and he was allowed to return to practice at no more than 20 hours per week initially. On August 3, 2014 he was granted advocacy to work no more than 32 hours per week, and on May 7, 2017 he was granted advocacy to work full-time.

He is currently in good standing with the ARPSG monitoring program and enjoys our complete support.

If I can provide further information or clarification on this matter, please feel free to contact me.

Sincerely;

Kim Edward Light, Ph.D.
Executive Secretary,
Arkansas Pharmacy Support Group
(501)686-6496 (501)686-8340 fax
www.arpsg.org

ARKANSAS PHARMACY SUPPORT GROUP
We're Here to Help

NH Enterprises, LLC
CSI Pharmacy

Toll Free: 1-844-680-2944
Fax: 1-870-772-0214

"Individualized Therapies Designed to be as Unique as **YOU** are !"

RE: Explanation of Disciplinary Action

To Whom It May Concern,

This letter is written in an effort to serve as an explanation of disciplinary action for an officer in our company.

My name is James Sheets and I am a clinical pharmacist and serve as an officer with CSI Pharmacy. I am registered as a pharmacist with the Arkansas State Board of Pharmacy under license number PD09124.

In June of 2013, I contacted the executive director of the State Board of Pharmacy and reported that I had a substance abuse problem. I had become addicted to opiates and had failed many attempts to quit on my own. The Board of Pharmacy referred me to Dr. Kim Light with the Arkansas Pharmacist Support Group. The support group directed me to Palmetto Addiction Recovery, which is an inpatient treatment center near Monroe, LA. I underwent 91 days of intensive addiction treatment and graduated from Palmetto in October 2013. AT this time, I signed a 5 year contract with the Arkansas Pharmacist Support Group which includes random testing, scheduled support group meetings, and addiction counseling. In April of 2014, I met with the Arkansas State Board of Pharmacy who granted me the ability to return to the practice of pharmacy via a 5 year probationary consent order.

Since June 2014, I have successfully returned to the practice of pharmacy with North Heights Pharmacy in Texarkana, Arkansas. I am thankful for the State Board and the Pharmacist Support Group for helping me find treatment and return to practice. More Importantly, I am grateful for the gift of a life in recovery in which I am free from the chains of addiction.

My role as an officer with CSI Pharmacy (Texarkana, Arkansas) would include overseeing contracts, business development, creation of clinical programs, and working when needed as a pharmacist. I am still an active member of the Arkansas Pharmacist Support Group and am compliant with my contracts with the support group and the Arkansas State Board of Pharmacy. I have included a recent letter of good standing from the Arkansas Pharmacist Support Group.

Sincerely,

James L. Sheets, Pharm.D.
CSI Pharmacy

ARKANSAS PHARMACY

Arkansas Pharmacy Support Group
4301 W. Markham Slot 522-3
Little Rock, AR 72205
www.arpsg.org Fax (secure) 501-686-8340

May 5, 2019

James Sheets
[redacted] Oakridge Dr.
Texarkana, TX 75503

Dear James,

With a great deal of gratitude and joy we congratulate you on the completion of your contract with the Arkansas Pharmacy Support Group (and your BOP Consent Order) as of May 7, 2019.

We have every confidence that you will continue to grow along the path of recovery and seek to enrich your life of sobriety as you have over these past few years. As you do so you will continue to have our ongoing support.

We know that the growth and enrichment of sobriety and recovery involves working with others to carry the message. While you are no longer required to attend a specific number of the ARPSG meetings, we hope that you know you are welcome any time and place we meet.

Congratulations!

Sincerely,

ARPSG Executive Committee and Members

Janet Fisher
Jan Bean
Dustin Brownfield
Ed Donnelly
Jennifer Kelly
Melissa Branscum
Rebecca Renick
Waylon Bullock
John Moiz
Eli Vinson
Steve Walker
Eric Crumbaugh
Julia Goff

AWESOME JOB JAMES!! COMPLETED WITH POISE! BRAVO!! THE SKY IS THE LIMIT NOW. STAY IN CONTACT
Tim Lacey

James - You have come so far. Please don't stop! Come visit us when you can. Best
Kim

Congrats!

Congratulations

Congrats!
Jacob L.

Congrats!!
Jen K

Congrats!!
Dennis B.

Congrats!
-Eric

Congrats!
Jordan

Jaime B.

Congrats
Jan C.

Congrats!
-Mark

Congratulations!
Michele C.

Congratulations!
Eli

Congrats!
-Josh

Congrats Sam

Congrats!
Julia B.

Congrats mean!
-Lexi-

Thank you for all your help to me! So proud of you! Kim B

congrats!

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

John B. Scott
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Clinical Specialty Infusions of Dallas, LLC (file number 802368637), a Domestic Limited Liability Company (LLC), was filed in this office on January 13, 2016.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate BARRY D BULS as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

4 SPRING COVE

TEXARKANA, TX - 75503 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 03, 2022.

John B. Scott
Secretary of State

Certificate of Texas Board of Pharmacy

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **34132** Expiration Date: **1/31/2024**

Balances: **1**

CSI PHARMACY
459 E NEW BOSTON RD
NASH TX 75569

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC6520250	08-31-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	07-25-2019

CSI PHARMACY
459 E NEW BOSTON RD
NASH, TX 75569

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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CSI PHARMACY
459 E NEW BOSTON RD
NASH, TX 75569

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Form DEA-223 (9/2016)

Texas Pharmacy License # 34132

CSI PHARMACY

License Information

License Status Active
License # 34132
Expiration Date 01/31/2024
Date License Issued 01/26/2022

Address

459 E NEW BOSTON RD
NASH, TX 75569
County BOWIE
Phone

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist In Charge
SMITH, ALISHA ELIZABETH

Pharmacy Profile ¤

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes

Translating services (Listed Below if Available)

Spanish
Telecomm. for the deaf (TDD)

¤ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	No
Closed Door	Yes
Compounding, Office Use	No
Home Delivery	Yes
Infusion	Yes
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *CSI PHARMACY*
License Number: *34132*
Address: *459 E NEW BOSTON RD, NASH, TX 75569*
Phone: *(833) 569-1005*
Email:
Class of License: *A*
License Expiration:
DEA #: *FC6520250*
DEA Expiration: *08/31/2022*

Inspection Information

Type: *Compliance*
Purpose: *Routine*
Date: *03/08/2022*
Arrival Time: *1:00 PM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

03-08-22

JACK LEMLEY

Witnesses

KIM MILES

Texas State Board of Pharmacy

333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *CSI PHARMACY* License Number: *34132*
Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Routine*
Date: *03/08/2022* Arrival Time: *1:00 PM* Departure Time: *1:30 PM*
Action Taken: *Inspection*

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Not Applicable*
17. Meets inventory requirements	*Not Applicable*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Not Applicable*

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Not Applicable*
34. Notifications	*Satisfactory*
76. PIC (Does the pharmacy have a pharmacist-in-charge?)	*Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean	*Satisfactory*

CSI PHARMACY 34132

04. Balance inspection	*Not Applicable*
05. Equipment Inspection	*Satisfactory*
07. Security	*Satisfactory*
08. Environment	*Satisfactory*
48. Drugs (procurement, temperature, security, out-of-date, samples)	*Satisfactory*
90. TSBP complaint notification	*Satisfactory*

Controlled Substances

10. Prescriptions separated	*Not Applicable*
24. Theft/Loss	*Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance	*Not Applicable*
30. Controlled substance invoices dated/initialed by pharmacist	*Not Applicable*
35. Controlled substance invoices separated	*Not Applicable*
46. Drug distribution	*Not Applicable*
53. Possession of controlled substances	*Not Applicable*
57. Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?)	*Not Applicable*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?)	*Satisfactory*
45. Proper dispensing/labeling	*Satisfactory*
54. Proper prepackaging procedures	*Not Applicable*

Library

06. Required Library	*Satisfactory*

Training

60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*

21. Data processing records complete	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Satisfactory*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Satisfactory*

Policies & Procedures

70. Required policies & procedures	*Satisfactory*
92. Automated dispensing policy & procedures	*Not Applicable*

Non-Sterile Compounding

38. Area for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).

JACK LEMLEY

Kim Miles

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 -- Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Clinical Specialty Infusions of Dallas, LLC

Physical Address 459 E. New Boston Rd.

City Nash State TX Zip 75569

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 833-569-1005 Website www.csipharmacy.com

Licensing Company Email alisha.smith@csipharmacy.com

Section 2: Personal Information

First Alisha Middle E. Last Smith

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Sunny St.

City Texarkana State TX Zip 75503

Telephone [redacted] Email alisha.smith@csipharmacy.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
Midwestern University - Glendale	08/00 - 06/03

Address	City	State	Zip
19555 N. 59th Ave.	Glendale	AZ	85308

Diploma/Degree obtained, if any: Pharm D.

School Name	From - To (MM/YY – MM/YY)
Henderson State University	08/95 - 05/00

Address	City	State	Zip
1100 Henderson St.	Arkadelphia	AR	71999

Diploma/Degree obtained, if any: Pre-Pharmacy Studies

School Name	From - To (MM/YY – MM/YY)
Pleasant Grove High School	08/91 - 05/95

Address	City	State	Zip
5406 Mcknight Rd.	Texarkana	TX	75503

Diploma/Degree obtained, if any: High School Diploma

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any

School Name	From - To (MM/YY – MM/YY

Address	City	State	Zip

Diploma/Degree obtained, if any

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

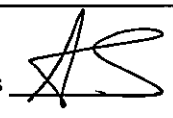
From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/03 - current	[redacted] Sunny St.	Texarkana	TX	75503
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: CSI Pharmacy			From - To (MM/YY – MM/YY): 12/20 - current
Business Address: 459 E. New Boston Rd.	City: Nash	State: TX	Zip: 75569
Phone: 833-569-1005	Title: Pharmacist		Number of Employed Hours: 40/week
Description of Duties: Pharmacy Compliance officer - Maintain accreditation with ACHC and URAC.			
Business Name: CVS Pharmacy			From - To (MM/YY – MM/YY): 10/08 - 12/20
Business Address: 102 Richmond Ranch Rd.	City: Texarkana	State: TX	Zip: 75503
Phone: (903)277-0270	Title: Pharmacist		Number of Employed Hours: 40/week
Description of Duties: Staff pharmacist- Fill all prescriptions received accurately and after reviewing pts profile for any interactions or contraindications.			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials 

N/A

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's Initials _____

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/4/2022
Date

Applicant's initials

I, Alisha Smith, **certify that as the designated representative for** Clinical Specialty Infusions of Dallas, LLC dba CSI Pharmacy **that I am qualified as follows and will comply with the following:**

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Alisha Smith
Print Name (First, Last)

Alisha Smith
Original Signature (electronic, copies or stamps not accepted)

4/4/2022
Date

Applicant's Initials AS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alisha Smith
Print Name (First, Last)

Alisha Smith
Original Signature (electronic, copies or stamps not accepted)

4/4/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Arkansas, ss. County of Miller

I, Alisha Smith, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Alisha Smith
Original Signature

4/4/2022
Date

Subscribed and Sworn to before me this 4th day of April.

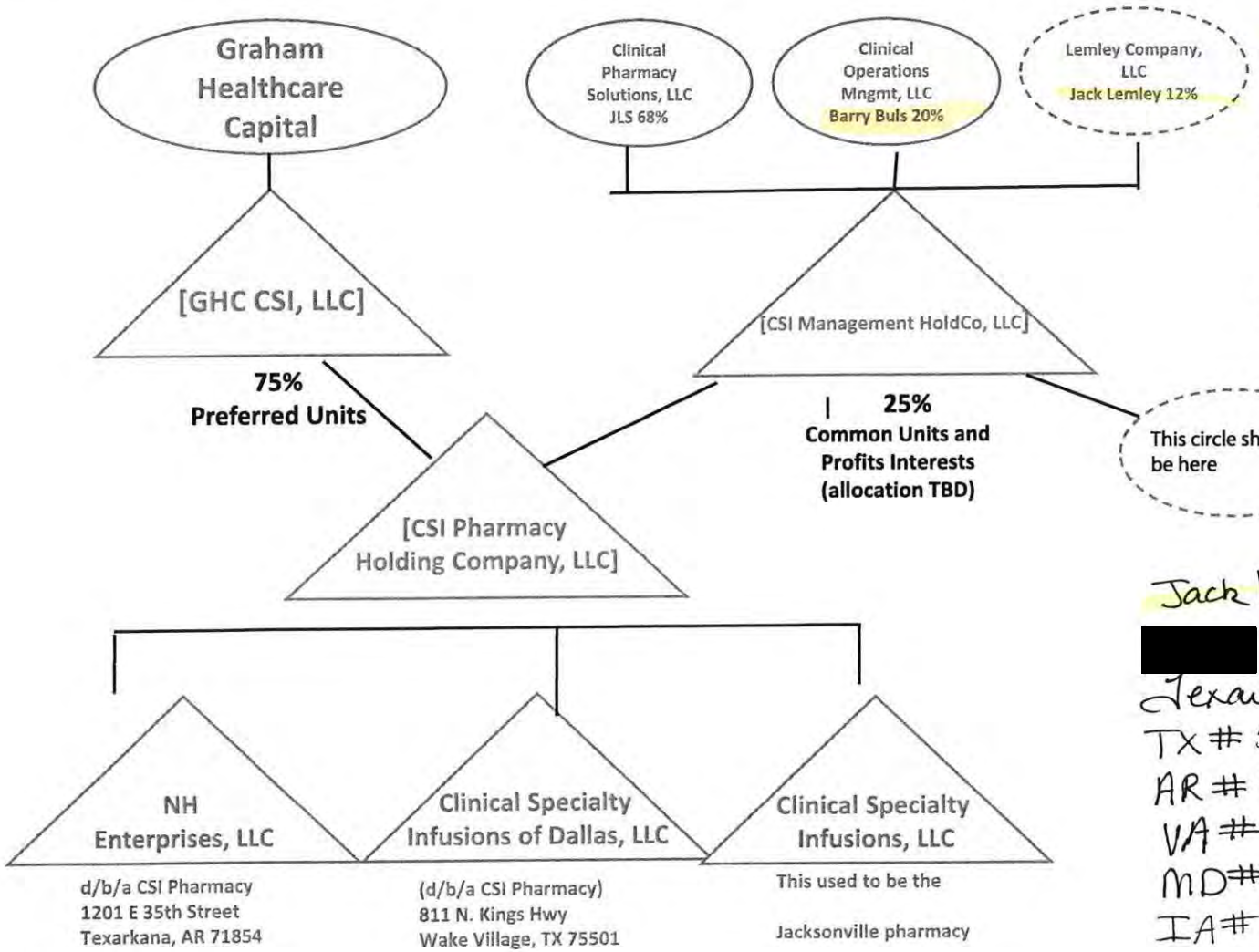
Naomi Davis
Notary Public Signature

NAOMI DAVIS
MILLER COUNTY
NOTARY PUBLIC - - ARKANSAS
My Commission Expires March 27, 2028
Commission No. 12703825

(Seal)

Applicant's initials AS

Ownership Structure



James Sheets, CEO
[redacted] Brookhollow Dr.
Texarkana, TX 75503
AR# PD09124

Barry Buls, VP Clinical Services
[redacted] CR 3551
Queen City, TX 75572
AR # PD08227
TX # 34939

Jack Lemley
[redacted] Jones Ln.
Texarkana, TX 75503
TX # 53333
AR # PD12423
VA # 0202216941
MD # 25660
IA # 51495

waller

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

4

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Clinical Specialty Infusions of Dallas, LLC (CSI)

Physical Address 459 E. New Boston Rd.

City Nash State TX Zip 75569

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 833-569-1005 Website www.csipharmacy.com

Licensing Company Email alisha.smith@csipharmacy.com

Section 2: Personal Information

First JAMES Middle LYNN Last SHEETS

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] FM 1154

City ATLANTA State TX Zip 75551

Telephone [redacted] Email james.sheets@csipharmacy.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)
UNIVERSITY of ARKANSAS for Medical Sciences		08/96 - 05/00
Address	**City**	**State** / **Zip**
4301 W. Markham	Little Rock	AR / 72205
Diploma/Degree obtained, if any		
Doctor of Pharmacy		
School Name		**From - To (MM/YY – MM/YY)**
Henderson State University		08/93 - 05/96
Address	**City**	**State** / **Zip**
1100 Henderson Street.	Arkadelphia	AR. / 71999
Diploma/Degree obtained, if any		
Pre-Pharmacy		
School Name		**From - To (MM/YY – MM/YY)**
Springhill High School		10/90 - 05/93
Address	**City**	**State** / **Zip**
603 AR-355	HOPE	AR / 71801
Diploma/Degree obtained, if any		
School Name		**From - To (MM/YY – MM/YY)**
Address	**City**	**State** / **Zip**
Diploma/Degree obtained, if any		
School Name		**From - To (MM/YY – MM/YY)**
Address	**City**	**State** / **Zip**
Diploma/Degree obtained, if any		

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/22 - Present	[redacted] FM 1154	Atlanta	TX	75551
03/18 - 03/22	[redacted] Bloodhound Dr	Texarkana	TX	75503
08/15 - 03/18	[redacted] Oakridge Drive	Texarkana	TX	75503
04/12 - 08/15	[redacted] Stonegate Dr.	Texarkana	TX	75503

Applicant's Initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: CSI Pharmacy			From - To (MM/YY – MM/YY): 01/13 - Present
Business Address: 459 E New Boston	City: Nash	State: TX	Zip: 75569
Phone: 833-569-1005	Title: CEO		
Description of Duties: C.E.O. Company oversight.			

Business Name: Caredoint Partners			From - To (MM/YY – MM/YY): 07/11 - 03/12
Business Address: 1800 Moores Ln	City: Texarkana	State: TX	Zip: 75503
Phone: 903-748-1399	Title: Regional Manager.		
Description of Duties: Responsible for home infusion pharmacy operations in Arkansas, Texas, and Louisiana			

Business Name: Arfey Medical			From - To (MM/YY – MM/YY): 03/05 - 07/11
Business Address: 1800 Moores Lane	City: Texarkana	State: TX	Zip: 75503
Phone: 903-748-1399	Title: Executive VP		
Description of Duties: Manage home infusion pharmacy Division			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A.		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	✓	

For Questions 6 & 10 Please see Attached letter regarding my treatment & Recovery.

Applicant's initials DS

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 & 10. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/10/13		AR	TEXARKANA	Miller
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2013-029		Arkansas State Board of Pharmacy.		
Reason/Charge				
I self-reported a substance abuse problem & sign attached consent order.				
Plaintiff/Defendant/Claimant/Respondent			**~~Lawsuit/Arbitration/Bankruptcy~~**	
James Sheets, Pharmacist License PD09124			Probation	
Name of Business/Industry/Entity				
North Heights Pharmacy				

Provide explanation below:

Please see attached detailed description.
I remain an active member of the recovery community & returned to full practice, ~~XXX~~ (No longer on probation) on May 7, 2019.

Original Signature (electronic, copies or stamps not accepted)

3/7/22
Date

Applicant's initials JB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Sheets

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/7/22

Date

Please have this section completed in the presence of a Notary Public.

State of Arkansas, ss. County of Miller

I, James Sheets, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/4/22

Date

Subscribed and Sworn to before me this 4th day of April.

Naomi Davis

Notary Public Signature

NAOMI DAVIS
MILLER COUNTY
NOTARY PUBLIC - - ARKANSAS
My Commission Expires March 27, 2028
Commission No. 12703825

(Seal)

Applicant's initials JS

BEFORE THE ARKANSAS STATE BOARD OF PHARMACY

IN THE MATTER OF
JAMES LYNN SHEETS,
No. PD09124 **No. 2013-029**

PROBATION CONSENT ORDER

On this day came to be considered by the Arkansas State Board of Pharmacy (hereinafter "the Board") a matter concerning the pharmacist license of Respondent James Lynn Sheets, PD09124, (hereafter "Respondent") and it now appearing that Respondent is willing to enter into a Consent Order to preserve the pendency of this matter while seeking treatment for chemical dependence in the impaired pharmacist program.

IT IS HEREBY agreed by and between Respondent and John Clay Kirtley, Pharm. D, Executive Director of the Board that:

1. Respondent holds a pharmacist license and is subject to the jurisdiction of the Board.

2. Respondent has read the Consent Order, acknowledges his/her right to consult with counsel, and voluntarily agrees to enter into this Consent Order on his/her own volition in lieu of hearing pursuant to Board Regulation 02-05-0001 and without any reliance upon any representations by the Board or any officer, employee, agent, or other representative.

3. Respondent agrees to this Consent Order for the purpose of preserving the pendency of this matter without further administrative proceedings at this time. Respondent fully understands and agrees that the Board will review the Consent Order

and other information relevant to Respondent's impairment and capacity to practice pharmacy and it will determine whether to initiate additional administrative proceedings against Respondent if necessary.

4. Respondent hereby waives any further procedural steps including, without limitation, the right to a hearing and all rights to seek judicial review or to otherwise challenge or contest the validity of this Consent Order.

5. Respondent fully understands and agrees that approval and entry of this Consent Order shall in no way preclude additional proceedings by the Board against the Respondent for acts or omissions not specifically set forth herein.

6. Respondent agrees that the Board shall retain jurisdiction of this matter for purposes of implementation and enforcement of this Consent Order and that any violation of this Consent Order shall constitute gross unprofessional or dishonorable conduct for which the Board may reinstate full suspension of his license and/or impose additional disciplinary action pursuant to A.C.A. § 17-92-311(a)(7).

7. This Probationary Consent Order and the Board's records in regard to this proceeding are public records that are available to the public pursuant to and subject to the exceptions of the Freedom of Information Act, A.C.A. § 25-19-101 *et seq.*, and this Consent Order will be subject to the reporting requirements of Section 1128E of the Social Security Act, 42 U.S.C. § 1320a-7e.

ARKANSAS STATE
BOARD OF PHARMACY
JUN 10 2014
RECEIVED

ORDER

IT IS THEREFORE ORDERED that:

1. Pharmacy License No. PD09124 issued to Respondent shall be suspended for period of five years from the date of this Order. If at any time during the duration of this Order Respondent is not actively engaged in the practice of pharmacy, this Order shall be extended to include the amount of time in which Respondent was not actively engaged in the practice of pharmacy.

2. Respondent's suspension shall be probated so long as he remains in full compliance of this Order. If Respondent fails to comply with any and all terms of this Order, the Board may reinstate full suspension of Respondent's license and/or impose other discipline. Upon Request, Respondent shall appear before the Board's Impairment Committee for an evaluation of his progress in recovery and possible modification of the terms of this Order.

3. Respondent shall be in violation of this Order, and shall immediately surrender his pharmacist license pending formal disciplinary action by the Board, in the event that:

(a) Respondent fails to submit to the performance of any unscheduled urinalysis or other drug or alcohol tests required by the ARPSG Recovery Contract;

(b) Respondent fails to comply with any of the terms of this Consent Order or his Recovery Contract with ARPSG including, but not limited to, providing samples for drugs screens, testing or monitoring.

(c) the results of the above mentioned drug or alcohol tests indicate the presence of alcohol or a controlled substance (unless the controlled substance was prescribed for a legitimate medical purpose by a practitioner who reviewed the terms of

this Order prior to authorizing the prescription and was approved by the ARPSG); and/or a mental health professional submits written documentation that Respondent has developed an incapacity of a nature that may prevent his engaging in the practice of pharmacy with reasonable skill, competence, and safety to the public;

4. During the probated suspension:

(a) The length of the Respondent's existing Recovery Contract with the Arkansas Pharmacy Support Group (ARPSG) shall coincide with the term of this Probationary Consent Order. Respondent agrees that the Board may periodically review Respondent's Recovery Contract and modify the requirements of the contract as warranted in its sole discretion without prior notice to or the approval of Respondent. Failure to comply with any and all provisions of the Recovery Contract shall constitute a violation of this Order and may subject Respondent's license to revocation.

(b) Respondent shall continue compliance with the treatment and/or after-care recommended by his/her approved Mental Health Professional (MHP) and shall authorize the MHP and/or representative of the after-care program to furnish written reports to the ARPSG on a quarterly basis or as requested concerning the status of Respondent's recovery and compliance with treatment.

(c) Respondent shall abstain completely from consumption of alcohol or any mood-altering chemicals except as may be prescribed by his/her primary physician and approved by the ARPSG. Upon request, Respondent shall provide treatment and prescription records to the ARPSG and/or Board staff.

(d) Respondent authorizes Board staff, ARPSG members and staff, any physician or other health professional that has treated or evaluated Respondent and any supervising pharmacist or employer to disclose information related to Respondent's status, recovery and compliance with treatment. Respondent further agrees to promptly execute a release form if requested.

(e) Respondent may return to the practice of pharmacy for no more than 20 hours per week. The Board's Executive Director and/ or the Impairment Committee are authorized to modify the maximum number of hours of practice per week and the conditions of supervision upon the recommendation of the MHP, a physician or ARPSG by providing written notification to Respondent. Failure to comply with the maximum hours per week, conditions of practice and supervision shall constitute a violation of this Order.

(f) Respondent shall notify the Board in writing with the name and address of his IPPE and/or APPE sites or any other intern sites and provide a signed statement from the pharmacist in charge or supervising pharmacist that he/she has reviewed and understands the terms of this Order, that he/she agrees to be the supervising pharmacist for Respondent, and that he/she agrees to provide written quarterly reports to the ARPSG and, upon request, to the Board. If Respondent ceases to be employed as a pharmacist intern/or pharmacist at any time, he shall notify the Board within 10 days of the last day he practiced in Arkansas.

(g) In addition to the drug screening provided by the ARPSG Recovery Contract, upon request of the Board staff, Respondent shall submit to unscheduled drug screening within 12 hours of notice of the request at his/her own expense.

(h) During the period of Respondent's probated suspension, he shall complete 100 hours of community service per year for total of 500 hours during the 5 year period of probation. Respondent is encouraged to focus his service on mentoring troubled or disadvantaged youth, particularly young men. Within 30 days of the date of this Consent Order, Respondent shall submit in writing a written plan to the Executive Director for fulfilling the required hours of community service and Respondent shall provide written documentation of completed service if requested to the Board office.

5. Respondent furthermore agrees to abstain completely from the use of any and all alcohol or mood or mind altering drugs, substances or chemicals while she is a licensed pharmacist in the state of Arkansas unless she has a legitimate medical prescription for such medication to which she will;

(a) Provide a copy of the prescription to the Board staff within 24 hours of the date of said prescription,

(b) refrain from practicing as a pharmacist while taking any prescribed controlled drug, substance or chemical; and

(c) destroy all remaining drugs after completing the prescribed course of treatment.

6. Respondent agrees that they will willfully cooperate and be subject to random drug screening tests as requested by the Board, Board staff or other agent designated by the Board while she is a licensed pharmacist. Respondent further agrees to provide a requested sample for drug testing within 24 hours of any Board request. Respondent will notify the Board in advance if she is going to be out of the state or unable to be available

7. Respondent acknowledges and agrees that if any drug test is found to be positive for any prohibited substance or chemicals while she is a licensed pharmacist, Respondent will voluntarily surrender his license for summary suspension, pending a formal hearing.

IT IS FURTHER ORDERED that the Board shall retain jurisdiction to enforce this Consent Order and certain terms and conditions of this agreement shall be binding on Respondent beyond the probationary term of this Consent Order and Respondent's failure to comply with any provision herein shall constitute gross unprofessional or dishonorable conduct for which the Board may impose disciplinary action pursuant to A.C.A.§ 17-92-311(a)(7).

AGREED TO this 10th **day of** June **, 2014.**

Respondent

Attorney for Respondent (optional)

And

Executive Director,
Arkansas State Board of Pharmacy

John Clay Kinney, Pharm.D.

In the Matter of
James Lynn Sheets
Approved by:

Arkansas State Board of Pharmacy

Steve Bryant, P.D.
President

ARKANSAS PHARMACY SUPPORT GROUP

Arkansas Pharmacy Support Group
4301 W. Markham Slot 522-3
Little Rock, AR 72205
www.arpsg.org Fax (secure) 501-686-8340

June 15, 2018

To Whom it may concern:

Please be advised that **James Lynn Sheets, PD09124** is a pharmacist in good standing with the ARPSG. He signed an ARPSG contract on October 11, 2013 and received advocacy to sign a Probationary Consent Order with the Board of Pharmacy on April 6, 2014. The Board approved that Probationary Consent Order on April 30, 2014 and he was allowed to return to practice at no more than 20 hours per week initially. On August 3, 2014 he was granted advocacy to work no more than 32 hours per week, and on May 7, 2017 he was granted advocacy to work full-time.

He is currently in good standing with the ARPSG monitoring program and enjoys our complete support.

If I can provide further information or clarification on this matter, please feel free to contact me.

Sincerely;

Kim Edward Light, Ph.D.
Executive Secretary,
Arkansas Pharmacy Support Group
(501)686-6496 (501)686-8340 fax
www.arpsg.org

ARKANSAS PHARMACY SUPPORT GROUP

NH Enterprises, LLC
CSI Pharmacy

Toll Free: 1-844-680-2944
Fax: 1-870-772-0214

"Individualized Therapies Designed to be as Unique as **YOU** are !"

RE: Explanation of Disciplinary Action

To Whom It May Concern,

This letter is written in an effort to serve as an explanation of disciplinary action for an officer in our company.

My name is James Sheets and I am a clinical pharmacist and serve as an officer with CSI Pharmacy. I am registered as a pharmacist with the Arkansas State Board of Pharmacy under license number PD09124.

In June of 2013, I contacted the executive director of the State Board of Pharmacy and reported that I had a substance abuse problem. I had become addicted to opiates and had failed many attempts to quit on my own. The Board of Pharmacy referred me to Dr. Kim Light with the Arkansas Pharmacist Support Group. The support group directed me to Palmetto Addiction Recovery, which is an inpatient treatment center near Monroe, LA. I underwent 91 days of intensive addiction treatment and graduated from Palmetto in October 2013. AT this time, I signed a 5 year contract with the Arkansas Pharmacist Support Group which includes random testing, scheduled support group meetings, and addiction counseling. In April of 2014, I met with the Arkansas State Board of Pharmacy who granted me the ability to return to the practice of pharmacy via a 5 year probationary consent order.

Since June 2014, I have successfully returned to the practice of pharmacy with North Heights Pharmacy in Texarkana, Arkansas. I am thankful for the State Board and the Pharmacist Support Group for helping me find treatment and return to practice. More Importantly, I am grateful for the gift of a life in recovery in which I am free from the chains of addiction.

My role as an officer with CSI Pharmacy (Texarkana, Arkansas) would include overseeing contracts, business development, creation of clinical programs, and working when needed as a pharmacist. I am still an active member of the Arkansas Pharmacist Support Group and am compliant with my contracts with the support group and the Arkansas State Board of Pharmacy. I have included a recent letter of good standing from the Arkansas Pharmacist Support Group.

Sincerely,

James L. Sheets, Pharm.D.
CSI Pharmacy

ARKANSAS PHARMACY

Arkansas Pharmacy Support Group
4301 W. Markham Slot 522-3
Little Rock, AR 72205
www.arpsg.org Fax (secure) 501-686-8340

May 5, 2019

James Sheets
[redacted] Oakridge Dr.
Texarkana, TX 75503

Dear James,

With a great deal of gratitude and joy we congratulate you on the completion of your contract with the Arkansas Pharmacy Support Group (and your BOP Consent Order) as of May 7, 2019.

We have every confidence that you will continue to grow along the path of recovery and seek to enrich your life of sobriety as you have over these past few years. As you do so you will continue to have our ongoing support.

We know that the growth and enrichment of sobriety and recovery involves working with others to carry the message. While you are no longer required to attend a specific number of the ARPSG meetings, we hope that you know you are welcome any time and place we meet.

Congratulations!

Sincerely,

ARPSG Executive Committee and Members

Janet Fisher
Jan Bean
Dustin Brownfield
Ed Donnelly
Jennifer Kelly
Melissa Branscum
Rebecca Renick
Waylon Bullock
John Moix
Eli Vinson
Steve Walker
Eric Crumbaugh
Julia Goff

AWESOME JOB JAMES!! COMPLETED WITH POISE! BRAVO!! THE SKY IS THE LIMIT NOW. STAY IN CONTACT
Tim Lacey

James - You have come so far. Please don't stop! Come visit us when you can. Best
Kim

Congrats!
Susan Oki

Congratulations
Ca

Congrats!
Jacob L.

Congrats!
- Eric

Congrats!
Jordon

Congrats!!
Jen K

Congrats!!
Dennis B

Jaime B.

Congrats
Jan C.

Congrats!
Congrats!
Julia G.

Congratulations!
Michele C.

Congratulations!
Eli

Congrats!
- Josh

Congrats James

Congrats mom!
- Lexi -

Thank you for all your help to me! So proud of you! Kim B

congrats!

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

4

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler CSI Pharmacy

Physical Address 459 E. New Boston Rd.

City Nash State TX Zip 75569

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 833-569-1005 Website www.csipharmacy.com

Licensing Company Email alisha.smith@csipharmacy.com

Section 2: Personal Information

First Jack Middle E Last Lemley

Alias(es, nicknames, name changes, etc.) none

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Jones Ln [redacted]

City Texarkana State TX Zip 75503

Telephone [redacted] Email jack.lemley@csipharmacy.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Applicant's initials _____

9/22/22

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UAMS		2009-2013	
Address	**City**	**State**	**Zip**
4301 West Markham Street	Little Rock	AR	72205
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Texarkana College		2007-2009	
Address	**City**	**State**	**Zip**
2500 N Robison Rd	Texarkana	Tx	75599
Diploma/Degree obtained, if any			
none			

School Name		From - To (MM/YY – MM/YY)	
Texas A&M Univ - Texarkana		2007-2008	
Address	**City**	**State**	**Zip**
2500 North Robinson Road	Texarkana	TX	75599
Diploma/Degree obtained, if any			
none			

School Name		From - To (MM/YY – MM/YY)	
Veritas Academy		1996-1999	
Address	**City**	**State**	**Zip**
5201 E 50th Street	Texarkana	AR	71854
Diploma/Degree obtained, if any			
High school diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/17 - current	[redacted] Jones Lane	texarkana	tx	75503
2012 - 12/17	[redacted] Boyd Rd	texarkana	ar	71854
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
CSI Pharmacy (previously North Heights Pharmacy)			7/13 - 07/17	
Business Address		**City**	**State**	**Zip**
1201 E 35th Street		Texarkana	AR	71854
Phone	**Title**			
8335691005	Pharmacist			
Description of Duties				
Fill prescriptions, manage inventory, sterile compounding, clinical, DUE / DUR, Patient management program/ quality assurance, construction of new pharmacy/cleanroom, PIC, Compliance, Safety, Policy				

Business Name			From - To (MM/YY – MM/YY)	
CSI Pharmacy of Dallas LLC			07/17-10/21	
Business Address		**City**	**State**	**Zip**
811 North Kings Highway		Texarkana	Texas	75503
Phone	**Title**			
8335691005	VP of Specialty Pharmacy			
Description of Duties				
Fill prescriptions, manage inventory, sterile compounding, clinical, DUE / DUR, Patient management program/ quality assurance, construction of new pharmacy/cleanroom, PIC, Specialty medication program set up and management				

Business Name			From - To (MM/YY – MM/YY)	
CSI Pharmacy of Dallas LLC (New Location)			10/21-08/22	
Business Address		**City**	**State**	**Zip**
459 E. New Boston Road		Nash	TX	75569
Phone	**Title**			
8335691005	Chief Pharmacy Officer / co-owner			
Description of Duties				
Oversee the pharmacy operations of the business.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
none	none	AR	Jacksonville	Pulaski
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
none		Arkansas State Board of Pharmacy		
Reason/Charge				
Non pharmacy related environmental study showed excessive mold in the building due to a roof leak on the combined prop				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
PIC CSI Pharmacy Jacksonville office, CSI Pharmacy(Arkansas)				
Name of Business/Industry/Entity				
Clinical Specialty Infusions, LLC - Jacksonville				

Provide explanation below:

We reported an environmental problem with our building to the board of pharmacy, they filed charges against our pharmacy and the PIC of the location prior to any investigation. We appeared before the board and committee of our peers, provided testimony and evidence, and were cleared of any charges.

Original Signature (electronic, copies or stamps not accepted)

09-14-2022
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jack E Lemley

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09-14-2022

Date

Please have this section completed in the presence of a Notary Public.

State of Arkansas, ss. County of Miller

I, Jack Lemley, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

09-14-22

Date

Subscribed and Sworn to before me this 14 day of September 2022

Naomi Davis

Notary Public Signature

NAOMI DAVIS
MILLER COUNTY
NOTARY PUBLIC - - ARKANSAS
My Commission Expires March 27, 2028
Commission No. 12703825

(Seal)

Applicant's initials JL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler CSI Pharmacy

Physical Address 459 E. New Boston Rd.

City Nash State TX Zip 75569

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 833-569-1005 Website www.csipharmacy.com

Licensing Company Email alisha.smith@csipharmacy.com

Section 2: Personal Information

First Barry Middle Dale Last Buls

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]Spring Cove

City Texarkana State TX Zip 75503

Telephone [redacted] Email barry.buls@csipharmacy.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials BB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UAMS		01/90-01/94	
Address	City	State	Zip
4301 West Markham Street	Little Rock	AR	72205
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
UALR		01/89-01/90	
Address	City	State	Zip
2801 S University Ave	Little Rock	AR	72205
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Texarkana Community College		01/87/01/89	
Address	City	State	Zip
2500 North Robinson Road	Texarkana	TX	75599
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Genoa Central		01/74-04/86	
Address	City	State	Zip
12472 State Highway 196	Texarkana	AR	71854
Diploma/Degree obtained, if any			
High school diploma			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2011-08/10/2022	[redacted]spring cove	texarkana	tx	75503
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials BB

CSI Pharmacy (previously North Heights Pharmacy) 02/15-07/17

1201 E 35th Street Texarkana AR 71854

8335691005 COO/Owner (as of 2107)

Fill prescriptions, manage inventory, sterile compounding, clinical, DUE / DUR, Patient management program/ quality assurance, construction of new pharmacy/cleanroom, PIC, Compliance, Safety, Policy

CSI Pharmacy of Dallas LLC 07/17-10/21

811 North Kings Highway Texarkana Texas 75503

8335691005 COO/Owner

Fill prescriptions, manage inventory, sterile compounding, clinical, DUE / DUR, Patient management program/ quality assurance, construction of new pharmacy/cleanroom, PIC, Compliance, Safety, Policy

CSI Pharmacy of Dallas LLC (New Location) 10/21-08/22

459E. New Boston Road Nash TX 75569

8335691005 VP clinical operations

Fill prescriptions, manage inventory, sterile compounding, clinical, DUE / DUR, Patient management program/ quality assurance, construction of new pharmacy/cleanroom, PIC, Compliance, Safety, Policy, clinical programs

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials BB

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials BB

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
		AR	Jacksonville	Pulaski
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		Arkansas State Board of Pharmacy		
Reason/Charge				
Non pharmacy related environmental study showed excessive mold in the building due to a roof leak on the combined prop				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
PIC CSI Pharmacy Jacksonville office, CSI Pharmacy(Arkansas)				
Name of Business/Industry/Entity				

Provide explanation below:

We reported an environmental problem of our building to the board of pharmacy, they filed charges against our pharmacy and the PIC of the location. We appeared before the board and committee of our peers, provided testimony and evidence, and were cleared of any charges.

Original Signature (electronic, copies or stamps not accepted)

9/14/2022
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Barry Buls

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/14/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Arkansas, ss. County of Miller

I, Barry Buls, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/14/2022

Date

Subscribed and Sworn to before me this _____ day of _____.

Naomi Davis

Notary Public Signature

NAOMI DAVIS
MILLER COUNTY
NOTARY PUBLIC - - ARKANSAS
My Commission Expires March 27, 2028
Commission No. 12703825

(Seal)

Applicant's initials BB

12D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Y

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☐ New Pharmacy ☒ Ownership Change* ☒ Location Change * ☐ Name Change* * If making a change, provide license #: PH 01799	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☒ Other: correctional facility & employees

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: NaphCare Pharmacy, LLC

Physical Address: 2086 Columbiana Road, Suite 1100

City: Birmingham State: AL Zip: 35216

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (205) 552-1700 Toll Free # (NAC 639.708, NRS 639.23286): 1-800-859-7395

Fax: (205) 521-7085 Contact Email: danny.williamson@naphcare.com

Website: n/a

Nevada Business License # (if applicable) n/a

Supervising/Managing Pharmacist Name (NRS 639.220): Daniel Williamson ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21431 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Daniel Williamson	NV Pharmacist Registration #: 21431
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: James S. McLane

Business Name: NaphCare Pharmacy, LLC

Business Address: 2086 Columbiana Road, Suite 1100

City: Birmingham State: AL Zip: 35216

Telephone: (205) 536-8400 Email: jim@naphcare.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Sole Member/Owner (title) for NaphCare Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

James S. McLane

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

August 29, 2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, James S. McLane hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Sole Member & Owner (title) for NaphCare Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 29 day of August, 2022

Notary Public

My Commission Expires:
December 16, 2022

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Daniel Williamson Pharmacist Registration #: 21431

Pharmacy Name: NaphCare Pharmacy, LLC

Initial each statement below to indicate you have read and agree with the following:

DOW I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

DOW I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

DOW I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

DOW I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

DOW I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

8 26 2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner	
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓			
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓			
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓			
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓		
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓	
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓	
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓	
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓	NA
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓	
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓	
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓	
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓	
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓	NA
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓	

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James S. McLane

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

August 29, 2022
Date

Board Use Only	Date Received: 9-1-22	Amount: 500.00 CC ✓

NaphCare
Your independent health care choice.

Explanation

The Ohio State Board of Pharmacy (OBOP) initiated an investigation of NaphCare's Terminal Distributor of Dangerous Drugs License Numbers 02-2124750 & 02-1450450, related to allegations regarding NaphCare's failure to maintain compliance with proper record keeping, security and control of dangerous drugs, and improper retention of expired medications within a jail facility in Dayton, Ohio. NaphCare denied and disputed all claims by the OBOP. On July 11, 2017, NaphCare agreed to provide a nominal payment to the Board in the amount of $7,000 and the OBOP agreed to dismiss its pending investigation. Further, NaphCare agreed to provide refresher training to its staff, biannually, on proper handling and removal of expired drugs, timely preparation of end of day reports, and maintenance of refrigerator logs.

James S. McLane

August 29, 2022
Date

2090 Columbiana Road, Suite 4000, Birmingham, Alabama 35216
(205)536-8400 • 1-800-834-2420 • Fax (205)536-8404

Steven W. Schierholt, Esq.
Executive Director

STATE OF OHIO BOARD OF PHARMACY

John R. Kasich
Governor

-THIS IS A RED INK STAMP-
I certify this to be a true and correct copy of the original document on file with the Ohio State Board of Pharmacy
Steven W. Schierholt, Esq., Executive Dir
Date 12/4/17
-MUST HAVE BOARD SEAL TO BE OFFICIAL-

IN THE MATTER OF: **CASE NO. 2014-1423**

NaphCare, Inc. at Montgomery County Jail
c/o Bradford T. McLane
2090 Columbiana Rd, Ste. 1100
Birmingham, AL 35216

License No. 02-2127450
02-1450450

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and NaphCare, Inc. at Montgomery County Jail (NaphCare), for the purpose of resolving all issues between the parties relating to the Board investigation of NaphCare's failure to maintain compliance with proper record keeping, security and control of dangerous drugs, and improper retention of expired medications. Together, the Board and NaphCare are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.57 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.54 of the Ohio Revised Code.

2. NaphCare is a licensed Terminal Distributor of Dangerous Drugs under license numbers 02-2124750 and 02-1450450.

FACTS

1. On or about April 23, 2014, the Board initiated an investigation of NaphCare's Terminal Distributor of Dangerous Drugs license numbers 02-2124750 and 02-1450450, related to NaphCare's failure to maintain compliance with proper record keeping, security and control of dangerous drugs, and improper retention of expired medications.

2. On or about March 14, 2017, the Board sent a Notice of Opportunity for Hearing to NaphCare which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

3. On or about March 27, 2017, NaphCare timely requested a hearing which was subsequently scheduled for September 12, 2017.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. NaphCare neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated March 14, 2017; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. NaphCare agrees to pay to the Board a monetary penalty the amount of $7,000.00, by means of a cashier's check made payable to "Treasurer, State of Ohio," mailed with the enclosed form to the Board, 77 South High Street, 17th Floor, Columbus, Ohio 43215-6126, no later than 30 days from the Effective Date of this Agreement.

4. NaphCare agrees to train its staff, biannually, on proper handling and removal of expired drugs, timely preparation of end of day reports, and maintenance of refrigerator logs. Further, after two years from the effective date of this agreement NaphCare may petition the Board to reduce or cease biannual training.

5. Effective no later than the sixtieth day after the Effective Date of this Agreement, Dr. Brenda Ellis shall no longer be NaphCare's Responsible Person, as defined in Ohio Administrative Code 4729-5-11. NaphCare shall submit a "Terminal Distributor Change of Responsible Person Notice" on license number 02-2127450 within 60 days of the Effective Date of this Agreement. Once Dr. Brenda Ellis has been replaced in accordance with this Agreement, NaphCare agrees to never use Dr. Ellis as a Responsible Person on any of its Ohio licenses.

6. NaphCare agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

7. NaphCare agrees to comply with all federal and state requirements related to Terminal Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by NaphCare of the terms

of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to NaphCare by the Board and will NOT discharge NaphCare from any obligation under the terms of this Agreement.

8. NaphCare agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

9. NaphCare understands that it has the right to be represented by counsel for review and execution of this agreement.

10. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom NaphCare will operate.

11. NaphCare waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and specifically withdraws its request for a hearing, and waives any right to an appeal.

12. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

13. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

14. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

15. This Agreement shall become effective upon the date of the Board President's signature below ("Effective Date").

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Bradford T. McLane, *on behalf of NaphCare* — Date of Signature: 6/22/2017

Ronald L. House, Attorney for Respondent — Date of Signature: 6/22/17

Fred Weaver, R.Ph., Acting President,
State of Ohio Board of Pharmacy — Date of Signature: 7-6-17

Steven Kochheiser, Ohio Assistant Attorney General — Date of Signature: July 11, 2017

Steven W. Schierholt, Esq.
Executive Director

John R. Kasich
Governor

STATE OF OHIO
BOARD OF PHARMACY

NOTICE OF OPPORTUNITY FOR HEARING
PROPOSAL TO TAKE DISCIPLINARY ACTION AGAINST LICENSEE

IN THE MATTER OF: **CASE NO. 2014-1423**

Naphcare, Inc. at Montgomery County Jail
c/o Brenda Ellis, MD
2090 Columbiana Rd, STE 1100
Birmingham, AL 35216

License No. 02-2127450
02-1450450

THIS IS A TRUE COPY.
3/14/17

March 14, 2017

Dear Naphcare, Inc. at Montgomery County Jail and Brenda Ellis,

You are hereby notified, in accordance with the provisions of Section 119.07 of the Ohio Revised Code the state of Ohio Board of Pharmacy (Board) proposes to take action against your license as a Terminal Distributor of Dangerous Drugs under authority of Section (TDDD) 4729.57 of the Revised Code.

JURISDICTION

1. Pursuant to Section 4729.57 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.55 of the Ohio Revised Code to practice as a TDDD in the state of Ohio. Additionally, Section 4729.57 of the Revised Code grants the Board the authority to impose a monetary penalty or forfeiture not to exceed in severity any fine designated under the Revised Code for a similar offense or $1,000 if the acts committed have not been classified as an offense by the Revised Code.

2. Naphcare, Inc. at Montgomery County Jail has a current TDDD license with the Board under license numbers 02-2127450 and 02-1450450.

ALLEGATIONS AND POTENTIAL VIOLATIONS OF LAW

1. During several inspections by an agent of the Board, the agent discovered the following expired medications inside the facility. On or about June 1, 2011, an agent of the Board observed that there was no system in place to check for expired medication blister cards among active stock. On or about June 10, 2011, you submitted a corrective action plan that outlined the training and process to monitor for expired medications. During another inspection on or about August 4, 2011, the agent observed expired medication blister cards among active stock that dated back to October 2009. On or about June 2, 2014, the agent observed expired medications among active stock located in the refrigerator, medication carts, and storage rooms. The expired medication dated back to October 2013. On or about December 16, 2015,

the agent observed expired medications among active stock located in the medication room and the dental area with expiration dates from June 2014.

a. Such conduct, if proven, constitutes a violation of Section 3715.52(A)(2) of the ORC, the adulteration or misbranding of any food, drug, device or cosmetic, constituting a misdemeanor of the fourth degree, punishable by a maximum fine of $2,000 if committed by an organization.

b. Such conduct, if proven, constitutes a violation of each of the following divisions of Section 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

   i. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

   ii. Violating any provision of Chapter 3715. of the Revised Code, ORC 4729.57(A)(4).

c. Such conduct, if proven, constitutes a violation of Rule 4729-17-03(B)(6) of the OAC, security and control of drugs in an institutional facility, punishable by a maximum fine of $1,000.

d. Such conduct, if proven, constitutes a violation of Rule 4729-9-17(A) of the OAC, storage of adulterated drugs, punishable by a maximum fine of $1,000.

e. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

2. On or about June 2, 2014, the Board issued you a written request to release records of administration of methadone administered to inmate S.K. After failing to respond to this initial request, the Board, on or about April 17, 2015, issued a written request for records of administration of methadone for all inmates from February 2013 through April 2013. You responded to the request; however, documents related specifically to inmate S.K. were not provided to the Board. On or about December 16, 2015, the Board issued an additional written request for records of administration of methadone administered to inmate S.K.

a. Such conduct, if proven, constitutes a violation of Rule 3719.27(A) of the ORC, inspection and checking of files and records, constituting an unclassified offense, punishable by a maximum fine of $1,000 if committed by an organization.

b. Such conduct, if proven, constitutes a violation of each of the following divisions of Section 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

   i. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

   ii. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

   iii. Violating any provision of the federal drug abuse control laws or Chapter 3719. of the Revised Code, ORC Section 4729.57(A)(5).

c. Such conduct, if proven, constitutes a violation of Rule 4729-5-29(C) of the OAC, confidentiality of patient records, punishable by a maximum fine of $1,000.

d. Such conduct, if proven, constitutes a violation of Rule 4729-9-14(A) of the OAC, records of controlled substances, punishable by a maximum fine of $1,000.

e. Such conduct, if proven, constitutes a violation of Rule 4729-9-22(E) of the OAC, records of dangerous drugs, punishable by a maximum fine of $1,000.

3. On or about March 23, 2014, Dr. Brenda Ellis instructed a nurse to remove an unknown quantity of methadone 10 mg tablets from a designated destruction container. The tablets were removed and administered to patient S.K.

a. Such conduct, if proven, constitutes a violation of Section 3715.52(A)(2) of the ORC, the adulteration or misbranding of any food, drug, device or cosmetic, constituting a misdemeanor of the fourth degree, punishable by a maximum fine of $2,000 if committed by an organization.

b. 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

i. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

ii. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

iii. Violating any provision of Chapter 3715. of the Revised Code, ORC 4729.57(A)(4).

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

4. On or about August 11, 2015, patient D.M was administered expired medication during dental treatment. The patient received Septocaine 4% with epinephrine 1:200,000 which expired April 2015.

a. Such conduct, if proven, constitutes a violation of Section 3715.52(A)(2) of the ORC, the adulteration or misbranding of any food, drug, device or cosmetic, constituting a misdemeanor of the fourth degree, punishable by a maximum fine of $2,000 if committed by an organization.

b. 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

i. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

ii. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

iii. Violating any provision of Chapter 3715. of the Revised Code, ORC 4729.57(A)(4).

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

5. On or about September 2, 2015, patient B.H. was administered expired medication during dental treatment. The patient received Lidocaine 2% with epinephrine which expired June 2015.

a. Such conduct, if proven, constitutes a violation of Section 3715.52(A)(2) of the ORC, the adulteration or misbranding of any food, drug, device or cosmetic, constituting a misdemeanor of the fourth degree, punishable by a maximum fine of $2,000 if committed by an organization.

b. 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

I. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

II. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

III. Violating any provision of Chapter 3715. of the Revised Code, ORC 4729.57(A)(4).

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

6. During an inspection on December 16, 2015, the agent of the board reviewed the temperature log and observed that approximately 36% of the dates in 2015 did not have a temperature documented.

a. Such conduct, if proven, constitutes a violation of each of the following divisions of Section 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

I. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

II. Violating any provision of this chapter, ORC Section 4729.57(A)(3).

b. Such conduct, if proven, constitutes a violation of Rule 4729-9-11(D) of the OAC, security and control of dangerous drugs, punishable by a maximum fine of $1,000.

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

7. During an inspection on December 16, 2015, a follow up inspection from the June 2, 2014 inspection, an agent of the board reviewed records of the facility and observed prescribers were not signing and dating end of day reports for positive identification.

a. Such conduct, if proven, constitutes a violation of each of the following divisions of Section 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

i. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

ii. Violating any provision of this chapter, ORC Section 4729.57(A)(3).

b. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-22(A)(4) of the OAC, records of dangerous drugs, punishable by a maximum fine of $1,000.

YOU ARE FURTHER NOTIFIED, in accordance with the provisions of Chapters 119. and 4729. of the Ohio Revised Code, that you are entitled to a hearing before the State of Ohio Board of Pharmacy, if you request such a hearing within thirty 30 days of the date of the mailing of this notice.

IF YOU DESIRE A HEARING, such request shall either be mailed to the State of Ohio Board of Pharmacy, Attn: Legal, 77 South High Street, 17th Floor, Columbus, Ohio 43215-6126 or an e-mail request may be sent to legal@pharmacy.ohio.gov (please note faxes will not be accepted). **YOUR REQUEST MUST BE MUST BE RECEIVED ON OR PRIOR TO THE 30TH DAY FOLLOWING THE MAILING DATE OF THIS NOTICE.** Please note that if you submit a request via email, your request will be acknowledged within one business day of receipt. If you do not receive an acknowledgment, please contact the Board offices at 614-466-4143 and request the legal department. You may appear at such hearing in person, by your attorney, or by such other representative as is permitted to practice before the agency, or you may present your position, arguments or contentions in writing; and, at this hearing, you may also present evidence and examine any witnesses appearing for and against you. If you are a corporation, you must be represented at the hearing by an attorney licensed to practice in the state of Ohio.

YOU ARE FURTHER ADVISED that if there is no request for such a hearing received by the Board on or prior to the 30th day following the mailing of this notice, the State of Ohio Board of Pharmacy, upon consideration of the aforementioned allegations against you, may take action without such a hearing.

If you have questions regarding the Chapter 119. Administrative Hearing process, please e-mail your questions to legal@pharmacy.ohio.gov or call the Board office at 614-466-4143 and ask for the legal department.

BY ORDER OF THE STATE OF OHIO BOARD OF PHARMACY

Steven W. Schierholt, Esq., Executive Director

SWS/rlc
CMRRR: 7005 0390 0001 8571 7902

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that NaphCare Pharmacy, LLC was formed in Jefferson County, Alabama on October 5, 2020. The Alabama Entity Identification number for this entity is 000-739451. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

07/25/2022

Date

J. H. Merrill

John H. Merrill **Secretary of State**

20220725000019770

NAPHCARE PHARMACY, LLC
EXECUTIVE SUMMARY

NaphCare Pharmacy, LLC is under the leadership of sole member and owner, James S. McLane. James S. McLane founded NaphCare, Inc. in 1989. Through recent strategic planning, and efforts to showcase core competencies of the business units of NaphCare, Inc., a decision was made to form NaphCare Pharmacy, LLC which is assuming all pharmacy related matters and pharmacy operations of NaphCare, Inc. Ultimately, both entities are 100% owned by James S. McLane.

NaphCare Pharmacy, LLC's goal is to provide its clients with safe and efficient pharmaceutical services while also reducing their drug costs. The pharmacy is dedicated solely to the correctional facilities in which it serves. All pharmacists are highly qualified with degrees in Doctor of Pharmacy, Master of Administration, and Bachelor of Science. They retain appropriate licensure, and bring multiple disciplines of pharmaceutical experience to the pharmacy.

RESOLUTION OF NAPHCARE, INC.

I, Connie Young, Secretary of the above named corporation, do hereby certify that the foregoing is a full, true and correct copy of resolution of the Board of Directors of said corporation duly and regularly adopted at a meeting of said Board of Directors duly held on the 5th day of October, 2020. I further certify that said resolution is still in full force and effect and has not been amended or revoked

RESOLVED, that NaphCare, Inc. is hereby authorized to divest, and transfer all pharmacy related assets, debts, employees, and operations to NaphCare Pharmacy, LLC, an Alabama limited liability company formed on October 5, 2020, whose sole managing member is James S. McLane.

IN WITNESS WHEREOF, I have hereunto set my hand as Secretary of the above corporation this 5 day of October, 2020.

Connie Young, Secretary

ALABAMA STATE BOARD OF PHARMACY

111 Village Street, Birmingham, AL 35242
www.albop.com Phone: 205-981-2280

License Verification

Name: NAPHCARE PHARMACY, LLC
2086 Columbiana Road, suite 1100

Birmingham , AL 35216

Permit/Registration/License Number: 113161

License Type: Community Pharmacy

License Status: Active

Date Issued: 09/13/2006

Expiration Date: 12/31/2022

Disciplinary Action: No

Date Prepared: 06/28/2022

Donna C Yeatman

Donna Yeatman, R.Ph.
Executive Secretary

Alabama State Board of Pharmacy

2022

This is to certify:

NAPHCARE PHARMACY, LLC
2086 COLUMBIANA ROAD, SUITE 1100
BIRMINGHAM , AL 35216

Permit Number:

113161

Is Duly Licensed as a:

Community Pharmacy

Specialty Services:

Supervising Pharmacist

DANIEL OSCAR WILLIAMSON

14355

IN COMFORMITY WITH THE PROVISIONS OF ACT #205, GENERAL ACTS OF ALABAMA, 1966 SPECIAL SESSION, AND RULES AND REGULATIONS OF THE BOARD. THIS CERTIFICATE MUST BE CONSPICIOUSLY DISPLAYED AND EXPIRE ON THE LAST DAY OF

December 2022

THIS IS YOUR RECEIPT FOR FEE PAID AS REQUIRED BY LAW
THIS PERMIT IS NOT TRANSFERRABLE

Donna C Yeatman
EXECUTIVE SECRETARY

Alabama State Board of Pharmacy

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE

2022

Controlled Substance Number:

113161

Business Activity:

Community Pharmacy

Schedules:

II,III,IV,V

The Controlled Substance Act of 1971 reads in part as follows:
Section 304 (Revocation and Suspension of the Registration.)

(a) A registration under Section 303 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Certifying Boards upon a finding that the registrant:
(1) Has furnished false or fraudulent material information in any application filed under this Act,
(2) Has been convicted of a felony under any State or Federal law relating to any controlled substance or
(3) Has had his Federal registration suspended or revoked to manufacture, distribute, or dispense controlled substances
(4) Has violated the provisions Act 205 (al-a32) Code of Alabama 1940 (Recomp. 1958)

Date Issued: 01/01/2021

Expiration Date: 12/31/2022

NAPHCARE PHARMACY, LLC
2086 COLUMBIANA ROAD, SUITE 1100
BIRMINGHAM , AL 35216

CERTIFICATE MUST BE PROMINENTLY DISPLAYED AT ALL TIMES

THIS REGISTRATION IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BC1699442	10-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	10-06-2021

NAPHCARE PHARMACY LLC
2086 COLUMBIANA RD STE 1100
BIRMINGHAM, AL 352162118

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BC1699442	10-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	10-06-2021

NAPHCARE PHARMACY LLC
2086 COLUMBIANA RD STE 1100
BIRMINGHAM, AL 352162118

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

ALABAMA BOARD OF PHARMACY

Inspection Retail Pharmacy For NAPHCARE PHARMACY, LLC

DEMOGRAPHICS

☐ Not Licensed

AL License Number	DEA Number	Status
113161	BC1699442	Closed - Compliant
Supervising Pharmacist	**Supervising Pharmacist-License**	**Supervising Pharmacist Email**
DANIEL OSCAR WILLIAMSON	14355	wow5dogs@gmail.com
Pharmacist Assisting	**Pharmacist Assisting License**	**Pharmacist Assisting Email**
Inspection Type	**Inspection Date**	**Inspector Name**
Relocation	04/27/2022	MDelk

☐ Case Number

NOT APPROVED FOR MORE THAN 5% USP 795 NON-STERILE COMPOUNDING

ADDRESS INFORMATION

Address 1 : 2086 Columbiana Road, suite 1100

Address 2 :

City : Birmingham

State / Zip : AL 35216

REQUIREMENT

Pharmacy space and layout 16 sq. ft counter space; 24 sq ft if 2 or more pharmacists.	◉ Yes ○ No ○ N/A	34-23-71
Reference Books or online data: Facts and Comparisons.	◉ Yes ○ No ○ N/A	
All required licenses and permits are displayed prominently	◉ Yes ○ No ○ N/A	34-23-70(b)
Private consultation area available.	◉ Yes ○ No ○ N/A	680-X-2-.27
Is the method used to collect patient signatures to approve or refuse pharmacist counseling HIPAA compliant? (Signatures should not be visible to other customers)	◉ Yes ○ No ○ N/A	
Pharmacy Staff makes verbal offer to counsel on each new prescription.	◉ Yes ○ No ○ N/A	680-x-2-.21
Access to pharmacy (keys or code) with pharmacist only.	◉ Yes ○ No ○ N/A	680-X-2-.11
Designated Key Holder (List Name) (Approval Form must be posted in pharmacy)	○ Yes ○ No ◉ N/A	680-X-2-.11
Refrigerator is clean, temperature between 2 – 8 degrees C, or 36-46 degrees F.	◉ Yes ○ No ○ N/A	
Temperature monitored and recorded		
Only drug related products stored in refrigerator.	◉ Yes ○ No ○ N/A	
Prescription area is clean and orderly. Minimal chance to confuse orders.	◉ Yes ○ No ○ N/A	
Drugs in date;	◉ Yes ○ No ○ N/A	34-23-9
Drugs purchased from reputable sources.	◉ Yes ○ No ○ N/A	
Amerisource		34-23-32-1

Do you provide prescriptions to patients in a Skilled Nursing Facility (SNF) and/or Intermediate Care Facility (ICF)? ○ Yes ○ No ◉ N/A

Correctional facilities.

TECHNICIANS

Pharmacy technicians: supervised, registered, have name tag. ◉ Yes ○ No ○ N/A

34-23-131

Pharmacist:technician ratio of 1:2, 1:3 if one tech is certified. ◉ Yes ○ No ○ N/A

Pharmacy technician manual: may use www//albop.com ◉ Yes ○ No ○ N/A

680-X-2-.14(5)

Technicians have been trained in all assigned tasks. ◉ Yes ○ No ○ N/A

680-X-2-.14(5)

Are technicians prevented from processing/receiving prescriptions before a pharmacist arrives or after the pharmacist leaves? ◉ Yes ○ No ○ N/A

Does a pharmacist verify all work performed by technicians and document this verification? ◉ Yes ○ No ○ N/A

CONTROLS/MONITORED MEDICATIONS

Pharmacy connected to NPLEX if selling ephedrine pseudoephedrine products (Those selling by prescription only, do not have to submit to database) ◉ Yes ○ No ○ N/A

20-2-190

Pharmacy is reporting to PDMP
(Pharmacies should be uploading every day)
(Should be uploading a zero balance even if no CS filled) ◉ Yes ○ No ○ N/A

20-2-213

Controlled Substance Inventory (Date of Last Inventory) ◉ Yes ○ No ○ N/A

2022

680-X-3-.08

PRESCRIPTIONS

refills limited to prescriber's orders. ◉ Yes ○ No ○ N/A

Record keeping of prescriptions (initials, number, date, label, notes compounding notes) ◉ Yes ○ No ○ N/A

Viewed multiple prescriptions and labels

680-X-2-.05 680-X-2-.14

all controlled substance prescriptions shall bear full name and address of the patient along with date, drug, strength, dosage form, quantity, directions for use, and name, address and registration number of practitioner. ◉ Yes ○ No ○ N/A

DRUG RETURN

Pharmacy takes back non-controlled medication from patients for destruction. ○ Yes ○ No ◉ N/A

Pharmacy takes back controlled medication from patients for destruction. ○ Yes ○ No ◉ N/A

Quarantined all out-dated medications (both prescription and OTC)? Note: This includes compounding supplies and items in the refrigerator. ○ Yes ○ No ◉ N/A

COMPOUNDING

Have a separate, clean area for any compounding (only compounding equipment, orderly, clean) ○ Yes ○ No ◉ N/A

34-23-152

Compounding area has washable counter, floors, ceiling, shelves. ○ Yes ○ No ◉ N/A

Sink with potable hot and cold water, sink clean, available to hand washing before compounding.	○ Yes	○ No	◉ N/A
Prescription Balance/scale and Weights, , Technical Equipment commensurate with its level of practice. 680-X-2-.04	○ Yes	○ No	◉ N/A
Purified water used for compounding or reconstitution	○ Yes	○ No	◉ N/A
Last time calibrated balance or scale Date: _____ 34-23-153	○ Yes	○ No	◉ N/A
Prepares a compounding record with each compound which includes amount of each ingredient, lot number and expiration date. 34-23-156	○ Yes	○ No	◉ N/A
Master Formula and compounding instructions available for commonly used formulas.	○ Yes	○ No	◉ N/A
Compounding of hazardous drugs follows USP 800.	○ Yes	○ No	◉ N/A
Any staff who compound hazardous drugs have been trained and have signed an informed consent.	○ Yes	○ No	◉ N/A

AUTOMATED FILLING DEVICES

Are you able to identify brand name, or generic name & manufacturer; strength; lot number; expiration date; or an internal control number which references the manufacturer and lot number used for medications placed into all cells in automated dispensing machines ? DOSIS machines	◉ Yes	○ No	○ N/A
Does pharmacist verify technician filling of automated dispensing machines?	◉ Yes	○ No	○ N/A

COMMENTS

Viewed control cage, alarm ADS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: NaphCare Pharmacy, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): 01799

Physical Address: 2086 Columbiana Road, Suite 1100

City: Birmingham State: AL Zip: 35216

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (205) 552-1700 Website:

Licensing Company Email: danny.williamson@naphcare.com

Section 2: Personal Information

First: James Middle: Sanford Last: McLane

Alias(es, nicknames, name changes, etc.): Jim McLane

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 2090 Columbiana Road, Suite 4000

City: Birmingham State: AL Zip: 35216

Telephone: [redacted] Email: jim@naphcare.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Auburn University, Harrison College of Pharmacy		09/63-08/70	
Address	**City**	**State**	**Zip**
2316 Walker Building	Auburn	AL	36849
Diploma/Degree obtained, if any			
Bachelor of Science in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
TN Military Institue		09/60-06/62	
Address	**City**	**State**	**Zip**
	Sweetwater	TN	
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/05-present	[redacted] Rocky Ridge Road	Vestavia	AL	35243
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
NaphCare Pharmacy, LLC			10/05/20-present
Business Address	**City**	**State**	**Zip**
2086 Columbiana Road, Suite 1100	Birmingham	AL	35216
Phone	**Title**		
(205) 552-1700	Sole Member & Owner		
Description of Duties			
Ownership duties			

Business Name			From - To (MM/YY – MM/YY)
NaphCare Wholesale Distribution, LLC			
Business Address	**City**	**State**	**Zip**
2086 Columbiana Road, Suite	Birmingham	AL	35216
Phone	**Title**		
	Sole Member & Owner		
Description of Duties			
Ownership duties			

Business Name			From - To (MM/YY – MM/YY)
NaphCare, Inc.			01/20-present
Business Address	**City**	**State**	**Zip**
2090 Columbiana Road, Suite 4000	Birmingham	AL	35216
Phone	**Title**		
(205) 536-8400	Chairman of the Board		
Description of Duties			
Chairman of the Board duties			

Business Name			From - To (MM/YY – MM/YY)
NaphCare, Inc.			01/89-12/19
Business Address	**City**	**State**	**Zip**
2090 Columbiana Road, Suite 4000	Birmingham	AL	35216
Phone	**Title**		
(205) 536-8400	Chief Executive Officer		
Description of Duties			
Chief Planner and Operational Director			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Regarding question numbers four, and five, please be advised that NaphCare, Inc. contracts with governmental entities to provide health care services to incarcerated individuals in jails and prisons throughout the United States. Relating to my capacity with NaphCare, Inc. as reported in Section 7, NaphCare, Inc., and I have been party to prisoner civil rights actions, employment related litigation, and contract related litigation. Please find attached NaphCare, Inc.'s litigation history list which would include any lawsuit where I may have been named a party, as well.

Regarding question number 6, and as reported in the Pharmacy Application, the Ohio State Board of Pharmacy (OBOP) initiated an investigation of NaphCare's Terminal Distributor of Dangerous Drugs License Numbers 02-2124750 & 02-1450450, related to allegations regarding NaphCare's failure to maintain compliance with proper record keeping, security and control of dangerous drugs, and improper retention of expired medications within a jail facility in Dayton, Ohio. NaphCare denied and disputed all claims by the OBOP. On July 11, 2017, NaphCare agreed to provide a nominal payment to the Board in the amount of $7,000 and the OBOP agreed to dismiss its pending investigation. Further, NaphCare agreed to provide refresher training to its staff, biannually, on proper handling and removal of expired drugs, timely preparation of end of day reports, and maintenance of refrigerator logs. We have enclosed an explanation, and certified documentation regarding this matter.

Original Signature (electronic, copies or stamps not accepted)

August 29, 2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James S. McLane

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

August 29, 2022

Date

Please have this section completed in the presence of a Notary Public.

State of Alabama, ss. County of Jefferson

I, James S McLane, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

August 29, 2022

Date

Subscribed and Sworn to before me this 29 day of August 2022

Notary Public Signature

My Commission Expires:
December 16, 2022

(Seal)

NaphCare, Inc. Litigation History List

Case Number	Case Style	Jurisdiction	Type	Date Filed	Date Closed	Disposition
CV 00 1599	Boyd Edward Horton v. Studdard, et al.	USDC for the Northern District of Alabama	PCR	6/7/2000	2/28/2005	Summary Judgment in Defendants' Favor
CV 00 3574	Anthony Wayne Popwell v. NaphCare, Inc.	Circuit Court of Jefferson County, Alabama	PCR	6/12/2000	1/1/2007	Confidential settlement & case dismissed
CV 01 205	Alfonso Morris v. Sheriff Woodward, et al.	USDC for the Northern District of Alabama	PCR	1/19/2001	3/28/2006	Summary Judgment in Defendants' Favor
CV 01 6834 ER	Christina Buchanan for the Estate of Sharon J. Bullock v. NaphCare, Inc.	Circuit Court of Jefferson County, Alabama	AWD	11/2/2001	3/1/2004	Confidential settlement & case dismissed
CV 01 3274	Milan Nikolic v. Dr. Bates	USDC for the Northern District of Alabama	PCR	12/19/2001	3/27/2006	Dismissed with prejudice
1:02cv18GRO	Jane Thompson v. NaphCare, Inc.	USDC for the Southern District of Mississippi	ER	1/1/2002	11/1/2004	Summary Judgment in Defendants' Favor
CV 02 41	Brooks Bishop v. NaphCare, et al.	Circuit Court of Jefferson County, Alabama	PCR	1/9/2002	8/13/2004	Dismissed without prejudice
03cv26	Gary Scarberry v. Tahir Saddiq	USDC for the Middle District of Alabama	PCR	1/10/2002	3/1/2004	Summary Judgment in Defendants' Favor
02 CV 42	James Edward Wallace v. Warden Mosley, et al.	USDC for the Middle District of Alabama	PCR	1/14/2002	9/30/2002	Dismissed
02-cv-133	Mark Colin Jennings, II v. Commissioner Michael Haley, et al.	USDC for the Northern District of Alabama	PCR	1/16/2002	5/23/2003	Dismissed without prejudice
CV 02 62	Willie A. Prince v. Gwendolyn Mosley, et al.	USDC for the Middle District of Alabama	PCR	1/17/2002	11/22/2002	Dismissed without prejudice
02-cv-124	Marcus Collier v. Michael W. Haley, et al.	USDC for the Middle District of Alabama	PCR	1/31/2002	1/8/2003	Final Judgment in Defendants' Favor
02 cv 162	Marlon Thompson v. Commissioner Haley	USDC for the Middle District of Alabama	PCR	2/11/2002	7/15/2002	Dismissed without prejudice
CV 02 438	Donald Wayne Byrd v. NaphCare, Inc., et al.	USDC for the Northern District of Alabama	PCR	2/20/2002	3/31/2006	Dismissed without prejudice
02 CV 300	Keith Collier v. NaphCare, Inc., et al.	USDC for the Middle District of Alabama	PCR	3/8/2002	7/23/2002	Summary Judgment in Defendants' Favor
CV 02 N 0640 S	Emma Pegues v. NaphCare, Inc.	USDC for the Northern District of Alabama	ER	3/11/2002	11/1/2002	Confidential settlement & case dismissed
02 CV 305	Robert Varner v. Warden Holt, et al.	USDC for the Middle District of Alabama	PCR	3/11/2002	9/23/2002	Dismissed
CV 02 704	George Sterling Griffin, Sr. v. NaphCare, Inc., et al.	USDC for the Northern District of Alabama	PCR	3/19/2002	3/31/2006	Summary Judgment in Defendants' Favor
CV 02 1836	Gerald Ward v. NaphCare, et al.	Circuit Court of Jefferson County, Alabama	PCR	3/21/2002	7/22/2002	Summary Judgment in Defendants' Favor
CV 02 137	Cyrus Phyfier v. Nurse Andrea Howard, et al.	Circuit Court of Limestone County, Alabama	PCR	4/1/2002	6/26/2002	Dismissed with prejudice
CV 02 384	Timothy Baker v. Staton Correctional Facility Medical Staff	USDC for the Middle District of Alabama	PCR	4/2/2002	9/5/2002	Dismissed
CV 02 911	Joseph F. Berry, Sr. v. NaphCare, Inc., et al.	USDC for the Northern District of Alabama	PCR	4/10/2002	2/26/2004	Dismissed
CV 02 575	Jason M. West v. Warden Stephen Bullard, et al.	Circuit Court of Jefferson County, Alabama	PCR	4/23/2002	5/24/2004	Summary Judgment in Defendants' Favor
CV 02 487	Percy A. Tate v. NaphCare, Inc., et al.	USDC for the Middle District of Alabama	PCR	5/1/2002	9/13/2004	Final Judgment in Defendants' Favor
02-CV-501	Dan Burrell v. NaphCare Medical Services, Inc.	USDC for the Middle District of Alabama	PCR	5/3/2002	7/21/2003	Summary Judgment in Defendants' Favor
CV 02 509	Horace Crockett v. Dr. Sedeat, et al.	USDC for the Middle District of Alabama	PCR	5/6/2002	9/9/2002	Dismissed
02cv550	Eddie Hill Moore v. NaphCare, et al.	USDC for the Middle District of Alabama	PCR	5/15/2002	7/21/2003	Summary Judgment in Defendants' Favor
02cv357	Joseph W. James v. McWhorter, et al.	USDC for the Southern District of Alabama	PCR	5/16/2002	4/18/2003	Dismissed with prejudice
CV 2002 1392	Charles Rice v. Alabama Department of Corrections	Circuit Court of Montgomery County, Alabama	PCR	5/16/2002	2/24/2006	Dismissed with prejudice
CV 02 1390	Rogers Avery v. NaphCare, Inc.	Circuit Court of Montgomery County, Alabama	PCR	5/16/2002	2/6/2009	Summary Judgment in Defendants' Favor
CV 02 1312	Johnny Childers v. Mike Haley, et al.	USDC for the Northern District of Alabama	PCR	5/28/2002	3/30/2006	Summary Judgment in Defendants' Favor
02cv1435	Milton Smiley v. Mitchum, et al.	USDC for the Northern District of Alabama	PCR	6/12/2002	3/19/2003	Dismissed
CV 02 270	Dwight W. Love v. NaphCare, Inc.	Circuit Court of Elmore County, Alabama	PCR	6/19/2002	10/23/2003	Dismissed with prejudice
CV 02 1517	Ronald H. Spears v. NaphCare, Inc., et al.	USDC for the Northern District of Alabama	PCR	6/21/2002	8/26/2004	Confidential settlement & case dismissed
CV 02 1524	Olin Grimsley v. Dr. William Hammack, et al.	USDC for the Northern District of Alabama	PCR	6/21/2002	2/23/2006	Summary Judgment in Defendants' Favor
02cv2044	Theodore Mothershed v. Black Hawk County Jail, et al.	USDC for the Nothern District of Iowa	PCR	7/1/2002	8/15/2003	Dismissed
CV 02 508	Carl A. Perry, Jr. v. Jackie Feldman, et al.	USDC for the Southern District of Alabama	PCR	7/8/2002	3/7/2006	Final Judgment in Defendants' Favor
CV 02 1936	Charles Dixon v. State of Alabama, et al	Circuit Court of Montgomery County, Alabama	PCR	7/15/2002	11/1/2002	Dismissed with prejudice
CV 02 809	James Hudnall v. Dr. Robbins, et al.	USDC for the Middle District of Alabama	PCR	7/16/2002	8/9/2004	Final Judgment in Defendants' Favor
CV 02 4318	Silas Borden v. William C. Hammack, MD, et al.	Circuit Court of Jefferson County, Alabama	PCR	7/19/2002	10/22/2002	Dismissed without prejudice
02cv823	Butler Johnson v. Debra Martin, et al.	USDC for the Middle District of Alabama	PCR	7/22/2002	12/6/2002	Dismissed without prejudice
CV 02 2075	Gary Renard Lundy v. Nurse King, et al.	Circuit Court of Montgomery County, Alabama	PCR	7/24/2002	4/21/2003	Dismissed with prejudice
CV 02 574	Thomas Hines v. Tracy Hawsey, et al.	USDC for the Southern District of Alabama	PCR	7/25/2002	2/1/2005	Dismissed
CV 02 2128	James Lee v. NaphCare, Inc.	Circuit Court of Montgomery County, Alabama	PCR	7/29/2002	3/21/2003	Dismissed without prejudice
02cv957	Linda Laube, et al. v. Michael Haley, et al.	USDC for the Middle District of Alabama	PCR	8/19/2002	12/1/2003	NaphCare Defendants Dismissed
CV 02 2367	Robert Vincent Payne v. NaphCare, Inc	Circuit Court of Montgomery County, Alabama	PCR	8/22/2002	2/5/2004	Dismissed with prejudice
CV 03 990	Richard Carter v. NaphCare, Inc., et al.	USDC for the Middle District of Alabama	PCR	8/26/2002	3/1/2003	Final Judgment in Defendants' Favor
CV 02 1023	Michael Todd Hill v. Michael Haley, et al.	USDC for the Middle District of Alabama	PCR	9/4/2002	9/29/2004	Dismissed
CV 02 1024	Deborah Franks v. NaphCare, Inc., et al.	USDC for the Middle District of Alabama	PCR	9/4/2002	10/21/2003	Final Judgment in Defendants' Favor
03cv 1038	Craig Snapp v. Dr. Tahirr Siddiq, et al.	USDC for the Middle District of Alabama	PCR	9/6/2002	11/24/2003	Dismissed
CV 02 1038	Craig Snapp v. Dr. Tahirr Siddiq, et al.	USDC for the Middle District of Alabama	PCR	9/6/2002	12/1/2004	Dismissed
CV 02 1124	James Finley v. Chambers County Detention Facility, et al.	USDC for the Middle District of Alabama	PCR	10/3/2002	3/25/2005	Final Judgment in Defendants' Favor
CV 02 290.60	Garron V Bethel v. NaphCare, Inc	Circuit Court of Escambia County, Alabama	PCR	10/8/2002	3/24/2003	Final Judgment in Defendants' Favor
CV 02 759	Roy Lee Miller v. NaphCare, Inc., et al.	USDC for the Southern District of Alabama	PCR	10/11/2002	3/1/2005	Dismissed with prejudice
CV 02 2067	Bonnie Wise v. Black Hawk County Jail, et al.	USDC for the Northern Distirct of Iowa	PCR	10/25/2002	10/31/2003	Dismissed
CV 02 1194	Arzell Tyner v. Sheriff Jay Jones, et al.	USDC for the Middle District of Alabama	PCR	10/25/2002	6/30/2003	Final Judgment in Defendants' Favor
CV 02 316	Garron Van Bethel v. NaphCare, Inc.	Circuit Court of Escambia County, Alabama	PCR	11/4/2002	2/6/2003	Summary Judgment in Defendants' Favor
CV 02 215	Terri Bradford v. NaphCare, Inc	Circuit Court of St. Clair County, Alabama	WC	11/5/2002	6/1/2003	Confidential settlement & case dismissed
02-CV-2775	Doyle Baker v. Billy Mitchem, et al.	USDC for the Northern District of Alabama	PCR	11/12/2002	3/9/2005	Dismissed
CV 02 813	Doyle Reid v. Diane Riley, et al.	USDC for the Southern District of Mississippi	PCR	11/15/2002	3/25/2004	Dismissed
CV 02 2812	Antonio Leatherwood, et al. v. Michael Haley, et al.	USDC for the Northern District of Alabama	PCR	11/18/2002	6/1/2004	NaphCare Defendants Dismissed
CV 02 581	Datanio Howell v. Warden John E. Nagle, et al.	Circuit Court of Elmore County, Alabama	PCR	11/22/2002	3/12/2003	Dismissed without prejudice
CV 02 3527	Thomas Chambers v. Correctional Medical Services, Inc., et al.	Circuit Court of Montgomery County, Alabama	PCR	12/17/2002	10/28/2003	Summary Judgment in Defendants' Favor
CV 02 3558	Owen Lamar Cooper Sr v. NaphCare, et al.	Circuit Court of Montgomery County, Alabama	PCR	12/19/2002	1/2/2003	Dismissed without prejudice
02 3555	Gary Lundy v. King, et al.	Circuit Court of Montgomery County, Alabama	PCR	12/19/2002	3/9/2006	Dismissed without prejudice
02cv1405	Thomas Joel Cartwright v. NaphCare, Inc., et al.	USDC for the Middle District of Alabama	PCR	12/20/2002	8/1/2003	Dismissed without prejudice

NaphCare, Inc. Litigation History List

Case Number	Case Style	Jurisdiction	Type	Date Filed	Date Closed	Disposition
03 CV 21	Estate of Eddie James Miller v. Jefferson County, Alabama, et al.	USDC for the Northern District of Alabama	AWD	1/6/2003	11/1/2005	Confidential settlement & case dismissed
CV 03 31	Clifford Lorenzo Thomas v. Officer Marshal, et al.	Circuit Court of Montgomery County, Alabama	PCR	1/7/2003	1/7/2005	Final Judgment in Defendants' Favor
CV 03 20	Willie J. Clemmons v. Tahir Saddiq, et al.	USDC for the Middle District of Alabama	PCR	1/8/2003	12/13/2004	Dismissed without prejudice
CV 03 20	Jerry Wayne Kitchens v. NaphCare, et al.	Circuit Court of Bibb County, Alabama	PCR	1/28/2003	4/17/2003	Dismissed with prejudice
03-cv-99	Anthony Adams v. Dr. Tahir Siddiq	USDC for the Middle District of Alabama	PCR	1/30/2003	2/1/2004	Final Judgment in Defendants' Favor
CV 03 536	Antonio Demon Smith v. Dr. Michael Robbins, et al.	Circuit Court of Montgomery County, Alabama	PCR	2/12/2003	10/21/2008	Dismissed without prejudice
CV 03 30	William J. Hammack v. NaphCare, Inc	Circuit Court of St. Clair County, Alabama	ER	2/18/2003	12/1/2005	Confidential settlement & case dismissed
CV 03 351	Tommy Pylant v. NaphCare, Inc., et al.	USDC for the Northern District of Alabama	PCR	2/18/2003	8/17/2004	Summary Judgment in Defendants' Favor
CV 03 256	Dwayne D. Wier and Robert Huff v. Ms. Van Doren, et al.	USDC for the District of Oregon	PCR	2/24/2003	9/1/2004	Summary Judgment in Defendants' Favor
CV 03 534	Estate of Pamela Brown v. Terrence McDonald, et al.	Circuit Court of Montgomery County, Alabama	AWD	2/28/2003	11/1/2006	Confidential settlement & case dismissed
CV 03 283	Samuel L. Block v. Captain S. Nettles, et al.	USDC for the Middle District of Alabama	PCR	3/13/2003	12/16/2004	Summary Judgment in Defendants' Favor
CV 03 669	Andre Dansby v. Dr. Delong, et al.	USDC for the Northern District of Alabama	PCR	3/24/2003	8/24/2005	Summary Judgment in Defendants' Favor
CV 03 836	Arthur James Sanford v. Donal Campbell, et al.	Circuit Court of Montgomery County, Alabama	PCR	4/1/2003	9/3/2003	Summary Judgment in Defendants' Favor
CV 03 2135	Ismamail Hakim Malik Shabazz v. NaphCare, Inc.	Circuit Court of Jefferson County, Alabama	PCR	4/2/2003	10/28/2003	Dismissed with prejudice
CV 03 354	Perry Fleming v. Dr. Tahir Saddiq, et al.	USDC for the Middle District of Alabama	PCR	4/2/2003	8/31/2005	Final Judgment in Defendants' Favor
1:03 CV 112	William Anderson v. Harrison County, et al.	USDC for the Southern District of Mississippi	PCR	4/3/2003	2/17/2005	Dismissed with prejudice
03cv893	Kevin Manning v. William E. Norman, et al.	USDC for the Northern District of Alabama	PCR	4/16/2003	8/14/2004	NaphCare Defendants Dismissed
CV 03 41	James L. Shores v. J. McLane, et al.	Circuit Court of Bullock County, Alabama	PCR	4/17/2003	7/23/2003	Dismissed without prejudice
CV 03 3025	Gregory Lee v. Mrs. Eby, et al.	USDC for the Northern District of Alabama	PCR	4/17/2003	3/1/2003	Transferred to case where NC not a defendant
CV 03 447	Andre Lett v. Louis Sneed, et al.	USDC for the Middle District of Alabama	PCR	4/25/2003	12/15/2003	Final Judgment in Defendants' Favor
CV 03 1711	Estate of Jessie E. Clark v. William E. Donaldson Correctional Facility, et al.	Circuit Court of Montgomery County, Alabama	AWD	4/29/2003	6/14/2005	Confidential settlement & case dismissed
03cv462	James Hudnall v. Dr. Robbins, et al.	USDC for the Middle District of Alabama	PCR	4/30/2003	1/20/2006	Dismissed
CV 03 464	Ricky Nelson Bass v. Alabama Department of Corrections, et al.	USDC for the Middle District of Alabama	PCR	4/30/2003	8/22/2005	Final Judgment in Defendants' Favor
CV 03 1013	Robert Valzaco v. Madison County Sheriff's Dept	USDC for the Northern District of Alabama	PCR	5/1/2003	4/23/2004	Summary Judgment in Defendants' Favor
CV 03 619	Scott Drew v. Warden Millward, et al.	USDC for the Western District of Pennsylvania	PCR	5/1/2003	9/1/2004	Summary Judgment in Defendants' Favor
03-CV-1114	Jerry Baker, et al. v. Campbell, et al.	USDC for the Northern District of Alabama	PCR	5/13/2003	3/9/2004	NaphCare Dismissed
CV 03 546	Mona Blevins v. Warden Gladys Deese, et al.	USDC for the Middle District of Alabama	PCR	5/23/2003	3/26/2004	Final Judgment in Defendants' Favor
CV 03 561	Michael Alan Cole v. Ventress Correctional Facility, et al.	USDC for the Middle District of Alabama	PCR	5/27/2003	8/31/2005	Final Judgment in Defendants' Favor
CV 03 596	Agatha Harris v. Warden Harrelson, et al.	USDC for the Middle District of Alabama	PCR	6/4/2003	8/24/2005	Final Judgment in Defendants' Favor
CV 03 1472	Michael Robinson v. NaphCare, Inc., et al.	USDC for the Northern District of Alabama	PCR	6/18/2003	1/26/2006	Dismissed
CV 03 654	Estate of Danny Kirksey v. NaphCare, Inc., et al.	Circuit Court of Jefferson County, Alabama	AWD	6/19/2003	10/14/2004	Summary Judgment in Defendants' Favor
CV-03-PT-1499-M	Lavaritus Smith v. Ralph Hooks, et al.	USDC for the Northern District of Alabama	PCR	6/20/2003	1/4/2007	Summary Judgment in Defendants' Favor
CV 03 650	Wayne Brantley v. Terrance McDonnell, et al.	USDC for the Middle District of Alabama	PCR	6/20/2003	8/18/2005	Final Judgment in Defendants' Favor
CV 03 571	Anthony Harrison v. Dr. Lemoine, et al.	USDC for the Middle District of Tennessee	PCR	6/24/2003	3/1/2004	Summary Judgment in Defendants' Favor
CV 03 1535	Eleanor Stubbs v. NaphCare, Inc	USDC for the Northern District of Alabama	ER	6/25/2003	12/1/2003	Confidential settlement & case dismissed
CV 03 1534	Ernest Hubbard v. Claudette Porter	USDC for the Northern District of Alabama	PCR	6/25/2003	9/18/2003	Dismissed without prejudice
CV 03 498	Daniel Fleming v. J.R. Reynolds, et al.	USDC for the Southern District of Alabama	PCR	6/26/2003	9/1/2004	Dismissed with prejudice
CV 03 1840	Jerry Kitchens v. NaphCare, Inc., et al.	USDC for the Northern District of Alabama	PCR	7/17/2003	3/15/2005	Dismissed
CV 03 750	Ronny Bridger v. Ventress Correctional Facility, et al.	USDC for the Middle District of Alabama	PCR	7/17/2003	10/2/2003	Dismissed without prejudice
CV 03 757	George Davis v. NaphCare, Inc., et al.	USDC for the Middle District of Alabama	PCR	7/22/2003	12/17/2004	Dismissed without prejudice
CV 03 703	Thomas Fuqua v. NaphCare, Inc., et al.	Circuit Court of Morgan County, Alabama	PCR	8/11/2003	11/22/2005	Confidential settlement & case dismissed
CV 03 867	Quintin Dudley v. Tahir Saddiq, et al.	USDC for the Middle District of Alabama	PCR	8/20/2003	11/14/2003	Dismissed without prejudice
CV 03 570	Wayne Walker-El v. NaphCare, Inc.	USDC for the Southern District of Alabama	PCR	8/26/2003	6/1/2006	Summary Judgment in Defendants' Favor
1:03 cv 722	Estate of Bryant Patterson, Deceased	USDC for the Southern District of Mississippi	AWD	8/26/2003	8/16/2005	Final Judgment in Defendants' Favor
CV 03 933	Ricky Crittendon v. NaphCare, Inc., et al.	USDC for the Middle District of Alabama	PCR	9/11/2003	12/14/2005	Summary Judgment in Defendants' Favor
CV 03 969	Donnie Steverson v. Barbara Jones, et al.	USDC for the Middle District of Alabama	PCR	9/22/2003	11/15/2005	Final Judgment in Defendants' Favor
CV 03 2640	Robert Dildine v. NaphCare, Inc.	USDC for the Northern District of Alabama	PCR	9/25/2003	3/1/2005	Confidential settlement & case dismissed
CV 03 989	Barry Gene Kidd v. NaphCare, Inc.	USDC for the Middle District of Alabama	PCR	10/1/2003	3/16/2006	Summary Judgment in Defendants' Favor
CV 03 2062	Andrew Peterson v. Captain Johnson, et al.	USDC for the Northern District of Iowa	PCR	10/6/2003	1/18/2006	Summary Judgment in Defendants' Favor
03cv2764	Estate of Danny Cassady v. NaphCare, Inc., et al.	USDC for the Northern District of Alabama	AWD	10/7/2003	12/14/2006	Summary Judgment in Defendants' Favor
CV 03 1016	Kurt Taylor v. NaphCare, Inc., et al.	USDC for the Middle District of Alabama	PCR	10/8/2003	7/19/2006	Summary Judgment in Defendants' Favor
03cv840	John Hale v. NaphCare, Inc.	USDC for the Southern District of Mississippi	PCR	10/21/2003	11/1/2005	NaphCare Dismissed
03-231 A	James McConico v. Cpt. Simmons, et al.	Circuit Court of St. Clair County, Alabama	PCR	10/21/2003	9/13/2005	Summary Judgment in Defendants' Favor
CV 03 1063	Elmer Ray Jackson, Jr. v. NaphCare, et al.	USDC for the Middle District of Alabama	PCR	10/27/2003	12/1/2004	Final Judgment in Defendants' Favor
CV 03 1093	Estella Harris-Carter v. Gladys Deese, et al.	USDC for the Middle District of Alabama	PCR	11/7/2003	8/9/2006	Summary Judgment in Defendants' Favor
CV 03 3085	Jerome Williamson v. DOC, et al.	USDC for the Northern District of Alabama	PCR	11/18/2003	3/3/2004	Dismissed without prejudice
CV 03 1398	Jerry Rucker v. Jefferson County, Texas, et al.	USDC for the Eastern District of Texas	PCR	11/21/2003	1/1/2005	Summary Judgment in Defendants' Favor
7:03cv3217-rDF-JEO	Leonard Seay, Jr. v. NaphCare, Inc., et al.	USDC for the Northern Disrict of Alabama	PCR	12/3/2003	9/18/2006	Dismissed without prejudice
CV 03 1241	Estevenico Mitchell v. Gwendolyn Mosley, et al.	USDC for the Middle District of Alabama	PCR	12/19/2003	1/19/2007	Summary Judgment in Defendants' Favor
03cv1240	Sherman James Nickerson v. Warden Arnold Holt, et al.	USDC for the Middle District of Alabama	PCR	12/19/2003	3/17/2004	Final Judgment in Defendants' Favor
03cv3394	Terry G. Bland v. Warden Bullard, et al.	USDC for the Northern District of Alabama	PCR	12/24/2003	1/12/2004	Dismissed
CV 04 2	O.P. Hollis v. Campbell, et al.	USDC for the Southern District of Alabama	PCR	1/5/2004	3/17/2005	Dismissed without prejudice

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Case Number	Case Style	Jurisdiction	Type	Date Filed	Date Closed	Disposition
CV 00 1189	John Michael Taylor v. Michael Haley, et al.	USDC for the Northern District of Alabama	PCR	1/16/2004	1/1/2005	Confidential settlement & case dismissed
04cv59	Paul R. Shires v. Dr. Marc Sonnier, et al.	USDC for the Middle District of Alabama	PCR	1/26/2004	2/7/2007	Summary Judgment in Defendants' Favor
CV 04 65	Clarence Rutland v. Ms. Seals, et al.	USDC for the Middle District of Alabama	PCR	1/28/2004	4/1/2004	Dismissed without prejudice
CV 04 2009	Wendell Mallett v. NaphCare, Inc., et al.	USDC for the Northern District of Iowa	PCR	1/29/2004	4/20/2005	Summary Judgment in Defendants' Favor
04cv209	Roger Charles Lanier v. Morgan County Commission; et al.	USDC for the Northern District of Alabama	PCR	2/3/2004	3/26/2007	Dismissed with prejudice
CV 04 146	Eric Leonard v. Douglas Chambers, et al.	USDC for the Middle District of Alabama	PCR	2/20/2004	7/14/2006	Summary Judgment in Defendants' Favor
04cv428	Mitchell Marbury v. Sgt. Earl Pickett, et al.	USDC for the Northern District of Alabama	PCR	3/2/2004	2/1/2007	Confidential settlement & case dismissed
CV 04-195	Jimmy Daren Allen v. Gwendolyn Mosley, et al.	USDC for the Middle District of Alabama	PCR	3/4/2004	5/17/2006	Dismissed without prejudice
CV 04 1776	Estate of Richard Tarrance v. State of Alabama Dept. of Corrections, et al.	Circuit Court of Montgomery County, Alabama	AWD	3/12/2004	12/20/2005	Confidential settlement & case dismissed
04C995	James Scroggins v. Wyandotte County Detention Center	District Court of Wyandotte County, Kansas	PCR	3/16/2004	5/21/2004	Dismissed
1:04cv182	Donald R. Lartigue v. Becky Lofton, et al.	USDC for the Eastern District of Texas	PCR	3/31/2004	8/22/2006	Dismissed
50400410	Raymond Andrews v. Dr. Lemoine, et al.	Circuit Court of Montgomery County, Tennessee	PCR	4/23/2004	9/1/2005	Dismissed without prejudice
CV 04 504	Alonzo Hurth v. Correctional Medical Services, Inc., et al.	Circuit Court of Jefferson County, Alabama	PCR	5/11/2004	6/27/2005	Summary Judgment in Defendants' Favor
CV 04 PT 1693 M	Larry Edward Jackson v. Dr. Lawrence, et al.	USDC for the Northern Disrict of Alabama	PCR	6/1/2004	1/30/2006	Summary Judgment in Defendants' Favor
CV 04 529	Larry Hutchins v. Donal Campbell, et al.	USDC for the Middle District of Alabama	PCR	6/2/2004	12/14/2006	Summary Judgment in Defendants' Favor
CV 04-S-1220-NE	James Logue v. Dr. Lyrene, et al.	USDC for the Northern District of Alabama	PCR	6/15/2004	8/7/2007	Dismissed with prejudice
3:04cv0219	Marvin Lewis v. Dave Vore, Sheriff, et al.	USDC for the Southern District of Ohio	PCR	6/22/2004	3/30/2005	Final Judgment in Defendants' Favor
2:04cv619-A	Arthur Whitten #176697 v. NaphCare, Inc., et al.	USDC for the Middle District of Alabama	PCR	6/23/2004	9/27/2004	NaphCare Defendants Dismissed
CV 04 622	Arthur Rogers, Jr. v. Dr. Robbins, et al.	USDC for the Middle District of Alabama	PCR	6/24/2004	6/13/2006	Summary Judgment in Defendants' Favor
SM 2004 342	Melvin R. Bush v. WC Holman Correctional Facility, et al.	Small Claims Court of Escambia County, Alabama	PCR	6/29/2004	1/10/2005	NaphCare Dismissed
CV 04 1165	Turgut Pamukcu v. Westmoreland County Jail	USDC for the Western District of Pennsylvania	PCR	8/5/2004	10/4/2004	Dismissed
CV 04 2495	Edwin Williams v. Limestone County, Alabama, et al.	USDC for the Northern District of Alabama	PCR	8/18/2004	5/1/2006	Confidential settlement & case dismissed
3:03cv972-WHB-AGN	Armondo Eugene Crow v. Madison County Detention Center, et al.	USDC for the Southern District of Mississippi	PCR	12/6/2004	2/17/2006	Final Judgment in Defendants' Favor
CV-04-C-3523-W	Estate of Russell Battiste, by Frances Jeannette Watkins v. City of Mobile,	USDC for the Northern District of Alabama	AWD	12/27/2004	12/1/2007	Confidential settlement & case dismissed
CV-S-04-1253-RCJ-RJJ	Michael McGee v. North Las Vegas Detention Center, et al.	USDC for Nevada	PCR	1/5/2005	6/28/2005	Dismissed with prejudice
CV-S-04-1633-PMP(PAL)	Michael Coleman v. James Green, et al.	USDC for Nevada	PCR	1/27/2005	12/19/2005	Dismissed with prejudice
04 1357	Kevin L. Price v. Bill Nicholson, et al.	USDC for the Western District of Pennsylvania	PCR	2/9/2005	1/6/2006	Summary Judgment in Defendants' Favor
05 3074 GTV	Delarick Hunter v. Randall Henderson, Administrator, Wyandotte Co	USDC for Kansas	PCR	2/9/2005	2/6/2006	Summary Judgment in Defendants' Favor
2:05cv182-M	Nancy D. Kendrick, as Personal Representative of the Estate of Timothy	USDC for the Northern District of Alabama	AWD	2/25/2005	6/1/2007	Confidential settlement & case dismissed
CV 5-05-25-RLH (LRL)	Donald Frank Letellier v. K.H. Ellingson, et al.	USDC for Nevada	PCR	2/28/2005	6/6/2007	Final Judgment in Defendants' Favor
1:05cv108-DMR-JMR	Rhonda Diane Cox v. David Decelle, et al.	USDC for the Southern District of Mississippi	PCR	3/2/2005	3/22/2006	Summary Judgment in Defendants' Favor
05cv609	Jessica Phillips, by and through her next friend and mother, Julia	District Court of Wyandotte County, Kansas	AWD	4/8/2005	6/7/2006	Confidential settlement & case dismissed
CV 05 281	Eric Pankins v. Rachel Spirk; John Walton; Bill Nicholson	USDC for the Western District of Pennsylvania	PCR	4/13/2005	3/6/2006	Dismissed
05-503	Renee L. Wright, as Administratrix of the Estate of Robert R. Steadman,	USDC for the Western District of Pennsylvania	AWD	4/18/2005	2/1/2007	Confidential settlement & case dismissed
2:05-cv-00871-UWC	Melissa Barbee v. NaphCare, Inc.	USDC for the Northern District of Alabama	ER	4/26/2005	8/1/2007	Confidential settlement & case dismissed
5:05cv1041-IPJ-TMP	Roderick Myles v. NaphCare, Inc., et al.	USDC for the Northern District of Alabama	PCR	5/18/2005	6/14/2007	Dismissed with prejudice
05cv361	James Allen Granger v. NaphCare	USDC for the Eastern District of Texas	PCR	5/24/2005	9/26/2007	Dismissed
2005 cv 05091	Eric D. Cook v. Montgomery County Jail, et al.	Court of Common Pleas of Montgomery County, Ohio	PCR	6/24/2005	2/14/2006	Dismissed without prejudice
4:06-cv-176-PWG	Marilyn Denise Bothwell Cook v. NaphCare, Inc.	USDC for the Northern District of Alabama	ER	6/29/2005	7/1/2006	Confidential settlement & case dismissed
4:05cv269-RAS-DDB	Alex James Roberts v. Sheriff of Collin County, TX, et al.	USDC for the Eastern District of Texas	PCR	7/7/2005	7/7/2007	Dismissed with prejudice
2:05cv949-DSC-FXC	Harvey C. Roupe, Jr. v. County of Westmoreland, et al.	USDC for the Western District of Pennsylvania	PCR	7/11/2005	2/1/2007	Confidential settlement & case dismissed
6:05cv2042 LRR	Joshua Aaron Berendes v. James Kather, et al.	USDC for the Northern District of Iowa	PCR	8/25/2005	12/20/2005	Summary Judgment in Defendants' Favor
CV 05 5109	Marco Dane Acoff v. Sheriff Mike Hale, et al.	Circuit Court of Jefferson County, Alabama	PCR	8/29/2005	11/8/2005	Dismissed with prejudice
3:05cv318-TMR-SLO	Woodrow David Wilson v. Montgomery County et al.	USDC for the Southern District of Ohio	PCR	9/19/2005	11/9/2006	Dismissed without prejudice
3:05cv0350	Mary F. Mandich, Administrator of the Estate of Brian Mandich v. John Doe	USDC for the Southern District of Ohio	AWD	10/20/2005	12/1/2007	Confidential settlement & case dismissed
5:05cv2176	Jerry F. Terry v. Larry Jackson, et al.	USDC for the Northern District of Alabama	PCR	10/20/2005	4/16/2008	Dismissed without prejudice
4:05cv433	Arthur Donaldson, Jr. v. Collin County Detention, et al.	USDC for the Eastern District of Texas	PCR	11/7/2005	9/1/2006	NaphCare Defendants Dismissed
CV 2005 2267 LWH	Eric Whitman Sharpton v. NaphCare, Inc.	Circuit Court of Madison County, Alabama	PCR	11/9/2005	12/15/2005	Dismissed
2:05cv01545-AJS-RCM	Robert A. Barrick v. Dr. William Newman, et al.	USDC for the Western District of Pennsylvania	PCR	11/28/2005	3/24/2006	Dismissed
CV 05 7248	Johnny E. Bates, MD v. NaphCare, Inc.	Circuit Court of Jefferson County, Alabama	BC	12/6/2005	6/1/2007	Confidential settlement & case dismissed
05cv770	Medical Development International, Ltd (MDI) v. NaphCare, Inc.	USDC for the Southern District of Mississippi	MTS	12/15/2005	4/25/2008	Dismissed with prejudice
4:06cv39	Phillip Wade Hannah v. Sheriff Terry Box, et al.	USDC for the Eastern District of Texas	PCR	2/1/2006	11/6/2006	Dismissed with prejudice
CV 06 331	Eric W. Sharpton v. Health Assurance LLC, et al.	Circuit Court of Madison County, Alabama	PCR	2/21/2006	12/21/2006	Dismissed with prejudice
5:05cv2500-JEO	Eric W. Sharpton v. Blake Dorning, et al.	USDC for the Northern District of Alabama	PCR	2/21/2006	11/1/2008	Summary Judgment in Defendants' Favor
2:06cv-520-TMH-FXC	Brian K. Defelice v. John Walton, Warden; et al.	USDC for the Western District of Pennsylvania	PCR	4/21/2006	6/19/2006	Dismissed without prejudice
2:06cv708	Estate of Margie Williams v. North Las Vegas Detention Center, et al.	USDC for Nevada	AWD	5/3/2006	11/1/2008	Summary Judgment in Defendants' Favor
1:06cv00313-RHC-KFG	John & Marguerite Mouton, ind & as rep of Estate of Russell John Mouton	USDC for the Eastern District of Texas	AWD	6/9/2006	1/1/2007	Confidential settlement & case dismissed
08cv1775 2	Freddie Williams v. NaphCare, Inc., et al.	District Court of Wyandotte County, Kansas	PCR	6/16/2006	9/16/2010	Confidential settlement & case dismissed
2:06cv728-TFM-RCM	Charles F. Wuenstel, Jr. v. Westmoreland County Prison, et al.	USDC for the Western District of Pennsylvania	PCR	6/24/2006	11/21/2006	Summary Judgment in Defendants' Favor
1:06cv351-RHC	Ronnie Tejada, et al. v. Jefferson County, et al.	USDC for the Eastern District of Texas	PCR	6/27/2006	10/1/2007	Jury returned verdict in favor of Defendants. Case dismissed
06cv10312	Charles Cook, MD v. NaphCare, Inc.	Superior Court of Wake County, North Carolina	BC	7/17/2006	3/27/2009	Confidential settlement & case dismissed
5:06cv1923	Giana P. LaMonica v. NaphCare, Inc	USDC for the Northern District of Ohio	ER	7/18/2006	9/1/2007	Dismissed
CV 06 J 1583 S	Fred Morris, For the Estate of Clint Arlo Morris, Deceased v. NaphCare, et	USDC for the Northern District of Alabama	AWD	8/11/2006	9/18/2007	Summary Judgment in Defendants' Favor
CV 06 2563	Tyeesha Lashaye Martin, as personal representative of the Estate of	Circuit Court of Montgomery County, Alabama	AWD	10/2/2006	7/1/2007	Confidential settlement & case dismissed
2:06cv250 RLY WGH	Terre Haute Regional Hospital, LLP v. NaphCare, Inc.	USDC for the Southern District of Indiana	BC	12/5/2006	6/1/2007	Dismissed with prejudice
2:06cv01620-DSC-FXC	Robert Karl Barger v. John Walton, et al.	USDC for the Western District of Pennsylvania	PCR	12/6/2006	8/1/2008	Dismissed
A-0178318	Marcus Montel Wilson v. Lt. Ice, et al.	District Court of Jefferson County, Texas	PCR	12/15/2006	5/2/2007	Dismissed with prejudice
C06-2084-MWB	David Smith v. Black Hawk County Jail, et al.	USDC for the Northern District of Iowa	PCR	1/2/2007	3/1/2008	Summary Judgment in Defendants' Favor

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Case Number	Case Style	Jurisdiction	Type	Date Filed	Date Closed	Disposition
1:07cv112-RHC	Catherine Harvey Harrison, Individually and as Independent Administrator	USDC for the Eastern District of Texas	AWD	2/26/2007	8/1/2008	Confidential settlement & case dismissed
A536800, Dept XVI	Estate of George Richard Worley, et al. v. NaphCare, Inc., et al.	Clark County District Court, Nevada	AWD	2/27/2007	2/1/2008	Confidential settlement & case dismissed
1:07cv0541-CC	Kenneth Baynes v. NaphCare, Inc.	USDC for the Northern District of Georgia	PCR	3/5/2007	2/20/2009	Summary Judgment in Defendants' Favor
1:07cv00174	NaphCare, Inc. v. Guilford County	USDC for the Middle District of North Carolina	BC	3/9/2007	11/1/2008	Confidential settlement & case dismissed
4:07-cv-140-RAS-DDB	Matthew Lynn Lindsey v. Dr. Wu, et al.	USDC for the Eastern District of Texas	PCR	3/26/2007	7/17/2007	Dismissed with prejudice
E-0179056	Adrian Eugene Williams v. Beaumont Police Department et al	District Court of Jefferson County, Texas	PCR	4/2/2007	9/7/2007	Dismissed
1:07cv835-CAM	Brian Leslie Young v. Joe Nichols, et al.	USDC for the Northern District of Georgia	PCR	4/13/2007	9/22/2009	Summary Judgment in Defendants' Favor
2:07-cv-00511-NBF-LPL	Carissa Brandonio v. Robert Stepanovich, et al.	USDC for the Western District of Pennsylvania	PCR	4/18/2007	9/1/2007	Dismissed
08cv53409	Calvin Carter v. NaphCare, Inc., et al.	Superior Court of Forsyth County, North Carolina	PCR	5/8/2007	8/1/2009	Dismissed
3:07cv0183	Louis Aldini v. Charles Kilby	USDC for the Southern District of Ohio	PCR	5/21/2007	10/1/2007	Dismissed
2:07cv900642-JCM-GWF	Andre Reed v. City of Las Vegas, et al.	USDC for Nevada	PCR	6/20/2007	12/1/2008	Confidential settlement & case dismissed
07-cv-05889	Thomas B. Goney v. Montgomery County Commissioners, et al	Court of Common Pleas of Montgomery County, Ohio	PCR	7/17/2007	8/1/2009	Confidential settlement & case dismissed
07 2 01803 6	Conmed HealthCare Management, Inc. v. Kitsap County, NaphCare, Inc, et	Superior Court of Washington, Kitsap County	Inj	7/24/2007	11/24/2008	Dismissed
CV 07 1408	David Lowery v. NaphCare, Inc., et al.	USDC for the Northern Disrict of Alabama	PCR	7/31/2007	9/1/2008	Dismissed
07-CV-2341	Mark D. McCullaugh, Sr. and Jennifer L. Fox, Co-Administrators of the	USDC for the Northern District of Ohio	AWD	8/1/2007	3/6/2009	NaphCare Defendants Dismissed
07 CV 1468	Shane Puritan, Individually and as representative of the Estate of Ronald	District Court of Wyandotte County, Kansas	AWD	8/24/2007	5/1/2008	NaphCare Dismissed
CV 07 1830	Cedric Bryant Braxton v. NaphCare, Inc., et al.	District Court of Wyandotte County, Kansas	PCR	10/19/2007	12/21/2007	Dismissed
07 10 7144	Estate of Willie Herrin v. Summit Co, OH, et al.	Court of Common Pleas of Summit County, Ohio	AWD	10/20/2007	2/1/2008	Confidential settlement & case dismissed
1:07cv787	Lionel Daw, Sr. v. Mitch Woods, et al.	USDC for the Eastern District of Texas	PCR	10/25/2007	7/31/2008	Dismissed with prejudice
E-0180268	Ronnie Tejada, et al. v. Jefferson County, et al.	District Court of Jefferson County, Texas	PCR	11/5/2007	11/2/2010	Summary Judgment in Defendants' Favor
3:07cv0375	Edward Lee Bown v. Dave Vore, et al.	USDC for the Southern District of Ohio	PCR	11/21/2007	7/31/2009	Summary Judgment in Defendants' Favor
2:07cv348-LJM-WTL	Robert Barroca v. Warden Veach, et al.	USDC for the Southern District of Indiana	PCR	12/10/2007	8/20/2009	Dismissed with prejudice
296-321-08	Marcia Riley for Estate of Marcus Elliott v. NaphCare, Inc., et al.	District Court of Collin County, Texas	AWD, Neg	1/25/2008	12/23/2008	NaphCare Defendants Dismissed - plaintiff ordered to pay NaphCare
2:08cv211-RCJ-RJJ	Estate of Michael Anthony Wilson v. Clark County, et al.	USDC for Nevada	AWD	2/20/2008	9/22/2009	Confidential settlement & case dismissed
1:08cv098-MRB-TSB	Robert Tweed, Jr. v. Hamilton Co Justice Center, et al.	USDC for the Southern District of Ohio	PCR	2/27/2008	12/30/2008	NaphCare Defendants Dismissed
3:08-cv-0031	Glenn Hess v. City of Huber Heights v. NaphCare, Inc.	USDC for the Southern District of Ohio	PCR	4/11/2008	1/13/2009	Summary Judgment in Defendants' Favor
1:08cv782	Michael Weatherford v. NaphCare, Inc., et al.	USDC for the Southern District of Ohio	PCR	6/2/2008	12/4/2008	Dismissed without prejudice
08cv535	Kevin Lewis Gregory v. William T. Schatzman, Sheriff, et al.	Superior Court of Stokes County, North Carolina	PCR	6/18/2008	12/8/2009	Dismissed with prejudice
1:08cv11048	Sean Nobile v. Essex Co. Sheriff's Department, et al.	USDC for Massachusetts	PCR	6/24/2008	7/13/2010	Confidential settlement & case dismissed
5:08 CT 3066	David Maurice McKnight v. Major Wayne James, et al.	USDC for the Eastern District of North Carolina	PCR	6/25/2008	9/23/2009	Dismissed with prejudice
2:08cv338-JFC-ARH	Charles Davis v. Westmoreland County Prison, et al.	USDC for the Western District of Pennsylvania	PCR	7/15/2008	6/13/2011	Confidential settlement & case dismissed
07cv208-LRH-VPS	Mounir Kublawi v. Douglas Gillespie	USDC for Nevada	PCR	8/13/2008	7/6/2009	Dismissed without prejudice
1:08cv3273	Kenneth Ray Campbell v. NaphCare, Inc.	USDC for the Northern District of Georgia	PCR	10/2/2008	1/6/2009	Dismissed without prejudice
03cv081416	Andrew Miller, et al. v. NaphCare, Inc.	Circuit Court of Montgomery County, Alabama	PCR	10/9/2008	3/3/2010	NaphCare Defendants Dismissed
2008 CV 09483	Kevin G. Martin v. Deputy Brian Crowe, et al.	Common Pleas Court of Montgomery County, Ohio	PCR	10/20/2008	1/21/2009	Dismissed without prejudice
2:08cv1450	Bruce Richard Sharlow v. LVMPD, et al.	USDC for Nevada	PCR	10/23/2008	3/15/2010	Confidential settlement & case dismissed
2:08cv01534	Edgar Chavez v. NaphCare, Inc., et. Al	USDC for Nevada	PCR	11/6/2008	11/17/2008	Final Judgment in Defendants' Favor
CVCV107514	Tracy Price v. NaphCare, Inc., et al.	District Court of Black Hawk County, Iowa	WB	12/3/2008	7/1/2009	Confidential settlement & case dismissed
4:09cv26	Essie Elvert Evans v. Correctional Health Care Management, et al.	USDC for the Eastern District of Texas	PCR	12/3/2008	5/21/2009	Final Judgment in Defendants' Favor
2:08cv01743-RLH-RJJ	Ryan Donnelly v. NaphCare, et al.	USDC for Nevada	PCR	12/11/2008	1/5/2009	Dismissed
2:09cv09	Sergio Ramerlz v. NaphCare, Inc., et al.	USDC for Nevada	PCR	1/14/2009	3/23/2012	Confidential settlement & case dismissed
6:09cv2020-LRR	Korvetta Glasper v. Black Hawk County Jail	USDC for the Northern District of Iowa	PCR	2/3/2009	4/14/2010	Dismissed without prejudice
3:09cv136	Thomas Goney, Jr., Deceased by Administrator Debra Walters & Homer	USDC for the Southern District of Ohio	PCR	4/7/2009	5/10/2010	Confidential settlement & case dismissed
2:09cv1305-KJD-RJJ	De'Marlan Clemons v. Robert Hayes, MD, et al.	USDC for Nevada	PCR	5/26/2009	1/6/2010	Dismissed without prejudice
2:09cv1030	Kevin C. Sewell v. Douglas Gillespie, et al.	USDC for Nevada	PCR	6/5/2009	11/9/2009	Dismissed without prejudice
1:09cv432	Michael Weatherford v. NaphCare, Inc., et al.	USDC for the Southern District of Ohio	PCR	6/25/2009	8/18/2011	Dismissed with prejudice
2:09cv956	Aaron Barto v. Westmoreland County, et al.	USDC for the Western District of Pennsylvania	PCR	7/24/2009	3/15/2011	Summary Judgment in Defendants' Favor
08cv1742	Laurice McCurdy v. Alberto Gonzalez, et al.	USDC for Nevada	PCR	8/10/2009	9/13/2010	Dismissed with prejudice & plaintiff ordered to pay NaphCare fees/costs
A-09-A597088	Irene M. Radcliffe v. NaphCare, Inc., et al.	Clark County District Court, Nevada	UI	8/12/2009	5/7/2010	Petition not allowed and case closed
2:09cv1093	Corey Kardos, Deceased by Gregory C. Moore, Esq. Administrator v.	USDC for the Western District of Pennsylvania	AWD	8/17/2009	3/11/2011	Confidential settlement & case dismissed
ESCV2009-01274-D	Scott Delp v. NaphCare, Inc., et al.	Superior Court of Essex County, Massachusetts	PCR	9/1/2009	5/25/2010	Dismissed without prejudice
CV 2007 32715	WWG Citation Air, LLC, et al. v. NaphCare, Inc., et al.	Superior Court of Maricopa County, Arizona	Fraud	10/14/2009	5/27/2010	Dismissed
2009-5445-1	Barry Robert McGiboney v. Newton County Sheriff's Department	Superior Court of Newton County, Gerogia	PCR	10/26/2009	10/27/2010	Summary Judgment in Defendants' Favor
2:09cv2281-KJD-PAL	Anthony Bailey v. North Las Vegas Police Department, et al.	USDC for Nevada	PCR	11/30/2009	12/14/2011	Summary Judgment in Defendants' Favor
1:09-cv-880	Ronald Lee Brinson v. Hamilton County Sheriff Deputy Officer B. Ludwig, et	USDC for the Southern District of Ohio	PCR	12/1/2009	4/23/2010	Dismissed with prejudice
A-0185426	Allen James Granger v. NaphCare Medical Contractor et al.	District Court of Jefferson County, Texas	PCR	12/3/2009	5/28/2010	Summary Judgment in Defendants' Favor
A0911606	James Brockman, Jr. v. Hamilton County Justice Center, et al.	Court of Common Pleas of Hamilton Co, Ohio	PCR	12/8/2009	2/23/2010	Plaintiff voluntarily dismissed lawsuit
09-CI-320 & 1296	Rocky Staley v. Faruque Ahmed, DO, et al.	Commonwealth of Kentucky, Floyd & Martin Cos	Neg	12/9/2009	3/17/2011	Confidential settlement & case dismissed
1:10cv09	Randy Dyson v. Hamilton County	USDC for the Southern District of Ohio	PCR	1/7/2010	9/10/2012	Dismissed with prejudice
2:10cv335-KJD-LRL	Francis J. Pullano v. CCDC, et al.	USDC for Nevada	PCR	3/10/2010	10/30/2014	Dismissed with prejudice
2010-3-1857	National Strategies, LLC v. NaphCare, Inc.	Common Pleas Court of Summit County, Ohio	BC	3/16/2010	12/6/2011	Confidential settlement & case dismissed
4:10cv558	Robert Williams v. Federal Correctional Institution Elkton, et al.	USDC for the Northern District of Ohio	PCR	3/16/2010	11/16/2010	Motion to Quash Service Granted
A 2003655	Robert N. Harris v. Hamilton County Justice Center Medical Dept	Common Pleas Court of Hamilton County, Ohio	PCR	3/17/2010	7/30/2010	Dismissed
3-10-cv-104-WHR-SLO	William M. Maston, Jr. v. Montgomery County Jail Medical Staff	USDC for the Southern District of Ohio	PCR	3/23/2010	11/8/2011	Summary Judgment in Defendants' Favor
2-10-cv-414-AJS	Thomas J. Pennavaria v. John R. Walton, Warden, et al.	USDC for the Western District of Pennsylvania	PCR	3/29/2010	12/30/2010	Summary Judgment in Defendants' Favor
Charge No. 487-2010-736	Sharrief C. Sweat	US EEOC	ER	5/27/2010	5/4/2012	Dismissed
2:10cv857-RLH-LRL	Ronald Lee Allen v. CCDC, et al.	USDC for Nevada	PCR	6/3/2010	5/2/2012	Confidential settlement & case dismissed
2:10-cv-00775-CB	John H. Medved v. The County of Westmoreland	USDC for the Western District of Pennsylvania	PCR	6/7/2010	5/2/2012	Summary Judgment in Defendants' Favor

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Case Number	Case Style	Jurisdiction	Type	Date Filed	Date Closed	Disposition
A1005990	Stewart Harris v. NaphCare, Inc.	Court of Common Pleas, Hamilton County, Ohio	ER	6/24/2010	2/10/2011	Confidential settlement & case dismissed
2:10cv2233	Vartkes Bourmalan v. Sheriff Gillespie, et al.	USDC for Nevada	PCR	7/2/2010	7/14/2011	Dismissed without prejudice
2010 cv 05367	Matthew Caddy v. NaphCare, et al.	Court of Common Pleas, Hamilton County, Ohio	PCR	7/6/2010	8/27/2010	Dismissed
2010 CV 5675	William Blake v. Montgomery County Sheriff	Court of Common Pleas, Hamilton County, Ohio	PCR	7/16/2010	1/5/2011	Dismissed
1:10cv492	John Doe v. Neal Dunsieth, MD	USDC for Southern District of Ohio	PCR	7/26/2010	9/12/2011	Plaintiff voluntarily dismissed lawsuit
2:10cv525-RCJ-LRL	Richard Denson v. NaphCare, Inc., et al.	USDC for Nevada	PCR	8/13/2010	5/21/2015	Judgment of Dismissal (NaphCare awarded fees/costs $501.00)
1:10cv712-RC-KFG	Edwin James Johnson v. Sheriff Mitch Woods, et al.	USDC for the Eastern District of Texas	PCR	11/5/2010	1/27/2012	Dismissed without prejudice
1:10cv00792	Alana Nash v. Hamilton County, OH, et al.	USDC for the Southern District of Ohio	PCR, MM,	11/12/2010	11/17/2011	Confidential settlement & case dismissed
A-10-629472-C	Michael M. Parker v. LVMPD, et al.	Clark County District Court, Nevada	Neg, PCR	11/16/2010	9/7/2011	Summary Judgment in Defendants' Favor
CV 2010 1512	Melvin R. Bush v. State of Alabama, et al.	Circuit Court of Montgomery County, Alabama	PCR	11/29/2010	3/29/2011	Dismissed
A-10-630418-C	Lisa N. Plonsky v. LVMPD, et al.	Clark County District Court, Nevada	PCR, Neg	12/1/2010	5/1/2012	Dismissed
Charge No. 420-2011-	Jasmine Agnew	US EEOC	ER	12/17/2010	8/24/2011	Dismissed
Charge No. 473-2011-	Karen Herrington	US EEOC	ER	2/2/2011	8/15/2011	Dismissed
Charge No. 36B-2011-	Ella J. Wilson	US EEOC	ER	2/17/2011	5/16/2011	Dismissed
2:11cv351-ECR-PAL	Michael Cavalieri Estate v. LVMPD, et al.	USDC for Nevada	PCR	3/4/2011	5/11/2012	Dismissed
2:11cv312-LPL	Timothy Lenhart v. Commonwealth of PA	USDC for the Western District of Pennsylvania	PCR	3/11/2011	12/17/2012	Dismissed with Prejudice
Charge No. 420-2011-	Stacy Russell	US EEOC	ER	3/17/2011	12/28/2011	Dismissed
A-11-637616-C	William Mitchell Bell v. NaphCare	Clark County District Court, Nevada	PCR	3/24/2011	10/20/2011	Dismissed with prejudice & plaintiff ordered to pay NaphCare fees/costs
Charge No. 420-2011-	LeShone Wilkerson	US EEOC	ER	4/1/2011	7/14/2011	Dismissed
2:11cv291	Nathaniel Johnson v. Nurse Cheryl, et al.	USDC for Nevada	PCR	4/22/2011	5/4/2011	Confidential settlement & case dismissed
2:11cv471-KJO-PAL	Tacuma Mwanza v. NaphCare	USDC for Nevada	PCR	4/26/2011	12/23/2013	Dismissed
2011-00541-B	Mark M. Burge v. NaphCare, et al.	Superior Court of Plymouth County, Massuchuetts	PCR	5/10/2011	7/7/2014	Confidential settlement & case dismissed
2011 cv 03442	Johnny Jackson v. NaphCare, Inc.	Court of Common Pleas of Montgomery County, Ohio	WB	5/11/2011	10/5/2011	Confidential settlement & case dismissed
11-100770-WGY	Carlos Ortiz v. Duane MachEachern, et al.	USDC for Massachusetts	PCR	5/24/2011	9/13/2011	Dismissed without prejudice
Charge No. 473-2011-	Marquite Dukes	US EEOC	ER	6/1/2011	3/22/2012	Confidential settlement & case dismissed
11cv11073-NMG	James Atkinson v. Town of Rockport, et al.	USDC for Massachusetts	PCR	6/16/2011	5/17/2013	Dismissed
3:11cv00032	Mark A. Wood v. Phil Plummer, et al.	USDC for Southern District of Ohio	PCR	7/20/2011	2/12/2013	Summary Judgment in Defendants' Favor
2:11cv1284-RCJ-RJJ	Nancy Veley v. LVMPD, et al.	USDC for Nevada	PCR	8/9/2011	2/24/2012	Summary Judgment in Defendants' Favor
2:11cv1301-PMP-LRL	Susanne Zeigler, Administratrix of Estate of Francesco Sanfilippo v. LVMPD,	USDC for Nevada	PCR, Neg,	8/11/2011	3/29/2016	Confidential settlement & case dismissed
11-1194	Denise McGinnis, Estate of David McGinnis v. Westmoreland County, et.al.	USDC for the Western District of Pennsylvania	AWD	9/6/2011	2/5/2013	Confidential settlement & case dismissed
(DAY) 76 (22467)	Karrence S. Sprately	Ohio Civil Rights Commission	ER	9/14/2011	6/14/2012	Dismissed
1:11cv458 MAC	Johnny Martin v. FNU Cassidy, et.al.	USDC for Eastern District of Texas	PCR	9/29/2011	3/20/2014	Dismissed
A-11-64939-C	Ryan Repass v. CCDC, et al.	Clark County District Court, Nevada	PCR	10/5/2011	5/5/2014	Dismissed w/o prejudice (NaphCare awarded atty fees of $376.18)
1:11-cv-783	Sharon Kay Stark, Administratrix for Estate of Justin Kyle Stark v. NaphCare,	USDC for Southern District of Ohio	PCR, AWD,	11/4/2011	1/16/2015	Confidential settlement & case dismissed
1:11-cv-821	Carey Miller v. NaphCare, Inc., et al.	USDC for Southern District of Ohio	PCR, Neg	11/21/2011	9/12/2013	Dismissed with prejudice
846-2012-09153	Donna Albrektson	Ohio Civil Rights Commission	ER	12/23/2011	5/25/2012	Dismissed
846-2012-10006	Barbara Schenck	Ohio Civil Rights Commission	ER	12/27/2011	1/31/2012	Dismissed
2:12-cv 01865	Gabriel Yates v. NaphCare	USDC for Nevada	PCR	2/1/2012	11/19/2014	Dismissed
1:12cv77	Antione Lee v Margie Pauldine, et.al.	USDC for Southern District of Ohio	PCR	2/28/2012	2/21/2013	Dismissed
1:11 CV 4207-at	Frank Amato v. NaphCare	USDC for the Northern District of Georgia	PCR	3/6/2012	1/23/2015	Summary Judgment in Defendants' Favor
MC SO (DAY) 86 (22827)	Juahara Kniess	Ohio Civil Rights Commission	ER	3/13/2012	1/14/2013	Dismissed
A12-658491-C	Noreta Hunter, Christopher Hunter, Natalie Hunter and Jasmine Hunter v.	Clark County District Court, Nevada	AWD	3/21/2012	3/20/2013	Confidential settlement & case dismissed
A-12-658669-C	Michael Myers v. Sheriff, Administrative body, Medical Provider, Nurses,	Clark County District Court, Nevada	PCR	3/22/2012	3/21/2013	Dismissed without prejudice
2:12-cv-00491-DSC	Cynthia Schade v. NaphCare, et.al.	USDC for the Western District of Pennsylvania	ER	4/13/2012	2/18/2013	Dismissed
2:12-cv-00768-kjd-gwf	Joseph Sorce v. Clark County Detention Center	USDC for Nevada	PCR	5/8/2012	10/7/2014	Dismissed
CA 12-41	Jeffrow Thomas v Warden Walton, Warden Cmar, Bill Nicholson, Mike	USDC for the Western District of Pennsylvania	PCR	7/2/2012	5/29/2013	Dismissed
473-2012-01145	Teresa O'Malley-EEOC	US EEOC	ER	7/20/2012	1/23/2013	Dismissed
1:12-CV-347	Harold Combs v. NaphCare et al.	USDC for the Southern District of Ohio	PCR	7/24/2012	7/29/2013	Dismissed
473-2012-01180	Donna Albrektson	US EEOC	ER	7/31/2012	1/15/2013	Dismissed
577-2012-02319	Jamie Sullivan	US EEOC	ER	8/8/2012	8/3/2013	Dismissed
2:12cv1434-LDG-PAL	Marcos Rameriz v. NaphCare, LVMPD, Doe Officers & Doe Healthcare	USDC for Nevada	PCR	8/14/2012	9/24/2012	Summary Judgment in Defendants' Favor
473-2012-01185	Donna Stoddard	US EEOC	ER	8/15/2012	1/4/2013	Dismissed
12-11020-DJC	James Faust v. Sheriff Andrea Cabral, et al.,	USDC for Massachusetts	PCR	8/24/2012	5/5/2015	Dismissed
2:12-CV-481	Wilson Rogers v. HRRJ et al.	USDC for the Eastern District of Virginia	PCR	8/24/2012	11/20/2014	Dismissed
2:12-cv-01523-MMD-	Gordon Lawes v. NapchCare,LVMPD	USDC for Nevada	PCR	8/30/2012	10/24/2014	Confidential settlement & case dismissed
2:12-cv-01725	Gabriel Yates v. NaphCare	USDC for Nevada	PCR	9/21/2012	6/2/2014	Summary Judgment in Defendants' Favor
3-12-CV 326	Teresa O'Malley v. NaphCare, et al.	USDC for the Southern District of Ohio	ER	10/4/2012	5/27/2016	Confidential settlement & case dismissed
1:10cv503	Michael Buchanan v. Hamilton County Sheriff et al.	USDC for the Southern District of Ohio	PCR	10/10/2012	12/31/2012	Dismissed
410-2013-00785	Kinyatha Brown-EEOC	US EEOC	ER	11/16/2012	close	no action in 3 years - closing file
C-12-2040	David L. Smith v. Dr. Darron Cutler,et al.	USDC for Northern District of Iowa	PCR	11/28/2012	11/28/2012	Dismissed with Prejudice
12-018946	Robbin Tenea v. NaphCare	Circuit Court of Hillsborough County, Florida	ER	12/4/2012	2/26/2014	Confidential settlement & case dismissed
2:12-cv-02074-LRH-CWH	Gregory Kelly v. NaphCare, et. al.	USDC for Nevada	PCR	12/5/2012	12/27/2013	Dismissed
2:12cv2160-RCJ-VCF	Joseph Juliano v. NaphCare, et al.	USDC for Nevada	PCR	12/19/2012	3/25/2013	Summary Judgment in Defendants' Favor
LACV120730	Merri J. Arms, as Administrator of the Estate of Michael Adair v. Black	USDC for Northern District of Iowa	AWD	1/3/2013	6/25/2013	Confidential settlement (NaphCare not a defendant)
2:13cv111-CB	Samuel Sethman v. NaphCare,et al.	USDC for the Western District of Pennsylvania	PCR	1/23/2013	11/11/2014	Confidential settlement & case dismissed
2:13-cv-26	Catherine Cheek and Gilmer Cheek, Estate of Gregory Cheek v. NaphCare	USDC for Southern District of Texas	AWD	2/4/2013	10/29/2014	Confidential settlement & case dismissed
3:13 CV 034	Rion McConnell v. Montgomery County Sheriff et al.	USDC for the Southern District of Ohio	PCR	2/4/2013	11/27/2013	Dismissed
2:12-CV-00918-APG-CWH	Charlie Cabrera v. LVMPD	USDC for Nevada	PCR	2/9/2013	3/30/2016	Summary Judgment in Defendants' Favor

NaphCare, Inc. Litigation History List

Case Number	Case Style	Jurisdiction	Type	Date Filed	Date Closed	Disposition
2013-248-C	Madeline Warner as Administrix of the Estate of Jeddy Warner v. Essex	Commonweath of MA Superior Court, Essex County	AWD	2/15/2013	7/18/2014	Dismissed
16C-2013-00873	Carley Sanchez EEOC-MCAD	Commonwealth of Massachusetts Commission against	ER	2/19/2013	12/9/2015	Dismissed
13-1131-A	Andrew Nascarella v. NaphCare, et. al.	Commonwealth of Massachusetts- Superior Court Dept	PCR	3/27/2013	7/14/2014	Confidential settlement & case dismissed
420-2013-01732	Kristie Richardson EEOC	US EEOC	ER	4/17/2013	7/3/2013	Dismissed
642 of 213	Lynne Thompson v. Westmoreland County Prison et.al.	Court of Common Pleas of Westmoreland County,	PCR	4/22/2013	1/21/2014	Judgment of Non Pros
13-10307-DJC	Randall McClain v. Frank Cousins et al.	USDC for Massachusetts	PCR	5/6/2013	6/25/2015	Summary Judgment in Defendants' Favor
2:13-CV-26	Calvin Clark v. Ms Thompson et al.	USDC for the Eastern District of Virginia	PCR	5/13/2013	1/13/2014	Dismissed
420-2013-02116	Kenya Morgan EEOC	EEOC of Alabama	ER	5/23/2013	8/7/2013	Dismissed
12-984	Melvin Knight v. John Walton et al.	USDC for the Western District of Pennsylvania	PCR	5/30/2013	9/24/2015	Dismissed
13-2152A	Julio Canales v. NaphCare, Inc	USDC for Massachusetts	PCR	6/13/2013	7/23/2013	Plaintiff voluntarily dismissed lawsuit
2:13-cv-01316-AD-CWH	Ronnie Edwards v. Raymond Mondora, et al.	USDC for Nevada	PCR	7/24/2013	3/3/2015	Summary Judgment in Defendants' Favor
2013-01668-C	Daniel Desabre v. Worcester County Sheriff Dept	Worcester County Superior Court, Masachusetts	PCR	8/26/2013	3/23/2015	Judgment of Dismissal
16C-2013-02544	Virginia Ndoro, MCAD	Commonwealth of Massachusetts MCAD	ER	10/7/2013	7/20/2014	Dismissed
420-2014-00297	Wilma Collins-EEOC of Alabama	EEOC of Alabama	ER	11/20/2013	5/10/2016	Dismissed
2:13-cv-00324-RCJ-PAL	Gregory Banks v. Joyce et al.	USDC for Nevada	PCR	12/23/2013	7/6/2015	Summary Judgment in Defendants' Favor
3:14-cv-00056	Neill Samuel v. Melody Molinaro et al.	USDC for Nevada	PCR	1/27/2014	3/24/2016	Summary Judgment in Defendants' Favor
3:14cv057	Eugene G. Riddick v. Dr. Lovelace, et al.	USDC for the Eastern District of Virginia	PCR	1/28/2014	5/18/2015	Summary Judgment in Defendants' Favor
1:14-cv-62 -WMS	Armando Torres v. St of NewYork et.al.	USDC for the Western District of New York	PCR	1/30/2014	8/21/2015	Dismissed
740CL-13004220-00	Gelardos Marinos v. Rosemarie Kidd (HRRJ)	Portsmouth Circuit Court-Civil Division, Virginia	PCR	2/5/2014	6/4/2014	Dismissed
1:14-cv-10370-RWZ	Ronald Farrier v. NaphCare, et al.	USDC for Massachusetts	PCR	2/18/2014	5/14/2015	Judgment of Dismissal
2:13-cv-02249-JAD-GWF	Joshua Brodsky v. NaphCare, et al.	USDC for Nevada	PCR	2/21/2014	4/29/2014	Summary Judgment in Defendants' Favor
cv 14EV000567E	Latish Durden v. NaphCare, et al.	State Court of Fulton County Civil Division	AWD	3/17/2014	9/8/2016	Summary Judgment in Defendants' Favor
14CV823	Dennis Orr v. NaphCare, et al.	Court of Common Pleas Mahoning County, Ohio	BC	3/28/2014	5/12/2015	Plaintiff voluntarily dismissed lawsuit
2:13 cv 00545	Phillip Lewis v. NaphCare, et al.	USDC for the Eastern District of Virginia	PCR	3/31/2014	7/14/2014	Dismissed
3:14-cv-158	Estate of Robert Richardson v. NaphCare, et al.	USDC for the Southern District of Ohio	AWD	5/19/2014	1/17/2017	Confidential settlement & case dismissed
487-2014-00770	Norma Nevarez - EEOC Nevada	EEOC of Nevada	ER	5/19/2014	3/18/2015	Dismissed
1:14 cv-01648-TWR	Debry Walker v. Newton County	USDC for the Northern District of Georgia	PCR	5/29/2014	11/21/2014	Defendants' Motion to Dismiss granted
A-14-699236-C	Keith Scholl v. Clark County Detention Center, et al.	Clark County District Court, Nevada	PCR	6/4/2014	8/11/2015	Dismissed without prejudice
1-14-v-657	Tamar Harvey v. Dr. Emran, et al.	USDC for the Eastern District of Virginia	PCR	6/4/2014	11/2/2015	Summary Judgment in Defendants' Favor
1:13 cv 00907	Amy Childress v. NaphCare, et al.	USDC for the Southern District of Ohio	PCR	7/7/2014	10/6/2014	NaphCare dismissed without prejudice
2:13-cv-01181-jad-cwh	Freddie Williams v. NaphCare, Inc., et al.	USDC for Nevada	AWD	7/9/2014	9/1/2015	Confidential settlement & case dismissed
420-2014-01706	Phyllis Goode - EEOC of Alabama	EEOC of Alabama	ER	7/17/2014	7/6/2015	Dismissed
2:14-cv- 01175	Dillon Hill V. LVMPD	USDC for Nevada	AWD	7/18/2014	6/30/2016	Summary Judgment in Defendants' Favor
14-1411	Gerald Berryman v. Dr. Andrews et al.	Worcester County Superior Court, Masachusetts	PCR	7/27/2014	12/23/2014	Dismissed
14-2420	James Jah v. NaphCare, et al.	Suffolk County Superior Court	PCR	7/30/2014	7/27/2018	Confidential settlement & case dismissed
5:14-CT-3204-FL	Eduardo Benavides v. Dr. Daniel Cuscela, et al.	USDC for the Eastern District of Virginia	PCR	8/11/2014	11/15/2015	Dismissed
2:14 cv-01389	Susan Reabe v. NaphCare, et al.	USDC for Nevada	PCR	8/27/2014	10/5/2015	Confidential settlement & case dismissed
093-14-0417L	Ruth Miller	EEOC of Nevada	ER	9/2/2014	12/8/2015	EEOC dismissal
14-cv-7123	Ladell Henderson v. Beverly Turner	USDC for the Northern District of Illinois	PCR	9/11/2014	8/9/2017	Confidential settlement & case dismissed
14-01534	Thomas Cimeno v. Commonwealth of MA, et al.	Worcester County Superior Court, Masachusetts	PCR	9/15/2014	2/7/2018	Confidential settlement & case dismissed
2:14cv0066	Adam Balle v. City of Corpus Christi, et al.	USDC for the Southern District of Texas	PCR	10/7/2014	7/15/2019	Confidential settlement & case dismissed
02:14-cv550	Emanuel McCants v. Giovanni Sneed, et al.	USDC for the Eastern District of Virginia	PCR	10/15/2014	4/8/2016	Dismissed
16C-2015-00205	Ligette Valcin - MCAD	EEOC of Massachuetts - MCAD	ER	11/12/2014	8/31/2015	Dismissed
425-2015-00231	Mark Lasko - EEOC	EEOC of Alabama	ER	11/26/2014	11/30/2016	Confidential settlement & case dismissed
2:14-cv-365	Anthony Collier v. NaphCare, et al.	USDC for the Southern District of Indiana	PCR	12/4/2014	6/1/2017	Summary Judgment in Defendants' Favor
14-CA-012460	Melissa Ward v. NaphCare	Circuit Court of Hillsborough County, Florida	ER	12/15/2014	6/23/2015	Confidential settlement & case dismissed
2:15 cv-27-JAD-PAL	Daniel Weathers v. NaphCare, et al.	USDC for Nevada	PCR	1/6/2015	12/3/2015	Dismissed
02:14 cv-1468	Donald W. Moon v. NaphCare, Inc. et al.	USDC for Nevada	PCR	1/21/2015	9/17/2015	Confidential settlement & case dismissed
2:14-cv-1560	Christopher S. Hunter v. NaphCare	USDC for Nevada	PCR	1/26/2015	9/14/2018	Dismissed by Court
A-15-715896-c	Duane Reitz v. NaphCare, et al.	Clark County District Court, Nevada	PCR	1/26/2015	3/3/2016	Dismissed without prejudice
2:15-00324	Robin and Beverly Bruins v. Osborne et al.	USDC for Nevada	PCR	3/4/2015	4/19/2017	Dismissal with Prejudice
A-15-716917	Dwight McIntyre v. NaphCare, et al.	Clark County District Court, Nevada	PCR	4/14/2015	7/13/2017	Dismissed by Court
433-2015-01713	Dawn Beck - EEOC of NC	EEOC of North Carolina	ER	5/7/2015	10/9/2015	Dismissed by EEOC
420-2015-02113	Chequita May - EEOC of Alabama	EEOC of Alabama	ER	6/25/2015	2/10/2016	Dismissed by EEOC
2:15-cv-1212	Manuel Rodriguez v. LVMPD, et al.	USDC for Nevada	PCR	6/25/2015	11/19/2017	Dismissed without prejudice
SUCV2015-1758-D	Robert Strickland v. NaphCare, Inc.	Commonwealth of Massachusetts- Superior Court Dept	PCR	7/11/2015	1/23/2017	Judgment of Dismissal
2:15-cv-228-JMS-WGN	Abdul Aziz Rashid Muhammad v. Ashley Matchett, et al.	USDC for the Southern District of Indiana	PCR	7/27/2015	3/22/2018	Summary Judgment in Defendants' Favor
3:15-cv-439	Stacey Lassiter v. Dr. Jamaludeen/Cartwright	USDC for the Eastern District of Virginia	PCR	7/28/2015	3/31/2017	Dismissed without prejudice
cv-14-14767	Willie Wallace v. NaphCare	USDC for Massachusetts	PCR	8/24/2015	2/10/2017	Defendants' Motion to Dismiss granted
1-15-cv-1099	Christopher Feagin v. Dr. Jamaludeen et al.	USDC for the Eastern District of Virginia	PCR	8/31/2015	5/16/2016	Dismissed by Court
2:15-cv-1724	Corey Pritchett v. Lyle Smith et al.	USDC for the District of Oregon	PCR	9/10/2015	1/3/2020	Summary Judgment in Defendants' Favor
2:14-cv-01426	Robin Lee v. LVMPD	USDC for Nevada	PCR	9/17/2015	1/27/2017	Summary Judgment in Defendants' Favor
2:15-cv-274	Tyrell Reese v. NaphCare	USDC for the Eastern District of Virginia	PCR	9/29/2015	1/29/2016	Defendants' Motion to Dismiss granted
2:15-cv-00260	Adam Deiulio v. VA Beach Sheriffs Office, et al.	USDC for the Eastern District of Virginia	PCR	9/30/2015	11/1/2016	Dismissed by Court
A-15-726182-C	Vanessa Kelley v. NaphCare	Clark County District Court, Nevada	PCR	10/28/2015	8/24/2016	Motion to Dismiss granted - not collecting cost
2:15-cv-6627-BRO-AS	Royce Gay v. Dr. Saroj Fulani, et al.	USDC for the Central District of California	PCR	11/5/2015	11/4/2016	Defendants' Motion to Dismiss granted
1:15-cv-00512	Pamela Sickman, Co-Administratrix of the Estate on behalf of Martie Clark,	USDC for the Southern District of Ohio	AWD	11/6/2015	6/12/2019	Confidential settlement & case dismissed
3:15-cv-2173	Joshua Mulbreght v. NaphCare	USDC for the District of Oregon	PCR	11/20/2015	3/22/2017	Plaintiff voluntarily dismissed lawsuit

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Case Number	Case Style	Jurisdiction	Type	Date Filed	Date Closed	Disposition
2:15-cv-816	Mark Picozzi v. Clark County Detention Center, et al.	USDC for Nevada	PCR	11/25/2015	6/18/2018	Dismissed without prejudice
1:15-cv-238	Estate of James Barton v. NaphCare	USDC for the Southern District of Ohio	AWD	12/4/2015	3/8/2016	Dismissed by Court
2:15-cv-02444	Estate of Kathy Ritner v. LVMPD	USDC for Nevada	AWD	12/21/2015	9/16/2016	Defendants' Motion to Dismiss granted
1:15-cv-4474	Estate of Jade Tramel v. NaphCare	USDC for the Northern District of Georgia	AWD	12/28/2015	3/17/2017	Plaintiff voluntarily dismissed lawsuit
3:15-cv-2343	James Gialloreto v. NaphCare	USDC for the District of Oregon	PCR	12/28/2015	11/21/2016	Summary Judgment in Defendants' Favor
1:16-cv-10-B	Mark Lasko v. NaphCare, Inc.	USDC for the Southern District of Alabama	ER	1/6/2016	12/14/2016	Confidential settlement & case dismissed
1:16-cv-248	Estate of Kellie Moll, et al v. Hamilton County Sheriff, et al.	USDC for the Southern District of Ohio	AWD	1/19/2016	7/8/2016	Dismissed by Court
2:16-cv-31	Christopher Churchya v. P Bryan, et al.	USDC for the Eastern District of Virginia	PCR	1/27/2016	9/14/2017	Summary Judgment in Defendants' Favor
2:15-cv-01670	Charon Brown v. NaphCare et al.	USDC for Nevada	PCR	2/1/2016	8/3/2018	Dismissed without prejudice
15-cv-10936	Estate of Gerald Green v. NaphCare	USDC for the Northern District of Illinois	AWD	2/17/2016	5/27/2020	Confidential settlement & case dismissed
1:16-cv-10359	John Horan v. NaphCare et al.	USDC for Massachusetts	PCR	2/22/2016	1/7/2019	Stipualation of Dismissal
420-2015-1342	Francis J. Pullano v. CCDC, et al.	EEOC of Alabama	ER	2/24/2016	7/25/2016	Dismissed by EEOC
1:15-cv-371	Steven Smith (as conservator for Brandon Jefferies) v. NaphCare	USDC for the Southern District of Alabama	PCR	3/1/2016	8/8/2018	Confidential Settlement & case dismissed
A-16-732956	Jason Mahe v. NaphCare	Clark County District Court, Nevada	PCR	3/4/2016	1/23/2017	Dismissed by Court
16-0923G	Kim DeFranzo v. NaphCare	Suffolk County Superior Court, MA	PCR	3/19/2016	11/29/2017	Dismissed with Prejudice
2:16-cv-734	Toney White v. Clark County et al.	USDC for Nevada	PCR	4/1/2016	1/20/2021	Plaintiff voluntarily dismissed lawsuit
A6(25597)04052016	Sharon Pelzel v. NaphCare	Ohio Civil Rights Commission	ER	4/12/2016	11/21/2016	Dismissed by EEOC
3:16-CV-5153	Nathan Alicea v. NaphCare et al.	USDC for the Western District of Washington	PCR	4/25/2016	7/27/2017	Summary Judgment in Defendants' Favor
2:16-cv-229	Estate of Jamycheal Mitchell v. NaphCare	USDC for the Eastern District of Virginia	AWD	5/10/2016	5/17/2019	Confidential settlement & case dismissed
A-16-736910-C	Moshe Banner V. NaphCare et al.	Clark County District Court, Nevada	PCR	5/18/2016	1/11/2018	Plaintiff voluntarily dismissed lawsuit
8:16-cv-647	Willie Hale v. NaphCare	USDC for the Middle District of Florida	PCR	6/20/2016	9/20/2017	Summary Judgment in Defendants' Favor
1:16-cv-638	Joshua Allen v. Dr. Jamaludeen et al.	USDC for the Eastern District of Virginia	PCR	7/11/2016	2/3/2017	Summary Judgment in Defendants' Favor
1584cv-03738	Estate of Ariel Cartegna v. NaphCare	Suffolk County Superior Court	AWD	7/15/2016	9/22/2017	Plaintiff voluntarily dismissed lawsuit
A-16-741293-C	Ashley Aaron v. NaphCare, et al.	Clark County District Court, Nevada	PCR	7/20/2016	10/1/2019	Confidential settlement & case dismissed
3:16-cv-258	John Walker v. Dr. Hahn, et al.	USDC for Nevada	PCR	7/20/2016	1/31/2017	Plaintiff voluntarily dismissed lawsuit
3:16-cv-5667	Estate of Matthew Smith v. NaphCare	USDC for the Western District of Washington	AWD	7/31/2016	3/8/2018	Confidential settlement & case dismissed
5:15-ct-3251	Antonio Ortiz v. Dr. Metiko, et al.	USDC for the Eastern District of North Carolina	PCR	9/28/2016	3/18/2019	Summary Judgment in Defendants' Favor
2:16-cv-536	Dedric Morris v. Ermagean Flowers, et al.	USDC for the Eastern District of Virginia	PCR	10/3/2016	2/20/2017	Defendants' Motion to Dismiss granted
3:16-cv-437	Jeffrey Day v. Naphcare, et al.	USDC for the Southern District of Ohio	PCR	10/18/2016	5/26/2020	Confidential settlement & case dismissed
2:16-cv-298	Brian Gilliam v. Julie Hutchinson, et al.	USDC for Eastern District of Washington	PCR	10/25/2016	7/19/2017	Dismissed for failure to serve S&C
16-1655A	Mark Suprenant v. Correctional Officer Kevin Carlo, et al.	Commonwealth of Massachusetts Worcester Superior	PCR	10/28/2016	11/9/2017	Dismissed by Court
16-1687A	Theresa MacLellan, Voluntary Administrator, Estate of Eric Leif Bottcher v.	Commonwealth of Massachusetts Worcester Superior	AWD	11/4/2016	8/9/2019	Dismissed, Judgment entered in favor of NaphCare and Dr. Andrewes
1:16-cv-01056	Veronica Stewart, Administrator of the Estate of Lily Jeannette Francis; and	USDC for the Southern District of Ohio	AWD	11/7/2016	3/16/2022	Confidential settlement & case dismissed
1:16-cv-1060	Carlton Dillard v. Dr. Konolgo	USDC for the Eastern District of Virginia	PCR	11/7/2016	6/8/2017	Summary Judgment in Defendants' Favor
2:16-cv-1051	Frank Birch v. Dr. Larry Williamson et al.	USDC for Nevada	PCR	11/21/2016	3/29/2018	Summary Judgment in Defendants' Favor
3:16-cv-952	Estate of Gregory Hill v. NaphCare	USDC for the Eastern District of Virginia	AWD	12/1/2016	11/2/2017	Confidential settlement & case dismissed
A-16-746052-C	Justin Langford v. NaphCare	Clark County District Court, Nevada	PCR	12/16/2016	3/29/2017	Motion to Dismiss granted
A-16-748283	Donald Kinsman v. NaphCare, et al.	Clark County District Court, Nevada	PCR	12/16/2016	4/16/2018	Summary Judgment in Defendants' Favor
3:16-cv-517	James Howard v. Montgomery County Board of Comm., et al.	USDC for the Southern District of Ohio	PCR	12/27/2016	8/16/2018	Dismissed by Court
3:16-cv-6054	Ray Charles Harris v. Miguel Balderama, et al.	USDC for the Western District of Washington	PCR	12/27/2016	11/15/2017	Plaintiff voluntarily dismissed lawsuit
17-CA-000320	Aaron Porter v. David Gee, et al.	Circuit Court of Hillsborough County, Florida	PCR	1/5/2017	10/3/2017	Motion to Dismiss granted with prejudice
2:17cv352	Estate of Garrett Gardner v. NaphCare	USDC for Nevada	AWD	1/17/2017	12/17/2020	Summary Judgment in Defendants' Favor - Affirmed on Appeal
6:17-cv-2003	Montavious Smith v. Black Hawk County Jail	USDC for the Northern District of Iowa	PCR	1/25/2017	8/13/2018	Dismissed by Court
8:17-cv-248	Gelsey Suarez v. David Gee, et al.	USDC for the Middle District of Florida	PCR	2/2/2017	7/19/2017	Defendants' Motion to Dismiss granted
2:17-cv-562	Luis Cervantes v. LVMPD, et al.	USDC for Nevada	PCR	2/21/2017	4/21/2021	Confidential Settlement & case dismissed.
3:17-cv-167	Benjamin Andrews, administrator of the Estate of Zachary Tuggle v. Sheriff	USDC for the Eastern District of Virginia	AWD	2/28/2017	7/2/2018	Confidential settlement & case dismissed
A-17-754105-C	Joe Clary v. Dr. Mondora, et al.	Clark County District Court, Nevada	PCR	3/6/2017	6/16/2017	Dismissed without prejudice
1:17-cv-219	John Klein v. Hamilton County Ohio, et al.	USDC for the Southern District of Ohio	PCR	4/3/2017	7/7/2021	Summary Judgment granted in Defendants' favor.
5:16-ct-3220	Shirland Fitzgerald v. Warden Atkinson, et al. (David Cuscela)	USDC for the Eastern District of North Carolina	PCR	4/4/2017	1/15/2019	Summary Judgment in Defendants' Favor
A-17-755051-C	Manuel Garcia v. Clark County Sheriff's	Clark County District Court, Nevada	PCR	5/5/2017	2/20/2019	Dismissed by Court
CL16-2476	Paris Loving-Johnson v. NaphCare, et al.	City of Richmond Circuit Court, Virginia	PCR	5/23/2017	1/13/2020	Order of Voluntary NonSuit entered. Dismissed Without Prejudice.
1:17-cv-430	Michael Valdez v. Hanford Police Officer Larry Leeds, et al.	USDC for the Eastern District of California	PCR	5/23/2017	8/30/2019	Summary Judgment in Defendants' Favor
8:17-cv-1242	Jimmy Dell Bowen v. Sheriff David Gee	USDC for the Middle District of Florida	PCR	5/25/2017	2/16/2021	Summary Judgment granted in Defendants' favor
4:17-cv-5086	Shawn Cottrell v. NaphCare et al.	USDC for Eastern District of Washington	PCR	6/20/2017	6/7/2019	Dismissed - Motion to Dismiss granted
1:17-cv-241	Jason Jalilian. V. NaphCare	USDC for the Eastern District of Virginia	PCR	6/20/2017	9/27/2017	Plaintiff voluntarily dismissed lawsuit
1:17-cv-767-CMH	George Delaney v. Abdul Jamaludeen	USDC for the Eastern District of Virginia	PCR	7/6/2017	11/5/2019	Summary Judgment in Defendants' Favor
2:17-cv-1886	Estate of Jeremiah Bowling - Admin: Particia Fitzpatrick v. LVMPD, et al.	USDC for Nevada	AWD	7/10/2017	8/4/2020	NaphCare's Motion to Dismiss Granted - Dismissed with Prejudice
3:17-cv-5522	Jonathan Turner v. NaphCare	USDC for the Western District of Washington	PCR	7/10/2017	6/7/2018	Dismissed without prejudice
2:17-cv-1964	Justin Tripp v. Clark County, et al.	USDC for Nevada	PCR	7/18/2017		
1:17-cv-827	Joseph Bratcher v. NaphCare, Inc., et al.	USDC for Eastern District Virginia	PCR	7/21/2017	6/7/2019	Summary Judgment in Defendants' Favor
3:17cv-5605	Gary Casterlow-Bey v. NaphCare	USDC for the Western District of Washington	PCR	8/2/2017	9/11/2018	Dismissed by Court
3:17-cv-00006	Joseph Guglielmo v. Montgomery County - NaphCare is Third Party Def.	USDC for the Southern District of Ohio	PCR	8/22/2017	12/20/2017	Dismissed by Court
2:17-cv-111	Will Sitton v. LVMPD, et al.	USDC for Nevada	PCR	8/30/2017	11/18/2021	Summary Judgment granted in Defendants' favor
3:17-cv-310-TMR	Marsha Pate-Strickland v. Montgomery County Bd of Commissioners	USDC for the Southern District of Ohio	PCR	9/6/2017	10/17/2017	NaphCare Defendants Dismissed
3:17-cv-5716	David Curry v. NaphCare	USDC for the Western District of Washington	PCR	9/7/2017	2/25/2019	Summary Judgment in Defendants' Favor
3:17-cv-5800	Jamar Odom v. Jon Slothower et al.	USDC for the Western District of Washington	PCR	10/4/2017	7/30/2018	Defendants' Motion to Dismiss granted
3:17-cv-343	Jayme Laurent (Linkus) v. Diltz, et al.	USDC for the Southern District of Ohio	AWD	10/5/2017	8/5/2019	Third party complaint against NaphCare dismissed.
A-17-763488-C	July Robeldo v. Clark County.	Clark County District Court, Nevada	PCR	10/23/2017	5/11/2018	Motion to Dismiss granted

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Case Number	Case Style	Jurisdiction	Type	Date Filed	Date Closed	Disposition
1:17-cv-1000	Antonio Garibaldi v. Dr. Vallsis & Dr. Haydu	USDC for the Eastern District of Virginia	PCR	10/24/2017	12/12/2018	Summary Judgment in Defendants' Favor
1:17-cv-724	Lisa Britt Administrix of Estate of Tommy Britt v. Hamilton County, et al.	USDC for the Southern District of Ohio	AWD	10/27/2017	3/30/2021	Summary Judgment granted in Defendants' favor. Affirmed on appeal.
17-cv-479	Mark Reese v. Sheriff Sam Cochran, et al.	USDC for the Southern District of Alabama	PCR	10/30/2017	6/8/2018	Dismissed without prejudice
2:17-cv-2765	Bryan O'Neal v. LVMPD, et al.	USDC for Nevada	PCR	11/2/2017	2/19/2021	Dismissed With Prejudice
17-cv-9349	Marvin E. Myers v. Franklins County Sheriff, et al.	Court of Common Pleas, Franklin County Ohio	PCR	11/16/2017	11/26/2018	Dismissed by Court
2:17-cv-2892	David Parker v. Clark County, et al.	USDC for Nevada	PCR	11/17/2017	6/27/2019	Motion to Dismiss granted
2:17-cv-568	Terry Parker v. Ashley Matchett, et al.	USDC for the Southern District of Indiana	PCR	11/22/2017	9/14/2018	Plaintiff voluntarily dismissed lawsuit
3:17-cv-6002	Donald Bango & Scott Bailey v. Pierce County, et al	USDC for the Western District of Washington	CA	12/4/2017	11/1/2018	Plaintiff voluntarily dismissed lawsuit
2:18-cv-573	Darryl Gholson v. NaphCare	USDC for Nevada	PCR	12/14/2017	11/30/2020	Motion to Dismiss granted
2:17-cv-2344	Michael Rodriguez v. NaphCare et al.	USDC for Nevada	PCR	12/19/2017		
1:17-cv-1468	Elihue Mahler v. Dr. Jamaludeen	USDC for the Eastern District of Virginia	PCR	12/26/2017	12/4/2018	Summary Judgment in Defendants' Favor
2:17-cv-1700	Joshua Crittendon v. Sheriff Joe Lombardo	USDC for Nevada	PCR	12/29/2017		
2:18-cv-25	James Sharkey v. St of Nevada, et al.	USDC for Nevada	PCR	1/5/2018	11/8/2019	Motion to Dismiss granted
3:18-cv-96	Andrew Moret v. Pat Garrett, et al.	USDC for the District of Oregon	PCR	1/17/2018	6/25/2018	Dismissed by Court
1:18-cv-30	Nicholas Haulcomb v. NaphCare, et al.	USDC for the Southern District of Alabama	PCR	1/24/2018	4/5/2019	Dismissed by Court
2:18-cv-169	Terrell Kemp v. LVMPD, et al.	USDC for Nevada	PCR	1/29/2018	3/31/2022	Summary Judgment granted in Defentants' favor
EEOC 511-2018-00796	Charles V. Smith - EEOC	EEOC of Florida	ER	2/7/2018	3/9/2018	Dismissed by EEOC
2018-L-997	Trayvon Tate, as Special Administrator of the Estate of Thomas Rolland, Sr.	Circuirt Court of Will County, Illinois	AWD	3/21/2018	1/6/2022	Dismissed for Want of Prosecution
3:18-cv-3022	Anthony Brothern v. Blackhawk County, et al.	USDC for the Northern District of Iowa	PCR	3/23/2018	2/8/2019	Summary Judgment in Defendants' Favor
2:18-cv-568	Steven Rowe v. NaphCare	USDC for Nevada	PCR	3/29/2018		
Day A6 (27134)	Donthea Shepard (OCRC)	Ohio Civil Rights Commission	ER	4/2/2018	5/30/2018	Confidential settlement & case dismissed
18-cv-2023	Brandon Proctor v. Black Hawk County, et al.	USDC for Northern District of Iowa	PCR	4/11/2018	7/16/2018	Dismissal with Prejudice
3:18-cv-157	Anthony Comeil v. NaphCare	USDC for Nevada	PCR	4/13/2018	6/8/2020	Summary Judgment in Defendants' Favor
Day 76(27150) 04092018	Ashley Cox - OCRC	Ohio Civil Rights Commission	ER	4/17/2018	2/21/2019	Dismissed by OCRC - no probable cause
1:18-cv-508	Anthony Nelligar v. Corporal Eaton, et al.	USDC for Eastern District Virginia	PCR	4/18/2018	8/23/2019	Dismissed by Court
1:18cv-358	Michael Holness v. NaphCare, et al.	USDC for the Eastern District of Virginia	PCR	5/3/2018	1/15/2019	Summary Judgment in Defendants' Favor
3:19-cv-00054-TMR	Randall Johnson, Jr. Admininistrator of the Estate of Sasha Garvin v.	USDC for the Southern District of Ohio	AWD	5/3/2018		
2:18-cv-185	Marshall Story v. John/Jane Doe, et al.	USDC for Eastern District Washington	PCR	6/8/2018	6/11/2019	Motion to Dismiss granted
16C-2018-1767	Novlett Williams - EEOC	EEOC of Massachuetts - MCAD	ER	6/12/2018	9/30/2020	Dimissed
A-18-777746-C	Roy Jones v. NaphCare	Clark County District Court, Nevada	PCR	7/17/2018	12/7/2018	Motion to Dismiss granted
18-11480	Steven Collymore v. Suffolk County Sheriff	USDC for Massachusetts	PCR	7/17/2018	1/29/2019	Motion to Dismiss granted
A-18-03177	Demile Cunningham v. Hamilton County Justice Center	Hamilton County Court of Common Pleas	PCR	7/21/2018	7/18/2019	Motion to Dismiss granted
2:16-cv-2229	Tolavius Timmons v. Clark County Detention Center, et al.	USDC for Nevada	PCR	8/24/2018	2/24/2020	Summary Judgment in Defendants' Favor
18C-0256	A.F.C., a minor by and through her guardian ad litem, Angelica Bestafka v.	Superior Court of the State of California, County of Kings	AWD	8/28/2018		
18-cv-4281	Nada Gilroy v. Montgomery County Sheriff, et al.	Court of Common Pleas, Hamilton County, Ohio	PCR	9/14/2018	3/8/2019	Motion to Dismiss granted
18c-0200	Adrian Perez v. County of Kings	Superior Court of Kings County, CA	PCR	9/21/2018	1/8/2021	Plaintiff voluntarily dismissed with prejudice.
3:17-cv-540	Edward David v. Dr. John Doe	USDC for Nevada	PCR	9/25/2018	10/31/2019	Summary Judgment in Defendants' Favor
A-18-782428	Abdul Howard v. NaphCare	Clark County District Court, Nevada	PCR	9/28/2018	6/4/2019	Court closed the matter
3:18-cv-1751	Dennis Warren v. Washington Co. Sheriff	USDC for Oregon, Portland Division	PCR	10/1/2018	8/26/2020	Summary Judgment in Defendants' Favor
2:18-cv-311	Leroy Berra v. Denae Paul, PA, et al.	USDC for Eastern District Washington	PCR	10/3/2018	8/31/2020	Summary Judgment in Defendants' Favor
18-cv-1553	Alberto Ledezma v. Jeanne Youngquist, et al.	USDC for the Western District of Washington	PCR	10/18/2018	5/31/2019	Dismissed by Court
MCAD 18bem03117	Shamia Dottin	MCAD	ER	11/2/2018	12/15/2021	Dismissed by EEOC
2:18-cv-2135	Sidney Vanassche v. Nevada DOC, et al.	USDC for Nevada	PCR	11/5/2018	10/23/2019	Motion to Dismiss granted
3:19-cv-5329	William James Wallace v. Pierce County, et al.	USDC for the Western District of Washington	PCR	11/8/2018	1/4/2021	Summary Judgment granted in Defendants' favor
3:18-cv-1975	William Wallace v. Washington County, et al.	USDC of Oregon	PCR	11/8/2018		
8:18-cv-2007	Louis Vadino v. USA	USDC for Central District California	PCR	11/9/2018	2/4/2019	Dismissed by Court
4:18-cv-5179	Lizzie Robertson v. Jerry Hatcher, et al.	USDC for Eastern District Washington	PCR	11/9/2018	8/2/2019	Dismissed by Court
2:18-cv-2193	Andrew W. Patton v. Las Vegas Metropolitan Police Department; University	USDC for Nevada	PCR	11/15/2018	11/7/2019	Parties stipulated dismissal of action
2:18-cv-2207	Michael Smith v. NaphCare, et al.	USDC of Nevada	PCR	11/16/2018	7/27/2022	Motion to Dismiss Granted
487-2018-01857	Marian Murriel	EEOC of Nevada	ER	11/19/2018	4/5/2019	Confidential settlement & case dismissed
3:18-cv-835	Montae M. Mitchell, Administrator of the Estate of Trevino Lindel Mitchell	USDC for the Eastern District of Virginia	AWD	12/5/2018	11/22/2019	Confidential settlement & case dismissed
16-c 2019462	Eileen Taylor	EEOC/MCAD	ER	12/5/2018	8/12/2021	
3:18-cv-2091	Amanda Cooper v. NaphCare	USDC for Oregon, Portland Division	PCR	12/5/2018	7/7/2020	Stipulation of Dismissal with Prejudice filed by Plaintiff
Mid-L-8211-18	La'Shawn Jones v. NaphCare, et al	Superior Court of New Jersey, Middlesex County	PCR	12/7/2018	1/9/2020	Summary Judgment in Defendants' Favor
2:18-cv-188	Antonio Hawkins v. Ken Stolle, et al.	USDC for the Eastern District of Virginia	PCR	12/18/2018		
c-19-0093	Keith Rawlins v. Henry Tambe	USDC for the Western District of Washington	PCR	1/18/2019	3/23/2020	Motion to Dismiss granted
2:19-cv-00124-RFB-VCF	Gustavo Ramos v. Clark County Detention Center, et al.	USDC for Nevada	PCR	1/22/2019	3/29/2022	Summary Judgment granted in Defendants' favor
1:19-CV-122	Manuel Waller v. NaphCare, et al.	USDC for Eastern District Virginia	PCR	1/24/2019	7/3/2019	Dismissed by Court
19-cv-0141	Richard Lee Johnsen v. Henry Tambe	USDC for the Western District of Washington	PCR	1/30/2019	1/31/2020	Summary Judgment in Defendants' Favor
19-cv-412	Wilbert Turner v. NaphCare, et al.	USDC for Southern District of New York	PCR	2/7/2019	12/7/2020	Dismissed by the Court
19-2-210-21	Ruthann Faye Gronke v. Lewis County , et al.	Superior Court of Washington, Lewis County	PCR	2/28/2019	9/27/2019	Confidential settlement & case dismissed
2:18-cv-1184	Ramon Muril-Dorado v. LVMPD, et al.	USDC of Nevada	PCR	3/13/2019		
1:19-cv-297	Troy Cowart v. NaphCare, et al.	USDC for Eastern District Virginia	PCR	3/14/2019	8/10/2020	Summary Judgment in Defendants' Favor
16C-2019-1265	Michael Mederios	MCAD	ER	3/18/2019		
1:19-cv-10703	Eileen Taylor v. NaphCare	USDC for Massachusetts	ER	4/12/2019	6/19/2019	Plaintiff voluntarily dismissed lawsuit
3:19-cv-200	Jose Cabrera v. NaphCare, inc.	USDC of Nevada	PCR	4/15/2019		
1:19-cv-2226	Marc Stubblefield v. Christina Jimenez, et al.	USDC for Northern District of Georgia	PCR	5/15/2019	8/19/2020	Motion to Dismiss granted by the Court
1:19-cv-00373-SJD	Karla Howell, as Administratrix of the Estate of Cornelius Pierre Howell	USDC for the Southern District of Ohio	AWD	5/20/2019	11/2/2021	Summary Judgment granted in Defendants' favor

NaphCare, Inc. Litigation History List

Case Number	Case Style	Jurisdiction	Type	Date Filed	Date Closed	Disposition
1:19-cv-02440-TWT	The Estate of Antonio May, et al v. Fulton County, Georgia, et al.	USDC for Northern Georgia (Atlanta)	AWD	5/29/2019	2/3/2021	Summary Judgment granted in Defendants' favor
1:19-cv-11349	Thomas Hickey v. Thompkins, et al.	USDC for Massachusetts	PCR	6/18/2019	3/8/2021	Summary Judgment granted in Defendants' favor
19-196H	Eileen Taylor v. NaphCare Inc.	Commonwealth of Massachusetts- Superior Court Dept	ER	6/20/2019		
3:19-cv-00969-AC	Tammy L. Thomsen, Personal Representative of the Estate of Dale L.	USDC for Oregon, Portland Division	AWD	6/21/2019		
CL 19-3807	Antonio Jones v. NaphCare et al.	Circuit Court of City of Virginia Beach, Virginia	PCR	6/26/2019	9/8/2020	Summary Judgment in Defendants' Favor
5:19-cv-1320	Michelle Simmons v. NaphCare, et al.	USDC of Central California, Eastern Division	ER	7/18/2019	1/31/2020	Dismissed with prejudice
1:19-cv-1000	Larry Nicholas Kyle Wood v. Dr Jamaludeen	USDC of Eastern District of Virginia	PCR	8/1/2019	1/8/2021	Summary Judgment in Defendants' Favor
EEOC 410-2019-07905	Charlotte Ives	EEOC of Georgia	ER	8/13/2019	2/5/2020	EEOC dismissal
8:19-cv-108-T-17SPF	Curtis Wayne Brown v. NaphCare, et al.	USDC for the Middle District of Florida	PCR	8/19/2019	8/19/2019	Dismissed by Court
2:19-cv-136	Charleston Harper v. NaphCare, Inc.	USDC for Eastern District Washington	PCR	8/22/2019	1/15/2020	Dismissed with prejudice
3:19-cv-5790	Ronnie Hicks v. Paul Pastor, et al.	USDC for the Western District of Washington	PCR	8/26/2019	7/23/2020	Dismissed by Court
2:19-cv-03803-EAS-CMV	Cameryn Standifer v. City of Columbus, et al.	USDC for the Southern District of Ohio	PCR	9/3/2019	11/9/2020	Plaintiff voluntarily dismissed claims against NaphCare
1:19-cv-1202	Pete Reyna v. Kings County Jail Medical , et al.	USDC for the Eastern District of California	PCR	9/3/2019		
CL19004570-00	Roy Black v. C.T. Woody, Jr. and NaphCare, Inc.	Circuit Court of the City of Richmond, Virginia	PCR	9/6/2019		
2:19-cv-01638-JCM-BNW	Ida Jones-Lewis, individually and as heir of WILLIE LEWIS, deceased; The	USDC for Nevada	AWD	9/17/2019	9/11/2020	Confidential settlement & case dismissed
A1904458	Demile Cunningham v. Hamilton County Justice Center, et al.	Hamilton County Court of Common Pleas, Ohio	PCR	9/20/2019	3/3/2020	Motion to Dismiss granted
1:19-cv-00706-JB-B	Joshua B. Dickinson v. Mobile County, Alabama, et al.	USDC for the Southern District of Alabama	PCR	9/24/2019	3/9/2019	NaphCare defendants dismissed without prejudice
MID-L-007080-19	Jennifer Riley v. County of Middlesex, et al.	Superior Court of New Jersey, Middlesex County	PCR	10/15/2019		
19204541-32	Steven Bronowski v. Spokane Detention Services, et al.	Superior Court of Washington, Spokane County	PCR	10/25/2019	3/10/2020	Plaintiff voluntarily dismissed lawsuit
19CV-10-8591	Tonya Jerome v. Franklin County, Ohio Board of County Commissioners;	Court of Common Pleas, Franklin County Ohio	PCR	10/25/2019	2/3/2021	Plaintiff voluntarily dismissed lawsuit
3:19-cv-650	Jason Jones v. Chief of Police, et al.	USDC of Nevada	PCR	10/25/2019	5/27/2021	Summary Judgment is Defendant's Favor
19CV47201	Leona Miotke v. Corizon, et al.	Circuit Court of Oregon, County of Multnomah	ER	10/29/2019		
1:19-cv-4970	Calib Cozart v. NaphCare	USDC of Northern Georgia	PCR	11/1/2019	8/16/2021	Summary Judgment in defendants favor
2:19-cv-4857	Demarco Armstead v. Baldwin, et al.	USDC for the Southern District of Ohio	PCR	11/4/2019	6/2/2021	Confidential settlement & case dismissed
19-2-04640-32	Jason Catling v. NaphCare, et al.	Superior Court of Washington, County of Spokane	PCR	11/4/2019	11/13/2020	Summary Judgment granted in Defendants' favor
1:19-cv-5031	Kenneth Browning Jr. v. NaphCare, et al.	USDC of Northern Georgia	PCR	11/5/2019	6/23/2021	Motion to Dismiss granted by the Court
1:19-cv-1957	Joshua James v. NaphCare, et al.	USDC of Nevada	PCR	11/7/2019	10/19/2020	Dismissed by the Court
1:19-cv-12371	Derek Potocki v. Frank Cousins, et al.	USDC for the District of Massachusetts	PCR	11/18/2019	7/7/2020	Confidential settlement & case dismissed
1:19-cv-00980-MRB	Estate of Renato Marti v. NaphCare, Inc., et al.	USDC for the Southern District of Ohio	AWD	11/18/2019		
3:19-cv-6146	Kevin Murphy v. Paul Pastor, et al.	USDC for the Western District of Washington	PCR	11/27/2019	1/5/2021	Dismissed by the Court
2:19-cv-05330	Freddie Sams v. Franklin County, Ohio, et al.	USDC for the Southern District of Ohio	PCR	12/4/2019		
3:19-cv-6171	Kevin Murphy v. Paul Pastor, et al.	USDC for the Western District of Washington	PCR	12/5/2019	7/23/2020	Motion to Dismiss granted
3:19-cv-5352	Matthew Gantt v. Janet Rhoton, et al.	USDC for the Western District of Washington	PCR	12/5/2019	9/17/2020	Summary Judgment granted in Defendants' favor
2:19-cv-01987-RSM	Russel H. Dawson, Personal Representative of the Estate of Damaris	USDC for Western District of Washington	AWD	12/6/2019	4/18/2022	Confidential Settlement & case dismissed
8:19-cv-2938	Joshua Smola v. NaphCare, et al.	USDC for the Middle District of Florida	PCR	12/16/2019	4/10/2020	Summary Judgment in Defendants' Favor
1:20-cv-10017	Jennaya Bennett Werra v. Steven Tompkins, et al.	USDC of Massachusetts	PCR	1/3/2020	1/29/2021	Pltf Voluntarily Dismissed case
8:20-cv-00068-JLS-JDE	Dongyuan Li and Romaldo Marchan Delgado v. City of Santa Ana, et al.	USDC for the Central District of California	PCR	1/13/2020	5/27/2021	Confidential Settlement & case dismissed
A-20-8094860	Robert Dixon Dunn v. Officer Jensen, et al.	Clark County District Court, Nevada	PCR	1/21/2020	11/2/2020	Dismissed by the Court
1:20-cv-263	John Wesley Plotner v. No Named Defendants, et al.	USDC of Colorado	PCR	1/30/2020	6/25/2020	Dismissed by the Court
3:20-cv-70	Darnell Webster v. Joseph Lombardo, et al.	USDC of Nevada	PCR	2/3/2020		
1:20-cv-203	John Reyna v. Kings County et al.	USDC for the Eastern District of California	PCR	2/10/2020		
1:20-cv-00288-DAD-BAM	Wendell Trayvon Martin, Deceased, et al v. NaphCare, Inc., et al.	USDC for the Eastern District of California	AWD	2/24/2020		
20BEM00522	Abieyuwa Omoroghomwan -MACD/EEOC	MCAD/EEOC of Massachusetts	ER	2/28/2020		
3:20-cv-00338-SI	Jeffrey Simms-Belaire v. Washington County, et al.	USDC for Oregon, Portland Division	PCR	3/2/2020		
2:21-cv-1259	Toney White v. Charlie Daniels, et al.	USDC of Nevada	PCR	3/16/2020	1/20/2022	Dismissed without prejudice
1:20-cv-738	Jesse Gregory v. NaphCare, et al.	USDC of Colorado	PCR	3/17/2020	7/10/2020	Motion to Dismiss granted
2:20-cv-00604-RFB-VCF	Craig Farah, Personal Representative of the Estate of Nicholas Farah v. Las	USDC of Nevada	AWD	4/1/2020		Confidential settlement, pending court approval
1:20-cv-00538-NONE-	Roger Cantu, et al v. NaphCare, et al.	USDC for the Eastern District of California	AWD	4/15/2020		
2:20-cv-224	Bryan Chappell v. BOP, et al.	USDC for the Southern District of Indiana	PCR	4/27/2020	2/26/2021	Dismissed by the Court
2:20-cv-00769-DJA	Keyherra Green v. Las Vegas Metropolitan Police Department, et al.	USDC of Nevada	PCR	4/28/2020	3/12/2021	Dismissed with Prejudice
1:20-cv-1941	Charlotte Ives v. NaphCare	USDC of Northern Georgia	ER	5/7/2020	6/4/2021	Confidential settlement & case dismissed
3:19-cv-347	James Scott v. NaphCare, et al.	USDC of Nevada	PCR	5/13/2020		
2:20-cv-1250	Hal Durham v. United States, et al.	USDC of Minnesota	PCR	5/26/2020	12/16/2021	Dismissed by Court
3:20-cv-869	Chad Pitcher v. Pat Garrett, et al.	USDC of Oregon	PCR	5/29/2020	7/9/2021	Summary Judgment is Defendant's Favor
3:20-cv-324	Zafferine McGilbra v. NaphCare, et al.	USDC of Nevada	PCR	6/2/2020	11/8/2021	Plaintiff Vol. Dismissed Case
CL20006662-00	Norman Jean Snyder, Administratrix of the Estate of Derrick Glenn Snyder,	Circuit Court of Virginia Beach, Virginia	AWD	6/12/2020	3/4/2021	Order of Voluntary NonSuit entered
420-2020-01616	Tabia Gaines - EEOC of Alabama	EEOC of Alabama	ER	6/18/2020	9/24/2020	Confidential settlement & case dismissed
2:20-cv-03315-EAS-EPD	Sade Abdiasiis v. NaphCare, et al.	USDC for the Southern District of Ohio	PCR	6/30/2020		
1:20-cv-00943-NONE-JLT	Barry King v. Kings County Sheriff's Office, et al.	USDC for the Eastern District of California	PCR	7/7/2020		
3:20-cv-530	Paris Loving-Johnson v. Khairul Bashar Mohammad Emran, M.D.	USDC for the Eastern District of Virginia	PCR	7/13/2020	12/22/2021	Confidential settlement & case dismissed
3:20-cv-05709-BHS	Jeffery S. Martin v. Pierce County, et al.	USDC for the Western District of Washington	PCR	7/20/2020		
1:20-cv-03039-CAP	The Estate of William C. Barnett, et al v. Fulton County, Georgia, et al.	USDC for the Northern District of Georgia	AWD	7/22/2020	2/15/2021	Dismissed Without Prejudice
2:20-cv-04660-EAS-CMV	Gwen Moore, Administrator of the Estate of Katie Widmayer v. Franklin	USDC for the Southern District of Ohio	AWD	7/23/2020		
MID-L-005446-20	Christopher Pagano v. Michael Zanotti, NP, et al.	Superior Court of New Jersey, Middlesex County	PCR	8/3/2020	6/8/2021	Defendants' Motion to Dismiss granted
551-2020-03454	Shawa Sunday - EEOC	Washington State Human Rights Commission	ER	8/12/2020	6/16/2021	Dismissed by EEOC
3:19-cv-542	Antoine Harris v. NaphCare, et al.	USDC of Nevada	PCR	9/2/2020	8/15/2022	Stipulation of Dismissal with Prejudice filed by Plaintiff
511-2020-04799	Salih Salih - EEOC of Florida	EEOC of Florida	ER	9/9/2020	8/2/2021	EEOC dismissal

NaphCare, Inc. Litigation History List

Case Number	Case Style	Jurisdiction	Type	Date Filed	Date Closed	Disposition
20-CA-007464	Hilda Conrad, as Personal Representative of the Estate of Jose R. Rosa,	Circuit Court of Hillsborough County, Florida	MM, Neg	9/22/2020		
18EANR-0413-20-1	Maria Gent	Washington State Human Rights Commission	ER	10/5/2020	12/17/2021	Dismissed by WA Human Rights Commission - No Reasobable Cause
2:20-cv-00410-RMP	The Estate of Cindy Lou Hill, et al v. NaphCare, Inc., et al	USDC for the Eastern District of Washington	AWD	11/4/2020		Judgment in favor of Plaintiff
3:20-cv-06106-RAJ	Gaven Picciano v. Clark County, et al.	USDC for the Western District of Washington	PCR	11/11/2020		
A-20-824945-C	Hiser Johnston, Jr., as Special Administrator of the Estate of Hiser Johnston,	District Court of Clark County, Nevada	AWD	11/17/2020	10/27/2021	Dismissed by Joint Stipulation
8:22-cv-01356-SDM-SPF	Jessica Long, as Personal Representative of the Estate of Mauricio Blanco v.	USDC for the Middle District of Florida	AWD	12/8/2020		
3:20-cv-6224	Verick Mason v. NaphCare, et al.	USDC of Western District of Washington	PCR	12/17/2020	8/24/2021	Motion to Dismiss granted
2:20-cv-06459-EAS-CMV	Donna Marie Newman, Administrator of the Estate of Ryan Michael	USDC for the Southern District of Ohio	AWD	12/17/2020		
2:20-cv-00467-TOR	Estate of Chris Rogers, by and through personal representative, Steven	USDC for the Eastern District of Washington	AWD	12/21/2020		
3:20-cv-6242	Aaron Metz v. Crystal Sabo	USDC for the Western District of Washington	PCR	12/22/2020	5/26/2021	Motion to Dismiss granted
1:21-cv-00009-DRC	Paul Koren v. Sheriff Jim Neil, et al	USDC for the Southern District of Ohio	PCR	1/6/2021	3/31/2022	Dismissed without prejudice
3:21-cv-5071	Joshua Franklin v. John Ackerman, et al.	USDC of Western District of Washington	PCR	1/27/2021	1/28/2022	Motion to Dismiss granted
3:21-cv-00131-YY	Eddie Santos v. NaphCare, Inc., et al	USDC of Oregon	PCR	1/27/2021		
2:21-cv-00140	Dustin Michelle v. South Correctional Entity, et al	USDC for the Western District of Washington	PCR	2/2/2021		Voluntary Non-Suit. Case dismissed. State law claims sent to arbitration.
1:21-cv-00713-AT	The Estate of William C. Barnett, et al v. Abnnah Forbes, PA and Julia Wilson, MD	USDC for the Northern District of Georgia	AWD, MM	2/18/2021		
7:21-cv-112	Davayon Saunders v. Daphne Norman	USDC for the W. District of Virginia	PCR	2/23/2021		
21-CA-001728	Paul Flores as Personal Representative of the Estate of Lunay Flores,	Circuit Court of Hillsborough County, Florida	Neg, AWD	2/25/2021		
2:21-cv-00340-JAD-NJK	Samuel Hart v. Las Vegas Metropolitan Police Department, et al	USDC of Nevada	PCR	3/1/2021	4/15/2021	NaphCare Defendants Dismissed Without Prejudice
21:cv-1956	Simon Thornton v. Dr. Michael Medvin	USDC of Northern California	PCR	3/19/2021		
21-00560-00	Norman Jean Snyder, Administratrix of the Estate of Derrick Glenn Snyder,	Circuirt Court of Virginia Beach, Virginia	AWD	3/30/2021		
2:22-cv-01141	Javier Tapia v. Pierce County and NaphCare, Inc.	USDC for the Western District of Washington	PCR	3/31/2021		
3:21-cv-00538-HZ	Fred R. Pacholl, Jr., Personal Representative of the Estate of Dale D. Pacholl,	USDC of Oregon (Portland Division)	AWD	4/9/2021		
3:21-cv-185	Jose Antonio Rodriguez v. NaphCare, et al	USDC for Nevada	PCR	4/20/2021		
511-2022-01408	Monique Brown - EEOC	EEOC of Florida	ER	4/22/2021		
21A02193	Kwitessa Tookes and Tyrant Ealy, as Natural Parents and as Co-	State Court of DeKalb County, Georgia	AWD	5/3/2021		
PM-21-CV-2789	Howard Boddi v. NaphCare, et al.	Franklin County Common Pleas	PCR	5/5/2021	8/2/2021	Motion to Dismiss granted by the Court
CV-2021-901418	Black Creek Intergrated Systems v. NaphCare et al.	Circuit Court of Jefferson County, Alabama	BC	5/10/2021		
3:21-cv-5352	John F. Williams v. Patricia Jackson, et al.	USDC Western District of Washington at Tacoma	PCR	5/11/2021	12/2/2021	Dismissed by the Court
3:20-cv-1597	Airian Misuraca v. Washington County Detention Center, et al.	USDC of Oregon	PCR	5/11/2021	8/19/2021	Dismissed by the Court
1:21-cv-457	Brian Santry v. Fulton County, et al.	USDC for the Northern District of Georgia	PCR	5/11/2021	8/8/2022	Summary Judgment Granted
MID-L003546-21	Lee Nadeau v. JFK Medical Center, et al	Superior Court of New Jersey, Middlesex County	PCR	6/11/2021		
21-cv-696	Nicholas Steinke v. Tammy Witt, et al.	USDC for the Eastern District of Wisconsin	PCR	6/23/2021		
1:21-cv-2620	George Henry Roe v. Ms. Harding, et al.	USDC for the Northern District of Georgia	PCR	6/28/2021		
1:21-cv-02890-TCB	The Estate of William Barnett, et al v. NaphCare, Inc.	USDC Northern District of Georgia	AWD, MM	7/1/2021		
3:21-cv-5541	Danny Tabb v. NaphCare, et al.	USDC of Western District of Washington	PCR	7/28/2021		
8:21-cv-02279-KKM-AAS	Paul Luis Flores, as Personal Representative of the Estate of Lunay Ann	USDC for the Middle District of Florida (Tampa)	Neg, AWD	8/30/2021		
2177CV00891	Alexander M. LeBlanc v. NaphCare, Inc.	Superior Court of Essex County, Massachusetts	PCR	9/2/2021		
420-2021-386	Beverly Carter - EEOC	Georgia EEOC	ER	9/7/2021		EEOC dismissal
551-2021-2938	Mary Tipton	EEOC of WA	ER	9/7/2021	3/29/2022	EEOC dismissal
511-2021-02750	Ansley Frost	EEOC of Florida	ER	9/16/2021		
4:21-cv-128	Sol Hoke v. Shavonna Murpy, et al.	USDC for the Northern District of Florida	PCR	9/20/2021		
5:21-cv-547	Wayne Allen Beahm v. D.L. Young, et al	USDC of Southern District of West Virginia	PCR	10/4/2021	4/26/2022	Motion to Dismiss Granted
3-21-cv-5761	David Webb v. NaphCare, Inc.	USDC for the Western District of WA	PCR	10/12/2021		
1:21-cv-04365-SCJ	Barbara Watkins, as next friend and guardian of Warren Cortiss v. City of	USDC for the Northern District of Georgia (Atlanta)	PCR, MM,	10/20/2021		
3:21-cv-05800	John Rapp, in his Personal Capacity and as Personal Representative of the Estate of Nicholas Winton Rapp, deceased, et al v. NaphCare, Inc., et al	USDC for the Western District of Washington (Tacoma)	PCR, AWD, Neg	10/28/2021		
410-2021-06384	Lance Speaks (EEOC)	EEOC of Georgia	ER	11/9/2021	2/8/2022	Confidental settlement & case dismissed
21-cv-1365	Nicholas Steinke v. Amber Aguilera et al.	USDC for the Eastern District of Wisconsin	PCR	11/29/2021		
7:21-cv-560	Chauncey Wade v. Dr. MacDonald, et al.	USDC for the W. District of Virginia	PCR	12/6/2021		
7:21-cv-625	Paul Stricklin v. Crystal Davis, NP	USDC for the W. District of Virginia	PCR	12/13/2021	5/10/2022	Dismissed by the Court
A2200043	Karla Howell v. NaphCare, Inc., et al	Hamilton County Court of Common Pleas, Ohio	MM, Neg,	1/6/2022		
4:22-cv-10187	Matthew Harrison v. NaphCare, et al.	USDC of Eastern District of Michigan	PCR	1/27/2022		
2:22-cv-01302-EAS-EPD	Marylynn Elliott, Individually and as Administrator of the Estate of Shaun Michael Elliot v. NaphCare, et al	USDC Soutern District of Ohio (Eastern Division)	AWD, MM, Neg	1/28/2022		
22cv-000677	Tonya Jerome v. NaphCare, Inc.	Court of Common Pleas, Franklin County Ohio	PCR	1/31/2022		
3:22-cv-05069	Michael T. Smith, in his personal capacity and as Personal Representative of the Estate of Jeana Michelle Rogers, et al v. NaphCare, Inc., et al	USDC for the Western District of Washington (Tacoma)	AWD	2/2/2022		
7:22-cv-71	Davayon Saunders v. NaphCare, et al.	USDC of W. District of Virginia	PCR	3/14/2022		
2022L003043	Trayvon Tate, as Special Administrator of the Estate of Thomas Rolland, Sr. v. David McFadden, MD	Circuit Court of Cook County, Illinois	AWD	3/31/2022		
22-cv-18	Brandy Lee Ryan v. NaphCare & Mesa County Sheriff's Office	Mesa County Combined Court	PCR	4/13/2022	7/12/2022	Motion to Dismiss Granted
02-cv-2022-900899	Joseph Pettway v. Arthur McMillion, et al.	Circuit Court of Mobile County, Alabama	PCR	6/1/2022		
A-22-853644-C	Barbara Tino, individually and as the administrator of the Estate of Susan Tino Tucci	Clark County District Court, Nevada	AWD, MM, Neg	6/6/2022		
8:22-cv-1193	Dean Manes v. City of Santa Ana, et al	USDC for the Central District of California	PCR	6/17/2022		

NaphCare, Inc. Litigation History List

Case Number	Case Style	Jurisdiction	Type	Date Filed	Date Closed	Disposition
420-2022-01477	Nakeya May	EEOC of Alabama	ER	7/11/2022		

AWD = Allegations of Wrongful Death
BC = Breach of Contract
CA = Class Action
CS = Confidential Settlement
ER = Employment Related
Inj = Injunction
MM = Medical Malpractice
MTS = Misappropriation of Trade Secrets
Neg = Negligence
PCR = Prisoner Civil Rights Action
UI = Unemployment Insurance
USDC = United States District Court
WB = Whistleblower
WC = Worker's Compensation

NaphCare
Your independent health care choice.

Explanation

The Ohio State Board of Pharmacy (OBOP) initiated an investigation of NaphCare's Terminal Distributor of Dangerous Drugs License Numbers 02-2124750 & 02-1450450, related to allegations regarding NaphCare's failure to maintain compliance with proper record keeping, security and control of dangerous drugs, and improper retention of expired medications within a jail facility in Dayton, Ohio. NaphCare denied and disputed all claims by the OBOP. On July 11, 2017, NaphCare agreed to provide a nominal payment to the Board in the amount of $7,000 and the OBOP agreed to dismiss its pending investigation. Further, NaphCare agreed to provide refresher training to its staff, biannually, on proper handling and removal of expired drugs, timely preparation of end of day reports, and maintenance of refrigerator logs.

James S. McLane

August 29, 2022
Date

2090 Columbiana Road, Suite 4000, Birmingham, Alabama 35216
(205)536-8400 • 1-800-834-2420 • Fax (205)536-8404

Steven W. Schierholt, Esq.
Executive Director

STATE OF OHIO BOARD OF PHARMACY

John R. Kasich
Governor

-THIS IS A RED INK STAMP-
I certify this to be a true and correct copy of the original document on file with the Ohio State Board of Pharmacy
Steven W. Schierholt, Esq., Executive Dir
Date: 12/4/17
-MUST HAVE BOARD SEAL TO BE OFFICIAL-

IN THE MATTER OF: **CASE NO. 2014-1423**

NaphCare, Inc. at Montgomery County Jail
c/o Bradford T. McLane
2090 Columbiana Rd, Ste. 1100
Birmingham, AL 35216

License No. 02-2127450
02-1450450

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and NaphCare, Inc. at Montgomery County Jail (NaphCare), for the purpose of resolving all issues between the parties relating to the Board investigation of NaphCare's failure to maintain compliance with proper record keeping, security and control of dangerous drugs, and improper retention of expired medications. Together, the Board and NaphCare are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.57 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.54 of the Ohio Revised Code.

2. NaphCare is a licensed Terminal Distributor of Dangerous Drugs under license numbers 02-2124750 and 02-1450450.

FACTS

1. On or about April 23, 2014, the Board initiated an investigation of NaphCare's Terminal Distributor of Dangerous Drugs license numbers 02-2124750 and 02-1450450, related to NaphCare's failure to maintain compliance with proper record keeping, security and control of dangerous drugs, and improper retention of expired medications.

2. On or about March 14, 2017, the Board sent a Notice of Opportunity for Hearing to NaphCare which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

3. On or about March 27, 2017, NaphCare timely requested a hearing which was subsequently scheduled for September 12, 2017.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. NaphCare neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated March 14, 2017; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. NaphCare agrees to pay to the Board a monetary penalty the amount of $7,000.00, by means of a cashier's check made payable to "Treasurer, State of Ohio," mailed with the enclosed form to the Board, 77 South High Street, 17th Floor, Columbus, Ohio 43215-6126, no later than 30 days from the Effective Date of this Agreement.

4. NaphCare agrees to train its staff, biannually, on proper handling and removal of expired drugs, timely preparation of end of day reports, and maintenance of refrigerator logs. Further, after two years from the effective date of this agreement NaphCare may petition the Board to reduce or cease biannual training.

5. Effective no later than the sixtieth day after the Effective Date of this Agreement, Dr. Brenda Ellis shall no longer be NaphCare's Responsible Person, as defined in Ohio Administrative Code 4729-5-11. NaphCare shall submit a "Terminal Distributor Change of Responsible Person Notice" on license number 02-2127450 within 60 days of the Effective Date of this Agreement. Once Dr. Brenda Ellis has been replaced in accordance with this Agreement, NaphCare agrees to never use Dr. Ellis as a Responsible Person on any of its Ohio licenses.

6. NaphCare agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.

7. NaphCare agrees to comply with all federal and state requirements related to Terminal Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by NaphCare of the terms

of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to NaphCare by the Board and will NOT discharge NaphCare from any obligation under the terms of this Agreement.

8. NaphCare agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

9. NaphCare understands that it has the right to be represented by counsel for review and execution of this agreement.

10. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom NaphCare will operate.

11. NaphCare waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and specifically withdraws its request for a hearing, and waives any right to an appeal.

12. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

13. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

14. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

15. This Agreement shall become effective upon the date of the Board President's signature below ("Effective Date").

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Bradford T. McLane, *on behalf of NaphCare* — Date of Signature: 6/22/2017

Ronald L. House, Attorney for Respondent — Date of Signature: 6/22/17

Fred Weaver, R.Ph., Acting President,
State of Ohio Board of Pharmacy — Date of Signature: 7-6-17

Steven Kochheiser, Ohio Assistant Attorney General — Date of Signature: July 11, 2017

Steven W. Schierholt, Esq.
Executive Director

John R. Kasich
Governor

STATE OF OHIO
BOARD OF PHARMACY

NOTICE OF OPPORTUNITY FOR HEARING
PROPOSAL TO TAKE DISCIPLINARY ACTION AGAINST LICENSEE

IN THE MATTER OF:

CASE NO. 2014-1423

Naphcare, Inc. at Montgomery County Jail
c/o Brenda Ellis, MD
2090 Columbiana Rd, STE 1100
Birmingham, AL35216

License No. 02-2127450
02-1450450

THIS IS A TRUE AND CORRECT COPY
3/14/17

March 14, 2017

Dear Naphcare, Inc. at Montgomery County Jail and Brenda Ellis,

You are hereby notified, in accordance with the provisions of Section 119.07 of the Ohio Revised Code the state of Ohio Board of Pharmacy (Board) proposes to take action against your license as a Terminal Distributor of Dangerous Drugs under authority of Section (TDDD) 4729.57 of the Revised Code.

JURISDICTION

1. Pursuant to Section 4729.57 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.55 of the Ohio Revised Code to practice as a TDDD in the state of Ohio. Additionally, Section 4729.57 of the Revised Code grants the Board the authority to impose a monetary penalty or forfeiture not to exceed in severity any fine designated under the Revised Code for a similar offense or $1,000 if the acts committed have not been classified as an offense by the Revised Code.

2. Naphcare, Inc. at Montgomery County Jail has a current TDDD license with the Board under license numbers 02-2127450 and 02-1450450.

ALLEGATIONS AND POTENTIAL VIOLATIONS OF LAW

1. During several inspections by an agent of the Board, the agent discovered the following expired medications inside the facility. On or about June 1, 2011, an agent of the Board observed that there was no system in place to check for expired medication blister cards among active stock. On or about June 10, 2011, you submitted a corrective action plan that outlined the training and process to monitor for expired medications. During another inspection on or about August 4, 2011, the agent observed expired medication blister cards among active stock that dated back to October 2009. On or about June 2, 2014, the agent observed expired medications among active stock located in the refrigerator, medication carts, and storage rooms. The expired medication dated back to October 2013. On or about December 16, 2015,

the agent observed expired medications among active stock located in the medication room and the dental area with expiration dates from June 2014.

a. Such conduct, if proven, constitutes a violation of Section 3715.52(A)(2) of the ORC, the adulteration or misbranding of any food, drug, device or cosmetic, constituting a misdemeanor of the fourth degree, punishable by a maximum fine of $2,000 if committed by an organization.

b. Such conduct, if proven, constitutes a violation of each of the following divisions of Section 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

   i. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

   ii. Violating any provision of Chapter 3715. of the Revised Code, ORC 4729.57(A)(4).

c. Such conduct, if proven, constitutes a violation of Rule 4729-17-03(B)(6) of the OAC, security and control of drugs in an institutional facility, punishable by a maximum fine of $1,000.

d. Such conduct, if proven, constitutes a violation of Rule 4729-9-17(A) of the OAC, storage of adulterated drugs, punishable by a maximum fine of $1,000.

e. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

2. On or about June 2, 2014, the Board issued you a written request to release records of administration of methadone administered to inmate S.K. After failing to respond to this initial request, the Board, on or about April 17, 2015, issued a written request for records of administration of methadone for all inmates from February 2013 through April 2013. You responded to the request; however, documents related specifically to inmate S.K. were not provided to the Board. On or about December 16, 2015, the Board issued an additional written request for records of administration of methadone administered to inmate S.K.

a. Such conduct, if proven, constitutes a violation of Rule 3719.27(A) of the ORC, inspection and checking of files and records, constituting an unclassified offense, punishable by a maximum fine of $1,000 if committed by an organization.

b. Such conduct, if proven, constitutes a violation of each of the following divisions of Section 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

   i. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

   ii. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

   iii. Violating any provision of the federal drug abuse control laws or Chapter 3719. of the Revised Code, ORC Section 4729.57(A)(5).

c. Such conduct, if proven, constitutes a violation of Rule 4729-5-29(C) of the OAC, confidentiality of patient records, punishable by a maximum fine of $1,000.

d. Such conduct, if proven, constitutes a violation of Rule 4729-9-14(A) of the OAC, records of controlled substances, punishable by a maximum fine of $1,000.

e. Such conduct, if proven, constitutes a violation of Rule 4729-9-22(E) of the OAC, records of dangerous drugs, punishable by a maximum fine of $1,000.

3. On or about March 23, 2014, Dr. Brenda Ellis instructed a nurse to remove an unknown quantity of methadone 10 mg tablets from a designated destruction container. The tablets were removed and administered to patient S.K.

a. Such conduct, if proven, constitutes a violation of Section 3715.52(A)(2) of the ORC, the adulteration or misbranding of any food, drug, device or cosmetic, constituting a misdemeanor of the fourth degree, punishable by a maximum fine of $2,000 if committed by an organization.

b. 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

i. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

ii. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

iii. Violating any provision of Chapter 3715. of the Revised Code, ORC 4729.57(A)(4).

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

4. On or about August 11, 2015, patient D.M was administered expired medication during dental treatment. The patient received Septocaine 4% with epinephrine 1:200,000 which expired April 2015.

a. Such conduct, if proven, constitutes a violation of Section 3715.52(A)(2) of the ORC, the adulteration or misbranding of any food, drug, device or cosmetic, constituting a misdemeanor of the fourth degree, punishable by a maximum fine of $2,000 if committed by an organization.

b. 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

i. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

ii. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

iii. Violating any provision of Chapter 3715. of the Revised Code, ORC 4729.57(A)(4).

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

5. On or about September 2, 2015, patient B.H. was administered expired medication during dental treatment. The patient received Lidocaine 2% with epinephrine which expired June 2015.

a. Such conduct, if proven, constitutes a violation of Section 3715.52(A)(2) of the ORC, the adulteration or misbranding of any food, drug, device or cosmetic, constituting a misdemeanor of the fourth degree, punishable by a maximum fine of $2,000 if committed by an organization.

b. 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

i. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

ii. Violating any provision of this chapter, ORC Section 4729.57(A)(3); and/or

iii. Violating any provision of Chapter 3715. of the Revised Code, ORC 4729.57(A)(4).

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

6. During an inspection on December 16, 2015, the agent of the board reviewed the temperature log and observed that approximately 36% of the dates in 2015 did not have a temperature documented.

a. Such conduct, if proven, constitutes a violation of each of the following divisions of Section 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

i. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

ii. Violating any provision of this chapter, ORC Section 4729.57(A)(3).

b. Such conduct, if proven, constitutes a violation of Rule 4729-9-11(D) of the OAC, security and control of dangerous drugs, punishable by a maximum fine of $1,000.

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

7. During an inspection on December 16, 2015, a follow up inspection from the June 2, 2014 inspection, an agent of the board reviewed records of the facility and observed prescribers were not signing and dating end of day reports for positive identification.

a. Such conduct, if proven, constitutes a violation of each of the following divisions of Section 4729.57 of the ORC, a minor misdemeanor, each punishable by a maximum penalty of $150 if committed by an individual or $1,000 if committed by an organization:

i. Violating any rule of the board, ORC Section 4729.57(A)(2); and/or

ii. Violating any provision of this chapter, ORC Section 4729.57(A)(3).

b. Such conduct, if proven, constitutes a violation of Rule 4729-9-19(A)(4) of the OAC, not of good moral character and habits, punishable by a maximum fine of $1,000.

c. Such conduct, if proven, constitutes a violation of Rule 4729-9-22(A)(4) of the OAC, records of dangerous drugs, punishable by a maximum fine of $1,000.

YOU ARE FURTHER NOTIFIED, in accordance with the provisions of Chapters 119. and 4729. of the Ohio Revised Code, that you are entitled to a hearing before the State of Ohio Board of Pharmacy, if you request such a hearing within thirty 30 days of the date of the mailing of this notice.

IF YOU DESIRE A HEARING, such request shall either be mailed to the State of Ohio Board of Pharmacy, Attn: Legal, 77 South High Street, 17th Floor, Columbus, Ohio 43215-6126 or an e-mail request may be sent to legal@pharmacy.ohio.gov (please note faxes will not be accepted). **YOUR REQUEST MUST BE MUST BE RECEIVED ON OR PRIOR TO THE 30TH DAY FOLLOWING THE MAILING DATE OF THIS NOTICE.** Please note that if you submit a request via email, your request will be acknowledged within one business day of receipt. If you do not receive an acknowledgment, please contact the Board offices at 614-466-4143 and request the legal department. You may appear at such hearing in person, by your attorney, or by such other representative as is permitted to practice before the agency, or you may present your position, arguments or contentions in writing; and, at this hearing, you may also present evidence and examine any witnesses appearing for and against you. If you are a corporation, you must be represented at the hearing by an attorney licensed to practice in the state of Ohio.

YOU ARE FURTHER ADVISED that if there is no request for such a hearing received by the Board on or prior to the 30th day following the mailing of this notice, the State of Ohio Board of Pharmacy, upon consideration of the aforementioned allegations against you, may take action without such a hearing.

If you have questions regarding the Chapter 119. Administrative Hearing process, please e-mail your questions to legal@pharmacy.ohio.gov or call the Board office at 614-466-4143 and ask for the legal department.

BY ORDER OF THE STATE OF OHIO BOARD OF PHARMACY

Steven W. Schierholt, Esq., Executive Director

SWS/rlc
CMRRR: 7005 0390 0001 8571 7902

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler NaphCare Pharmacy, LLC

Pharmacy/Wholesaler License # (if applicable) PH01799

Physical Address 2086 Columbiana Road, Suite 1100

City Birmingham State AL Zip 35216

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (205) 552-1700 Website n/a

Licensing Company Email daniel.williamson@naphcare.com

Section 2: Personal Information

First Daniel Middle Oscar Last Williamson

Alias(es, nicknames, name changes, etc.) Danny Williamson

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Palace Drive

City Trussville State AL Zip 35173

Telephone [redacted] Email danny.williamson@naphcare.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Georgia College of Pharmacy		09/92-06/95	
Address	**City**	**State**	**Zip**
250 W. Green Street	Athens	GA	30602
Diploma/Degree obtained, if any			
Bachelor of Science in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Darton College		09/90-06/92	
Address	**City**	**State**	**Zip**
2400 Gillionville Road	Albany	GA	31707
Diploma/Degree obtained, if any			
Associate of Science in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Lee County High School		09/86-06/90	
Address	**City**	**State**	**Zip**
224 4th Street	Leesburg	GA	31763
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/03-08/22	[redacted] Palace Drive	Trussville	AL	35173
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
NaphCare Pharmacy, LLC f/k/a NaphCare, Inc.			04/11-07/22	
Business Address		**City**	**State**	**Zip**
2086 Columbiana Road, Suite 4000		Birmingham	AL	35216
Phone	**Title**		**Number of Employed Hours**	
(205) 552-1706	Director of Pharmacy - Dispensing Operations		21,360	
Description of Duties				
Lead pharmacy dispensing operations				

Business Name			From - To (MM/YY – MM/YY)	
CVS Caremark			06/02-04/11	
Business Address		**City**	**State**	**Zip**
2700 Milan Court		Birmingham	AL	35211
Phone	**Title**		**Number of Employed Hours**	
	Pharmacist		20,800	
Description of Duties				
Pharmacist				

Business Name			From - To (MM/YY – MM/YY)	
Publix Supermarkets, #816			02/02-06/02	
Business Address		**City**	**State**	**Zip**
920 Hwy 81 East		McDonough	GA	30252
Phone	**Title**		**Number of Employed Hours**	
	Pharmacist		1,000	
Description of Duties				
Pharmacist				

Business Name			From - To (MM/YY – MM/YY)	
Publix Supermarkets, #545			07/95-02/02	
Business Address		**City**	**State**	**Zip**
11155 Tara Blvd		Hampton	GA	30228
Phone	**Title**		**Number of Employed Hours**	
	Pharmacist		16,640	
Description of Duties				
Pharmacist				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8-26-2021

Date

I, Daniel Williamson, **certify that as the designated representative for**

NaphCare Pharmacy, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DOW I am at least 21 years of age;
3. DOW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DOW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DOW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DOW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DOW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Daniel Williamson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-26-20
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Williamson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-26-2022

Date

Please have this section completed in the presence of a Notary Public.

State of Alabama, ss. County of Jefferson

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8 26 2022

Date

Subscribed and Sworn to before me this 26 day of August 2022

Christian Sharpe Cap

Notary Public Signature

My Commission Expires:
December 16, 2022

(Seal)

13

13A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (09/02/2021)

Type of Facility

■ Ambulatory Surgical Center (ASC)

☐ Recovery Center (RC)

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New ASC/RC	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
☐ Location Change *		☐ Partnership (complete sections 1, 2, 5, 7, 8, 9)
☐ Name Change*	_____	☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: OZOMOR LLC DBA OZOMOR SURGICAL CENTER

Physical Address: 1721 EAST CHARLESTON BLVD

City: LAS VEGAS State: NV Zip: 89104

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 7025159680 Fax: 7026859674

Contact Email: FEBONKA@YAHOO.CA Website _____

Nevada Business License # NV20212157076

Employed/Contracted Pharmacist Name: UGONNA NNODIM ✓ NV Pharmacist License #: 18200

Medical Director Name: DR BERNARD ADDOQUAYE

Days of Operation

■ Monday	■ Tuesday	■ Wednesday	■ Thursday	■ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NEVADA

Parent Company (if any): OZOMOR LLC

Corporation/Organization Name: OZOMOR LLC DBA OZOMOR SURGICAL CENTER

Mailing Address: 1721 EAST CHARLESTON BLVD

City: LAS VEGAS State: NV Zip: 89104

Telephone: 7025159680 Email: FEBONKA@YAHOO.CA

Contact Person Name: FESTUS EBONKA

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ■ No

Section 5: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: UGONNA NNODIM NV Pharmacist License #: 18200

As the employed/contracted pharmacist, for (ASC/RC Name): OZOMOR LLC DBA OZOMOR SURGICAL CENTER :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

6/21/2-
Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.**	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

VALANDO STERLING

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

6/22/22

Date

Board Use Only	Date Received: _____	Amount: $500 Check 2003 ✓

List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)

1. Dr. Bernard Addoquaye, MD (Medical Director)
2. Mr. Festus Ebonka, NP (Program Director/administator)
3. Valando Sterling, RN, (owner/Executive Director)
4. Kikhela Tsasa (Director/officer)

List the top four stockholders and their percent ownership. NRS 639.231(3)

1. Valando Sterling (100 percent)

List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)

1. Valando Sterling (100 percent)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler OZOMOR LLC DBA OZOMOR SURGICAL CENTER

Physical Address 1721 EAST CHARLESTON BLVD

City LAS VEGAS State NV Zip 89104

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email FEBONKA@YAHOO.CA

Section 2: Personal Information

First VALANDO Middle _____ Last STERLING

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] LEADBRICK STREET,

City LAS VEGAS State NV Zip 89143

Telephone [redacted] Email [redacted]@YAHOO.CA

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials V.S.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Grand Canyon University			11/2018-10/2021	
Address		City	State	Zip
3300 West Camelback Road		Phoenix	AZ	85017
Diploma/Degree obtained, if any				
Bachelor of Science, Nursing				
School Name			From - To (MM/YY – MM/YY)	
Humber College, Toronto			1999-2002	
Address		City	State	Zip
205 Humber College Blvd		Toronto		
Diploma/Degree obtained, if any				
Diploma, Nursing				
School Name			From - To (MM/YY – MM/YY)	
Convent of Mercy Academy			1989-1994	
Address		City	State	Zip
		Kingston		
Diploma/Degree obtained, if any				
Diploma, High School				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2013-Present	[redacted] Leadbrick St	Las Vegas	NV	89143
2006-2013	[redacted] Rose Canyon Dr	N. Las Vegas	NV	89032
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials V.S.

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Ebonny Behavioral Care Services Corporation			02/2022-PRESENT
Business Address	**City**	**State**	**Zip**
1721 E Charleston Blvd	Las Vegas	NV	89104
Phone	**Title**		
7026850620	C.O.O., Clinical Supervisor		

Description of Duties

Plan and implement business strategies,plans and procedures.Set comprehensive goals for business growth and success.Establish policies and procedures that promote company culture and vision.Oversee daily operations of executives and clinical staff

Business Name			From - To (MM/YY – MM/YY)
Nevada Integrated Behavioral Services Inc.			02/2022-PRESENT
Business Address	**City**	**State**	**Zip**
1721 E Charleston Blvd	Las Vegas	NV	89104
Phone	**Title**		
7026850620	C.O.O., Clinical Supervisor		

Description of Duties

Plan and implement business strategies, plans and procedures.Set comprehensive goals for business growth and success.Establish policies and procedures that promote company culture and vision.Oversee daily operations of executives and clinical staff

Business Name			From - To (MM/YY – MM/YY)
Ebonny Home Health Agency			2008- 2013
Business Address	**City**	**State**	**Zip**
1101 N Decatur Blvd	Las Vegas	NV	89101
Phone	**Title**		
N/A	Director of Nursing, C.O.O.		

Description of Duties

Design, plan and implement business strategies, plans and (registered nurses, LPN etc.). Organize and coordinate admission, nursing and patient care process.Design, plan and implement business strategies, plans and procedures Set comprehensive goals.

Business Name			From - To (MM/YY – MM/YY)
North Vista Hospital			2007-2008
Business Address	**City**	**State**	**Zip**
1409 E Lake Mead Blvd	N.Las Vegas	NV	89030
Phone	**Title**		
(702) 649-7711	Critical Care Nursing		

Description of Duties

Critical care nursing duties

Business Name			From - To (MM/YY – MM/YY)
Glendale Adventist Hospital			2005-2006
Business Address	**City**	**State**	**Zip**
1509 Wilson Ter	Glendale	CA	91206
Phone	**Title**		
8184098000	Critical Care Nursing		

Description of Duties

Critical care nursing duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Brampton Memorial Hospital			2002-2005	
Business Address		City	State	Zip
2100 Bovaird Drive East		Brampton	ON	L6R3J7
Phone	Title			
9054942120	Critical Care Nursing			
Description of Duties				
Critical care nursing duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials V.S.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/7/2022
Date

Applicant's initials V.S

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Valando Sterling
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/7/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Valando Sterling, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/7/2022
Date

Subscribed and Sworn to before me this 7 day of June 2022

Notary Public Signature

LILIANA M. BRICKER
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 13-11780-1
My Appt. Expires SEPT 20, 2025

(Seal)

Applicant's initials V.S.

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **OZOMOR LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/07/2021, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/21/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202206212769664
You may verify this certificate online at http://www.nvsos.gov

13B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (09/02/2021)

Type of Facility

- ☒ Ambulatory Surgical Center (ASC)
- ☐ Recovery Center (RC)

Type of Application (check applicable box)		Ownership Type (check applicable box)
☒ New ASC/RC	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
☐ Location Change *		☐ Partnership (complete sections 1, 2, 5, 7, 8, 9)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: Sierra Surgery Center, LLC

Physical Address: 5824 S. Durango Dr. Suite 130

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 725-600-9333 (temp) Fax: 725-600-9191 (temp)

Contact Email: admin@sierraasc.com Website

Nevada Business License # 20222615866

Employed/Contracted Pharmacist Name: Glenys Castro RPH ✓ NV Pharmacist License #: 19797 ✓

Medical Director Name: Christopher Costa MD

Days of Operation

☒ Monday	☒ Tuesday	☒ Wednesday	☒ Thursday	☒ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: Sierra Surgery Center, LLC

Mailing Address: 5824 S. Durango Dr. Suite 130

City: Las Vegas State: NV Zip: 89113

Telephone: 725-600-9333 temp Email: drc@drcosta.com

Contact Person Name: Christopher Costa, MD

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☒ No

Section 5: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Glenys Castro, PharmD, MS NV Pharmacist License #: 19797

As the employed/contracted pharmacist, for (ASC/RC Name): Sierra Surgery Center, LLC :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Glenn A. Castle, PharmD., MS

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

11/21/22

Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.**	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Donna Tribble

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Donna Tribble

Original signature of Authorized Person (copies or stamps not accepted)

11/23/22

Date

Board Use Only	Date Received: 11-28-22	Amount: 500.00 CC ✓

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Sierra Surgery Center, LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☐ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

Filed in the Office of Barbara K. Cegavske Secretary of State State Of Nevada	Business Number **E27330932022-8** Filing Number **20222733094** Filed On **11/01/2022 20:05:24 PM** Number of Pages **2**

☐ Nonprofit Corporation (see nonprofit sections below)

☑ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)

☐ Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association

☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the *Charitable Solicitation Registration Statement* is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the *Exemption From Charitable Solicitation Registration Statement* is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE MANAGING MEMBER:

Name	Country
Christopher Costa	USA

Address	City	State	Zip/Postal Code
2915 Caxton Grove Dr.	Henderson	NV	89052

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X Christopher Costa
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Title	Date
Member	11/01/2022

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number
Barbara K. Cegavske	E27330932022-8
Secretary of State	Filing Number
State Of Nevada	20222733092
	Filed On
	11/01/2022 20:05:24 PM
	Number of Pages
	3

Formation - Limited-Liability Company

- [x] NRS 86 - Articles of Organization Limited-Liability Company
- [ ] NRS 86.544 - Registration of Foreign Limited-Liability Company
- [ ] NRS 89 - Articles of Organization Professional Limited-Liability Company
- [ ] NRS 86.555 - Registration of Professional Foreign Limited-Liability Company

1. Name Being Registered in Nevada: (See instructions)
Sierra Surgery Center, LLC

2. Foreign Entity Name: (Name in home jurisdiction)

3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)
3a) Jurisdiction of formation: **3b)** Date formed:
3c) I declare this entity is in good standing in the jurisdiction of its formation. ☐

4. Registered Agent for Service of Process*: (check only one box)
☐ Commercial Registered Agent (name only below) ☑ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below)

Christopher Costa
Name of Registered Agent **OR** Title of Office or Position with Entity

2915 Caxton Grove Dr. | **Henderson** | Nevada **89052**
Street Address | City | Zip Code

Mailing Address (If different from street address) | City | Nevada Zip Code

4a. Certificate of Acceptance of Appointment of Registered Agent:
I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X **Christopher Costa** **11/01/2022**
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date

5. Management: (Domestic Limited-Liability Companies only)
Company shall be managed by: (check one box) ☐ Manager(s) **OR** ☑ Member(s)

6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions)
Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions)
IMPORTANT:
A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.

1) **Christopher Costa**
Name

2915 Caxton Grove Dr. | **Henderson** | **NV** | **89052**
Address | City | State | Zip Code

7. Dissolution Date: (Domestic only)
Latest date upon which the company is to dissolve (if existence is not perpetual):

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)	
9. Series and/or Restricted Limited-Liability Company: (Optional)	Check box if a Series Limited-Liability Company ☐ Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☐
10. Records Office: (Foreign Limited-Liability Companies)	Address City State Zip code Country
11. Street Address of Principal Office: (Foreign Limited-Liability Companies)	Address City State Zip code Country
12. Name, Address and Signature of the Organizer: (NRS 86. NRS 89 -Each Organizer must be a licensed professional.) **Name and Signature of Manager or Member:** (NRS 86.544 only) See instructions	*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process. I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. **Christopher Costa** (Name) **United States** (Country) **2915 Caxton Grove Dr.** (Address) **Henderson** (City) **NV** (State) **89052** (Zip/Postal Code) X **Christopher Costa** (attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Filed in the Office of	Business Number
Barbara K. Cegavske	[illegible]
Secretary of State State Of Nevada	Filing Number *180304* 20222733092
	Filed On 11/01/2022 20:05:24 PM
	Number of Pages 3

Registered Agent Acceptance

(PURSUANT TO NRS 77.310)

This form may be submitted by: a Commercial Registered Agent, Noncommercial Registered Agent or Represented Entity. For more information please visit http://www.nvsos.gov/index.aspx?page=141

USE BLACK INK ONLY - DO NOT HIGHLIGHT **ABOVE SPACE IS FOR OFFICE USE ONLY**

Certificate of Acceptance of Appointment by Registered Agent

In the matter of Sierra Surgery Center, LLC

Name of Represented Business Entity

I, Christopher Costa am a:

Name of Appointed Registered Agent *OR* Represented Entity Serving as Own Agent*

(complete only one)

a) commercial registered agent listed with the Nevada Secretary of State,

b) ✘ noncommercial registered agent with the following address for service of process:

Street Address	City	Zip Code
2915 Caxton Grove Dr.	Henderson	Nevada 89052
Mailing Address (if different from street address)	City	Nevada Zip Code

c) represented entity accepting own service of process at the following address:

Title of Office or Position of Person in Represented Entity

Street Address	City	Zip Code
		Nevada
Mailing Address (if different from street address)	City	Nevada Zip Code

and hereby state that on 11/01/2022 (Date) I accepted the appointment as registered agent for the above named business entity.

X _____ 11/01/2022

Authorized Signature of R.A. or On Behalf of R.A. Company Date

*If changing Registered Agent when reinstating, officer's signature required.

X _____

Signature of Officer Date

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

SIERRA SURGERY CENTER, LLC

Entity Number:

E27330932022-8

Entity Type:

Domestic Limited-Liability Company (86)

Entity Status:

Active

Formation Date:

11/01/2022

NV Business ID:

NV20222615866

Termination Date:

Perpetual

Annual Report Due Date:

11/30/2023

Series LLC:

Restricted LLC:

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

Christopher Costa

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Non-Commercial Registered Agent

NV Business ID:

Office or Position:

Jurisdiction:

Street Address:

2915 Caxton Grove Dr., Henderson, NV, 89052, USA

Mailing Address:

Individual with Authority to Act:

Fictitious Website or Domain Name:

OFFICER INFORMATION

☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
Managing Member	Christopher Costa	2915 Caxton Grove Dr., Henderson, NV, 89052, USA	11/01/2022	Active

Page 1 of 1, records 1 to 1 of 1

Filing History Name History Mergers/Conversions

Business License Detail Information

License Number:	2008624.062-101
MJBL Number:	
Business:	Sierra Surgery Center LLC 1 5824 S Durango Dr Las Vegas, NV 89113
Business Telephone:	(725) 600-4477
License Category:	Healthcare & Social Services - Group 1
Status:	Licensed
Date of License:	02/01/2023
Out of Business Date:	

Business Owner(s)
Sierra Surgery Center LLC

Return to Previous Page
Return to Business License Database Search Options

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Sierra Surgery Center, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/01/2022, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/30/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202303303511898
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Sierra Surgery Center, LLC

Physical Address: 5824 S. Durango Dr. Suite 130

City: Las Vegas State: NV Zip: 89052

Mailing Address (if different from physical address): n/a

City: State: Zip:

Telephone: Website: www.sierraasc.com (website pending)

Licensing Company Email:

Section 2: Personal Information

First: Christopher Middle: R. Last: Costa

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Caxton Grove Dr.

City: Henderson State: NV Zip: 89052

Telephone: [redacted] Email: drc@drcosta.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty:

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: CR

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Johns Hopkins University - Bloomberg School of Public Health		06/2011-06/2012	
Address	**City**	**State**	**Zip**
615 N Wolfe St	Baltimore	MD	21205
Diploma/Degree obtained, if any			
Masters in Public Health (MPH)			
School Name		**From - To (MM/YY – MM/YY)**	
John A Burns School of Medicine - University of Hawaii		07/2005 - 05/2009	
Address	**City**	**State**	**Zip**
651 Ilalo St.	Honolulu	HI	96813
Diploma/Degree obtained, if any			
Medical Degree (MD)			
School Name		**From - To (MM/YY – MM/YY)**	
Hawaii Pacific University		08/2002 - 05/2005	
Address	**City**	**State**	**Zip**
1 Aloha Tower Dr	Honlulu	HI	96813
Diploma/Degree obtained, if any			
Bachelors in Science - Biology (BS)			
School Name		**From - To (MM/YY – MM/YY)**	
Wooster High School		08/1998 - 05/2002	
Address	**City**	**State**	**Zip**
1331 E Plumb Ln	Reno	NV	89052
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/18 - current	[redacted] Caxton Grove Dr.	Henderson	NV	89052
06/12- 12/18	[redacted] St Rose Pkwy	Henderson	NV	89052
09/12 - 06/18	[redacted] N Hall St. [redacted]	Dallas	TX	75219
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____ 2

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Platinum Plastic Surgery	06/18 - current

Business Address	City	State	Zip
870 Seven Hills Dr. Ste 101	Henderson	NV	89052

Phone	Title
725-600-4477	Owner

Description of Duties

Owner, medical director, plastic surgeon

Business Name	From - To (MM/YY – MM/YY)
Sierra Surgery Center	11/22 - current

Business Address	City	State	Zip
5824 S Durango Dr.	Las Vegas	NV	89113

Phone	Title
808-349-4096	Owner

Description of Duties

Medical Director, Surgeon

Business Name	From - To (MM/YY – MM/YY)
Canyon Ridge Holdings	02/21 - current

Business Address	City	State	Zip
2915 Caxton Grove Dr.	Henderson	NV	89052

Phone	Title
808-349-4096	Owner

Description of Duties

Managing member for company that holds real estate.

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Costa

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/20/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Christopher Costa, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/20/2022

Date

Subscribed and Sworn to before me this 20th day of December

Donna Tribble

Notary Public Signature

DONNA TRIBBLE
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 11-5189-1
My Appt. Expires JUNE 21, 2023

(Seal)

Sierra Surgery Center, LLC
5824 S. Durango Dr. Suite 130
Las Vegas, NV 89113

December 20, 2022

Nevada State Board of Pharmacy
Olivia Mora
Licensing Specialist

Ms. Mora,

Please find the enclosed Person History Record for Dr. Christopher Costa our sole owner for Sierra Surgery Center, LLC. We do not yet have a DEA Certificate. Please let me know if you need anything further.

Regards,
Donna Tribble RN, BS, CNOR
Administrator/DON

14

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA VETERINARY DRUG SUPPLIER LICENSE

$300.00 Fee made payable to: Nevada State Board of Pharmacy

Do not use to obtain a license for a veterian to dispene

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

FACILITY INFORMATION

Facility Name: C-A-L Stores Companies Inc. DBA: C-A-L Ranch Stores

Physical Address: 3400 Kietzke Lane

City: Reno State: NV Zip Code: 89502

Telephone Number: 775-525-3737 Fax Number: 775-525-3738

Toll Free Number: _____

E-mail: hrfax@calranch.com Website: calranch.com

Facility Manager: Bryan Nissan

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized veterinary drug supplier may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Trevor Arehart
Print Name of Authorized Person

11/10/22
Date

Board Use Only	Date Processed:	Amount: 300.00 CC	11-14-22

Notes:

Once the application is received and approved by board of pharmacy staff, a letter with the information needed to schedule the required pre-opening inspection will be mailed within 20 days from the receipt of the application. The license will not be issued until the inspection has been completed.

Any change of ownership, name and/or location change, will require a new application and $300.00 fee. If the address changes, a pre-opening inspection will be required.

C-A-L RANCH SUPPORT CENTER
P (208) 523-3359 | 976 S. CURLEW AMMON, ID 83406

A *Ranch & Home* Store AND SO MUCH MORE!®

November 10, 2022

To Whom It May Concern:

Included with this letter is the Veterinary Drug Supplier License Application for C-A-L Ranch Stores located at 3400 Kietzke Lane, Reno, NV 89502. We would also like to request a temporary license be issued while the board of pharmacy reviews our application.

Sincerely,

Trevor Arehart
Director of Human Resources
tarehart@calranch.com
208-528-3812

NOV 14 2022

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

March 29, 2023

VIA U.S Mail & Electronic Mail
C-A-L Ranch #29
3400 Kietzke Lane
Reno, Nevada 89502
tarehart@calranch.com

RE: CEASE-and-DESIST ORDER and CITATION: Case No. 22-462-N
Unlicensed Activity in Nevada

Greetings, Mr. Trevor Arehart:

The Nevada State Board of Pharmacy ("Board") has determined that you engaged in the sale of veterinary drugs without a Nevada Veterinary Drug Supplier License. This constitutes a violation of state law, including, without limitation NRS 639.100(1); NRS 639.2345; and NAC 639.650-NAC 639.660 *inclusive*.

C-A-L Ranch #29 is ordered pursuant to NRS 639.2895(1) to immediately CEASE- and-DESIST from engaging in the sale of veterinary drugs in this State unless and until a you obtain a Nevada Veterinary Drug Supplier License. This letter shall serve as a CITATION pursuant to NRS 639.2895(2), for unlicensed activity. The Board has assessed an administrative fine of FIVE THOUSAND DOLLARS ($5,000.000) pursuant to NRS 639.2895(3).

C-A-L Ranch #29 shall pay this administrative fine within 30 days of this citation, or otherwise contact the Board staff to request an alternative payment plan. Payment must be by *personal, business, certified,* or *cashier's check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521.

C-A-L Ranch #29 has the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno Office no later than 30 days after the receipt of this letter. *See* NRS 639.2895(2).

Please be aware that the forgoing cease and desist order does not preclude further investigation or the filing of administrative charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or p.keegan@pharmacy.nv.gov.

Sincerely,

Peter Keegan
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0279 2907 10

15

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Y

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Raley's DBA Raley's Pharmacy Wholesaler

Physical Address: 4061 Gateway Park Blvd.

City: Sacramento State: CA Zip: 95834

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 916-373-6074 Website: raleys.com

Name of Designated Representative (DR): Jennifer Hall

Licensing Company Email: NA DR Email: jhall125@raleys.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		■ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
See Attached	See Attached	CA/NV	See Attached	See Attached

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See Attached	See Attached

Reason/Charge
See Attached

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
See Attached	None

Name of Business/Industry/Entity
See Attached

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/15/2023
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cardinal Health
Address: 3238 Dwight Road City: Elk Grove State: CA Zip: 95758
Name: McKesson
Address: 3775 Seaport Blvd. City: West Sacramento State: CA Zip: 95605
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California
Parent Company (if any): Raley's Holding Company
Corporation/Organization Name: Raley's
Mailing Address: 500 West Capitol Ave.
City: West Sacramento State: CA Zip: 95605
Telephone: 916-373-6394 Email:
Contact Person Name: Helen Singmaster

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓NA	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	NA ✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	NA ✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Raley's DBA Raley's Pharmacy Wholesaler
Facility Name

Helen Singmaster
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

2/15/2023
Date

Board Use Only	Date Received: 2-23-23	Amount: 1000.00 CK-10163531

State	Company name	City	County	License Type and License Numb	Position Held	Type of Action	Year of Action
NV	Raley's Pharmacy #115	Reno	Washoe	PH00643	NRS 639.2895(2), NRS639.230(5), NAC639.702 and 639.945(2) - Dispensing error	Citation and Fine - $500	2022
CA	Raley's Pharmacy #206	Woodland	Yolo	PHY53482	BPC 4301 (J)(o), BPC 4081(a)/CCR 1718 - failure to maintain an accurate inventory/re	Citation and Fine - $1000	2016
CA	Raley's Pharmacy #206	Woodland	Yolo	PHY53482	CCR 1716, CCR 1711(d) - variation from a prescription, medication error	Citation without a fine	2017
CA	Raley's Pharmacy #206	Woodland	Yolo	PHY53482	CCR 1716, CCR 1764/ Civil code 56.10 - variation from a prescription, HIPAA disclosu	Citation and Fine - $1000	2019
CA	Raley's Pharmacy #229	Auburn	Placer	PHY53486	BPC 4113(d), BPC 4305(b) - Pharmacy failed to notify the board within 30 days of change of PIC, Pharmacy operated pharmacy for more than 30 days without a PIC	Citation and fine $2000	2022
CA	Raley's Pharmacy #239	Citrus Heights	Sacramento	PHY53492	CCR 1745(d), HSC 11165(d)(5) - pharmacy filled a partial CII and must notify CURES of the quantity dispensed	Citation and Fine - $1000	2017
CA	Raley's Pharmacy #247	Yreka	Siskiyou	PHY53495	BPC 4076(a)(4), CCR 1707.1(a)(1)(B)(2) - requirements for labeling a prescription container	Citation without a fine	2020
CA	Raley's Pharmacy #248	Redding	Shasta	PHY53496	BPC 4113(d), BPC 4305(b) - Pharmacy failed to notify the board within 30 days of change of PIC, Pharmacy operated pharmacy for more than 30 days without a PIC	Citation and Fine - $2000	2022
CA	Raley's Pharmacy #249	Chico	Butte	PHY53497	CCR 1716, HSC 11162.1 - phy dispensed a prescription containing sig errors and omissions and missing several security features on the form	Citation without a fine	2017
CA	Raley's Pharmacy #309	Merced	Merced	PHY53503	CCR 1714(c) - Operational Standards, pharmacy dirty/dusty, sink with black residue, workstation cluttered, files not filed	Citation and Fine - $750	2020
CA	Raley's Pharmacy #310	Turlock	Stanislaus	PHY53504	CCR 1714(d) - Operational Standards, Pharmacist responsible for pharmacy security	Citation without a fine	2016
CA	Raley's Pharmacy #316	Pleasanton	Alameda	PHY53509	CCR 1761 (a)(b), HSC 11164.1(a)(1)(b) - CS written in another state dispensed by Raley's, dispensed without legitimate medical purpose	Citation and Fine - $1000	2015
CA	Raley's Pharmacy #329	Petaluma	Sonoma	PHY53513	CCR 1761(a)/HSC11164(a), CCR 1716, BPC 4105, 4081, 4333, HSC 11179 - erroneous or uncertain prescription, variation from a prescription, failed to maintain the original hardcopy prescription for at least 3 years	Citation and Fine - $500	2018
CA	Raley's Pharmacy #332	Fairfield	Solano	PHY53516	CCR 1714(b) - Operational Standards and security, Failure to secure CS	Public Reproval	2020
CA	Raley's Pharmacy #337	Rohnert Park	Sonoma	PHY53519	HSC 11164(a), CCR 1761(a) - CS prescription dispensed with significant error or omission	Citation without a fine	2018
CA	Raley's Pharmacy #339	Modesto	Stanislaus	PHY53520	CCR 1714(b) - Operational Standards and security, Pharmacist responsible for pharmacy security	Citation without a fine	2016
CA	Raley's Pharmacy #343	Benicia	Solano	PHY53523	CCR 1714(b)(c), HSC 11164(a), CCR 1761(a) - Operational Standards and security - pharmacist responsible for pharmacy security, the pharmacy must be maintained in a sanitary condition. No pharmacist shall compound or dispense any prescription which contains any significant error or omission	Citation and Fine $750	2017
CA	Raley's Pharmacy #405	Sacramento	Sacramento	PHY53525	CCR 1707.5(a)(1), CCR 1714(c) - patient-centered label requirements, Pharmacy must be maintained in a sanitary condition	Citation and Fine $1000	2017
CA	Raley's Pharmacy #421	Fair Oaks	Sacramento	PHY53533	BPC 4342, CCR 1707.1(a)(1)(B)(2), CCR 1712(b), CCR 1711(e)(f) - Drugs lacked quality or strength (8 expired items on the shelf), Duty to maintain medication profiles, Pharmacist identifier to be immediately retrievable, QA report to be immediately retrievable in pharmacy for 1 year, investigation of error must be initiated within 48 hours of discovery	Citation and Fine $1750	2016
CA	Raley's Pharmacy #421	Fair Oaks	Sacramento	PHY53533	CCR 1716 - variation from a prescription	Citation without a fine	2020
CA	Raley's Pharmacy #422	Placerville	El Dorado Hills	PHY53534	CCR 1716, CCR 1707.2, CCR 1714(c), CCR 1711(a)(d)(e) - variation from prescription, Notice to Consumer and duty to consult, Operational standards and security- pharmacy must be maintained in sanitary condition, each pharmacy shall establish quality assurance program/use findings of program to QA review	Citation and Fine $5000	2016
CA	Raley's Pharmacy #424	El Dorado Hills	El Dorado Hills	PHY53535	BPC 4113(a)(d) - Failure to notify the B oard of change in PIC with in 30 days	Citation and Fine $150	2022
CA	Raley's Pharmacy #426	Jackson	Amador	PHY53536	CCR 1764/civil code 56.10(a), CCR 1707.2(b)(1)(A) - unauthorized disclosure of prescription and medical information, failure to consult patient.	Citation and Fine $1000	2020
CA	Raley's Pharmacy #431	Carmichael	Sacramento	PHY53537	CCR 1716, CCR 1707.2(b)(1) - variation from a prescription, failed to consult a patient	Citation and Fine $2500	2020
CA	Raley's Pharmacy #448	West Sacramento	Yolo	PHY53542	BPC 4113(d), 4305(b) - Failure of pharmacy to notify the BOP within 30 days of change of PIC, Operation of a pharmacy for more than 30 days without a PIC	Citation and Fine $2500	2022
CA	Bel Air Pharmacy #511	Carmichael	Sacramento	PHY53546	CCR 1764/civil code 56.10(a), CCR 1707.2(b)(1)(A) - unauthorized disclosure of prescription and medical information	Citation and Fine $5000	2020
CA	Bel Air Pharmacy #517	Auburn	Placer	PHY53552	BPC 4115 (e) - unlicensed technician	Citation and Fine $500	2020
CA	Bel Air Pharmacy #528	Sacramento	Sacramento	PHY53562	CCR 1764/civil code 56.10(a), CCR 1716 - unauthorized disclosure of prescription and medical information, variation from a prescription	Citation without a fine	2019
CA	Nob Hill Pharmacy #605	Hollister	San Benito	PHY53564	CCR 1714(b), BPC 4081(a), BPC 4105 - Operational Standards and Security- shortage of promethazine with codeine, Failure to maintain disposition records to account for inventory shortage	Citation and Fine $5000	2017
CA	Raley's Central Fill	West Sacramento	Yolo	PHY 45843	CCR 1714(b), CCR 1718 - failed to secure prescription department against theft and maintain complete accountability for all controlled substances.	License revoked, stayed and placed on 4 years of probation	2009

CA	Nob Hill Pharmacy #607	Salinas	Monterey	PHY 53585	Comprehensive Drug Abuse Prevention and Control Act of 1970 - alleged non-compliance	Memorandum of Agreement (MOA)	2020

Raley's

ORGANIZATIONAL STRUCTURE CHART

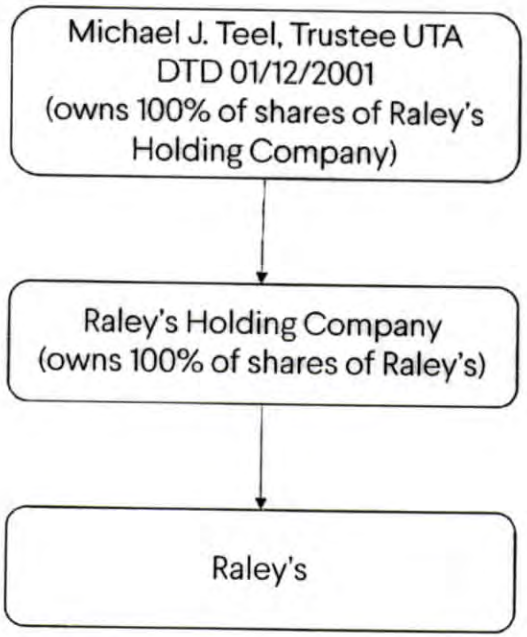
Following is an Organizational Structure Chart depicting the managerial and personnel structure of Raley's.

OWNER
Raley's Holding Company
Michael J. Teel, sole voting shareholder of Raley's Holding Company

DIRECTORS
Keith Knopf
Jennifer Warner
Laura Croff

OFFICERS
Keith Knopf, Chief Executive Officer
Jen Warner, President
Lisa Inselman, Interim Chief Financial Officer
Helen Singmaster, Secretary

Raley's Organizational Chart



Officers of Raley's:
Keith Knopf, CEO (0%)
Jennifer Warner, President (0%)
Helen Singmaster, Secretary (0%)
Steven Wingo, SVP Operations (0%)
Lisa Inselman, Interim CFO (0%)

HDW
1/17/2023

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	RALEY'S
Entity No.:	0212822
Registration Date:	01/02/1947
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 18, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 061000408

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 8181

NAME: RALEY'S PHARMACY WHOLESALER

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

4061 GATEWAY PARK BLVD
SACRAMENTO CA 95834
SACRAMENTO COUNTY

ISSUANCE DATE

FEBRUARY 17, 2023

EXPIRATION DATE

FEBRUARY 1, 2024

CURRENT DATE / TIME

FEBRUARY 20, 2023
10:40:24 AM

LICENSE RELATIONSHIPS

NAME: HALL, JENNIFER ROBIN

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 51733 **PRIMARY STATUS:** CLEAR

List of Employees
Wholesaler
Jennifer Hall
Danny Yamamoto
Store Leadership
Alejandro Rodriguez
Darin Dacus
Julian Oriola
Leslie Hulsey
Mario Padilla
Jeffrey Thompson
Jesse Duran
Michael Bracken
Michael Pignetti
Ryan Guariglia
Chelsie Decaro
Dawna Humphreys
Dennis Marable
Lisa Duran
Margo Monroy
Mark Granata
Tom Paris
Eric Tew
Hank Paxson
Hyrum Tew
Kathleen Craig
Keenan Bardwell
Lisa Skelley
Megan Cupp
Bret Guariglia
Connie Cummins
Mark Ford
Nicole Strickland
Chanceler Hollingsworth
Donald Ulm
Juan Lima
Nicolas Barainca
Richel Alcabedos
Terrance Bortot
Timothy Wolken
Alicia Agnew
Braden Charles
Brian Bain
Shawn Clark
Abrhan Mariscal

Austin Cortez
Barry Rubin
Joseph Feaster
Kory Koskin
Laura Powers
Donna McHugh Finn
Enrique Nava Gasca
Eric Firestone
Jasmine Odell
Kevin LeBerth
Caitlin Miller
Jesse Ward
Tera Baskett
Teresa Baudoin
Christopher McLeod
Deborah Conde
Jodi Silva-Boswell
Richard Sanders
Cynthia White
Mitzi Emm
Randall Bright
Ronnie Pollard
Taylor Goodale
Darrin Atkinson
Elisa Todd
Jeffrey Ballard
Rod Dailey
Ryan Bauman
Drivers
Roger West
Roy Johnson
Don White
Phil Homentowski
Greg Mills
Richard Winters
Travis Brown
John Stone
Joe Martin
John Weaver
Russell Brown
Ryan Jimenez
Ernesto Montes
Rosalio Vargas
Oshea Ward
John Romero

Curtis Brown
Greg Cassinelli
Craig Scanlon
Robert Winters
Stuart Deering
Eugene Sotoa
Chris Olson
Michelle Billington
Jayson Baccay
Razhan Broadnax
Justin Titus
Andrey Dawkins
Samuel Ciuriuc
Steven Vaziri
Warehouse Leadership
Julius Payne
Isaias Rosado
Roger Lane
Juan Villalpando
Mo Ahmad
Rich Baker
Sergio Palomera
Mondo Duran
Ryan Vollenweider
Charles Parker
Jim Soderman
Derrick Hale
Zach Garrett
Burnis Chambers
Adam Teixeira
Morgan Pen
Brian Conner
Derek Short
Steve Teresinski
Cort Harper
Marco DeLaTorre
Jason Greer
Jesse Lopez, Jr.
Aaron Ramirez
Brandon Thai
Albert Kirk

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Raley's Pharmacy Wholesaler

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 4061 Gateway Park Blvd.

City: Sacramento State: CA Zip: 95834

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 916-373-6074 Website: raleys.com

Licensing Company Email:

Section 2: Personal Information

First: Jennifer Middle: Robin Last: Hall

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Pera Dr.

City: Rancho Murieta State: CA Zip: 95683

Telephone: [redacted] Email: jhall125@raleys.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of the Pacific		08/1997 - 05/2000	
Address	City	State	Zip
3601 Pacific Ave.	Stockton	CA	95211
Diploma/Degree obtained, if any			
Pharm.D.			

School Name		From - To (MM/YY – MM/YY)	
California State University -Sacramento		08/1996-05/1997	
Address	City	State	Zip
6000 Jed Smith Dr.	Sacramento	CA	95819
Diploma/Degree obtained, if any			
Undergraduate			

School Name		From - To (MM/YY – MM/YY)	
Cosumnes River College		08/1992-05/1996	
Address	City	State	Zip
8401 Center Pkwy	Sacramento	CA	95823
Diploma/Degree obtained, if any			
Undergraduate			

School Name		From - To (MM/YY – MM/YY)	
Elk Grove High School		08/1989-05/1992	
Address	City	State	Zip
9800 Elk Grove Florin Rd.	Elk Grove	CA	95624
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2021-present	[redacted] Pera Dr.	Rancho Murieta	CA	95683
9/2014-12/2021	[redacted] Trailrider Dr.	Elk Grove	CA	95624
11/2004-9/2014	[redacted] Belgian Ct.	Sacramento	CA	95830
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Raley's			3/2018-present
Business Address	**City**	**State**	**Zip**
500 West Capitol Ave.	West Sacramento	CA	95605
Phone	**Title**	**Number of Employed Hours**	
916-373-6074	Pharmacy Supervisor	~8640	
Description of Duties			
Oversee pharmacy compliance including record retention, security of controlled substances, compliance with policies and procedures			

Business Name			From - To (MM/YY – MM/YY)
California State Board of Pharmacy			10/2012-3/2018
Business Address	**City**	**State**	**Zip**
2720 Gateway Oaks Dr. #100	Sacramento	CA	95833
Phone	**Title**	**Number of Employed Hours**	
916-518-3100	Inspector	~9600	
Description of Duties			
Inspected pharmacies for compliance with state and federal laws including record keeping requirements, security of controlled substances, compliance with policies and procedures			

Business Name			From - To (MM/YY – MM/YY)
Bel Air Pharmacy #523			03/2004-10/2012
Business Address	**City**	**State**	**Zip**
8425 Elk Grove Florin Rd.	Elk Grove	CA	95624
Phone	**Title**	**Number of Employed Hours**	
916-681-5700	Pharmacy Manager (PIC)	~17,680	
Description of Duties			
Overseen the daily operations of the pharmacy			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # NA **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Jennifer Ritzel
Original Signature (electronic, copies or stamps not accepted)

1/24/2023
Date

I, Jennifer R. Hall, **certify that as the designated representative for**

Raley's Pharmacy Wholesaler,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. yes I am at least 21 years of age;
3. yes I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. yes I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. yes I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. yes I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. yes I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jennifer Hall

Print Name (First, Last)

Jennifer R Hall

Original Signature (electronic, copies or stamps not accepted)

1/24/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jennifer Hall

Print Name (First, Last)

Jennifer R Hall

Original Signature (electronic, copies or stamps not accepted)

1/24/2023

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

_____

Original Signature

_____

Date

See attached

Subscribed and Sworn to before me this _____ day of _____.

_____

Notary Public Signature

(Seal)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT **CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Yolo)

On January 24, 2023 before me, Gail A. Davis, Notary Public,
Date *Here Insert Name and Title of the Officer*

personally appeared Jennifer Hall
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

GAIL A. DAVIS
COMM. #2273612
NOTARY PUBLIC • CALIFORNIA
YOLO COUNTY
Comm. Exp. JAN. 27, 2023

Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Nevada Board of Pharmacy Designated Representative Application Document Date: Jan. 24, 2023
Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer — Title(s): _____	☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer Is Representing: _____	Signer Is Representing: _____

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

4

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Raley's DBA Raley's Pharmacy Wholesaler

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 4061 Gateway Park Blvd

City: Sacramento State: CA Zip: 95834

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 916-373-3333 Website: www.raleys.com

Licensing Company Email: phywholesaler@raleys.com

Section 2: Personal Information

First: Michael Middle: James Last: Teel

Alias(es, nicknames, name changes, etc.): none

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: PO Box [redacted]

City: Crystal Bay State: NV Zip: 89402

Telephone: [redacted] Email: mteel@raleys.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Whittier College		1974-1977	
Address	**City**	**State**	**Zip**
13406 E.Philadelphia St.	Whittier	CA	90602
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Pacific Lutheran University		1970-1974	
Address	**City**	**State**	**Zip**
12180 Park Avenue S.	Tacoma	WA	98447
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Jesuit High School		1968-1969	
Address	**City**	**State**	**Zip**
4660 Fair Oaks Blvd	Sacramento	CA	95864
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
El Camino High School		1965-1968	
Address	**City**	**State**	**Zip**
4300 El Camino Ave	Sacramento	CA	95821
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/20 - present	[redacted] Crystal Drive	Crystal Bay	NV	89402
11/99 - 08/20	[redacted] Folsom Blvd [redacted]	Sacramento	CA	95819
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Raley's Holding Company			05/15 - present
Business Address	**City**	**State**	**Zip**
500 West Capitol Avenue	West Sacramento	CA	95605
Phone	**Title**		
916-373-3333	Chairman		
Description of Duties			
Executive and Board of Directors duties			

Business Name			From - To (MM/YY – MM/YY)
Raley's (and its subsidiaries)			01/10-01/22
Business Address	**City**	**State**	**Zip**
500 West Capitol Avenue	West Sacramento	CA	95605
Phone	**Title**		
916-373-3333	Chairman		
Description of Duties			
Executive and Board of Director duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 4 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
multiple	multiple	CA & NV	multiple	multiple
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
multiple		multiple		
Reason/Charge				
See explanation below				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
multiple plaintiffs/claimants/defendants/respondents			lawsuits and arbitrations	
Name of Business/Industry/Entity				
Raley's and its subsidiaries				

Provide explanation below:

Raley's, a California corporation, is a regional grocery chain with pharmacies in Northern California and Northern Nevada. In the normal course of business, Raley's is a party (named defendant) in premises liability, general liability, product liability and employment practices lawsuits, as well as a claimant or respondent in labor arbitrations, and sometimes a plaintiff or defendant in civil litigation. On rare occasion, an officer of Raley's is named in the lawsuit. Applicant is not aware of any current lawsuit in which he is a party.

Original Signature (electronic, copies or stamps not accepted)

11-5-22
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
See below	See below	CA	See below	See below

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
See below	See below

Reason/Charge
See below

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
See below	None

Name of Business/Industry/Entity
Raley's

Provide explanation below:

Raley's Pharmacy #332 / License No.PHY53516
Fairfield, Solano County, California
Case Number: AC201700649000 – California Board of Pharmacy
Effective Date of Action: March 5, 2021
Through a disciplinary action of the Board, the license is publicly reproved and subject to the terms and conditions in the decision.

Raley's Pharmacy #336 / License No. PHY53518
Brentwood, Contra Costa County, California
Case Number: AC201800661500– California Board of Pharmacy
Effective Date of Action: November 25, 2020
Through a disciplinary action of the Board, the license is publicly reproved and subject to the terms and conditions in the decision.

Nob Hill Pharmacy #607 / DEA No. BN7600136
Salinas, Monterey County, California
Case Number: none assigned – DEA
Effective Date of Action: June,16, 2020
Through a negotiated settlement to avoid uncertainty and expense of litigation, Raley's entered into a Memorandum of Agreement (MOA) with the United States Department of Justice, Drug Enforcement Administration to settle allegations of non-compliance with the Comprehensive Drug Abuse Prevention and Control Act of 1970. Raley's denied all the allegations in the MOA.

Original Signature (electronic, copies or stamps not accepted)

11-5-22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Teel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-5-22

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, Michael Teel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11-5-22

Date

Subscribed and Sworn to before me this 05 day of November 2022 by Michael Teel

Notary Public Signature

George Daniel Barden

GEORGE DANIEL BARDEN
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 20-7516-02 - Expires April 23, 2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 285068674

Application/License No. _____

Raley's Pharmacy Wholesaler (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 4061 Gateway Park Boulevard, Sacramento , CA 95834 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 12, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 12th day of October, 2022.

APPLICANT/PRINCIPAL

COMPANY
Raley's Pharmacy Wholesaler

Authorized Representative

SURETY

Liberty Mutual Insurance Company

Haley A. Anderson
Surety Company's Representative

Haley A. Anderson, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness John P. Harney

Witness Josefina Rojo

Countersigned by:

N/A
Nevada Resident Agent

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual. SURETY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8206616-285118**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Cassandra L. Stone; Haley A. Anderson; Jacquelyn M. Norstrom; John P. Harney; Josefina Rojo; Pramrod Venkatesh; Steven L. Wulff

all of the city of Chicago state of IL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 27th day of October, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 27th day of October, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Cerey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 12th day of October, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

State of Illinois
County of Cook

On this 12th day of October 2022, before me personally appeared Haley A. Anderson, known to me to be the Attorney-in-fact of Liberty Mutual Insurance Company, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid county, the day and year in this certificate first above written.

OFFICIAL SEAL
M LABNO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:09/11/23

M Labno

(Notary Public)

(Seal)

16

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (01/18/2023)

Section 1: General Information

First: Amazi Middle: Zamani Last: Harris

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Karst Pond Avenue

City: North Las Vegas State: NV Zip: 89084

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)

Program/School Name: North west career college

Address: 7398 Smoke Ranch Road

City: Las Vegas State: NV Zip: 89128

Name of Program Director: Samantha Hurtsman

Section 3: Employment Information

Pharmacy Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?	✓	
2. Are you a high school graduate or the equivalent?	✓	

High School Name: Arbor View High School Graduation Date OR Date GED obtained (mm/yy): 05/2017

Address: 7500 Whispering Sands Dr.

City: Las Vegas, NV State: NV Zip: 89131

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 7: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?	✓	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
2/12/2021	3/29/2021	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
21-PC-007272	justice Court

Reason/Charge: Solicit/engage in prostitution

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Amazi Harris	

Name of Business/Industry/Entity:

Provide explanation below:

see attached.

Amazi Harris
Original Signature (electronic, copies or stamps not accepted)

2/6/2023
Date

REGISTER OF ACTIONS
CASE NO. 21-PC-007272

State of Nevada vs. HARRIS, AMAZI ZAMANI

Case Type: **Misdemeanor CR**
Date Filed: **02/13/2021**
Location:

PARTY INFORMATION

		Lead Attorneys
Defendant	**HARRIS, AMAZI ZAMANI**	
State of Nevada	**State of Nevada**	

CHARGE INFORMATION

Charges: HARRIS, AMAZI ZAMANI	Statute	Level	Date
999. Solicit/engage in prostit [56702]	12.08.020	Misdemeanor	02/12/2021

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

03/24/2021 **Disposition**
999. Solicit/engage in prostit [56702]
DA Denial

OTHER EVENTS AND HEARINGS

02/13/2021 **Original Track Assignment JC14**
02/13/2021 **DA Request for Prosecution**
Request for Prosecution Sent to DA
02/13/2021 **Case Assignment Sent**
Case Assignment Sent
02/13/2021 **Release Agreement**
02/13/2021 **Administrative Own Recognizance Release**
02/13/2021 **Probable Cause Review Packet - Initial Appearance Court**
04/14/2021 **Status Check on Filing of Criminal Complaint** (8:30 AM) (Judicial Officer Chelini, Amy)
O/R
Result: Matter Heard
04/14/2021 **DA Denial**
04/14/2021 **Minute Order - Department 14**

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 7: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?	✓	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
6/18/2021	9/20/2021	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
21-CR-028933	Justice Court

Reason/Charge
Trespass. not amounting to burglary

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Amazi Harris	

Name of Business/Industry/Entity

Provide explanation below:

see attached

Amazi Harris
Original Signature (electronic, copies or stamps not accepted)

2/6/2023
Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (01/18/2023)

Section 1: General Information

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN: _____ Sex: ☐ M ☐ F ☐ X

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)

Program/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Section 3: Employment Information

Pharmacy Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?		
2. Are you a high school graduate or the equivalent?		

High School Name: _____ Graduation Date OR Date GED obtained (mm/yy): _____

Address: _____

City: _____ State: _____ Zip: _____

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

REGISTER OF ACTIONS
CASE NO. 21-CR-028933

State of Nevada vs. HARRIS, AMAZI ZAMANI

Case Type: **Misdemeanor CR**
Date Filed: **07/07/2021**
Location: **JC Department 7**

PARTY INFORMATION

Defendant **HARRIS, AMAZI ZAMANI**

Lead Attorneys
Public Defender
Public Defender
702-455-4685(W)

State of Nevada **State of Nevada**

CHARGE INFORMATION

Charges: HARRIS, AMAZI ZAMANI	Statute	Level	Date
1. Trespass, not amounting to burglary [53166]	207.200	Misdemeanor	06/18/2021

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

09/20/2021 **Plea** (Judicial Officer: Bennett-Haron, Karen P.)
1. Trespass, not amounting to burglary [53166]
Nolo Contendere

09/20/2021 **Disposition** (Judicial Officer: Bennett-Haron, Karen P.)
1. Trespass, not amounting to burglary [53166]
Guilty as Amended

09/20/2021 **Misdemeanor Sentence** (Judicial Officer: Bennett-Haron, Karen P.)
1. Trespass, not amounting to burglary [53166]
Condition - Adult:
1. Credit for Time Served, 09/20/2021, Satisfied 09/20/2021

OTHER EVENTS AND HEARINGS

06/18/2021 **Original Track Assignment JC07**
06/18/2021 **DA Request for Prosecution**
Request for Prosecution Sent to DA
06/18/2021 **Case Assignment Sent**
Case Assignment Sent
06/18/2021 **Administrative Own Recognizance Release**
06/18/2021 **Release Agreement**
06/18/2021 **Probable Cause Review Packet - Initial Appearance Court**
07/07/2021 **Criminal Complaint**
08/17/2021 **Status Check on Filing of Criminal Complaint** (8:00 AM) (Judicial Officer Bennett-Haron, Karen P.)
O/R
Result: Matter Heard
08/17/2021 **Arraignment Completed**
Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint
08/17/2021 **Defendant Identified as Indigent**
Defendant and the Court discussed the appointment of counsel and defendant requested appointment of counsel.
08/17/2021 **Public Defender Appointed**
08/17/2021 **Financial Affidavit**
08/17/2021 **Plea of Not Guilty Entered**
08/17/2021 **Minute Order - Department 07**
09/20/2021 **Bench Trial** (9:00 AM) (Judicial Officer Bennett-Haron, Karen P.)
O/R
Result: Matter Heard
09/20/2021 **Defendant waives the right to Trial - In absentia**
through counsel
09/20/2021 **Judgment Entered**
09/20/2021 **Case Closed - Court Order**
09/20/2021 **Minute Order - Department 07**
09/21/2021 **Notice of Disposition and Judgment**

Section 8: You MUST submit the documents below with your application base on your qualifications as a PT.	
Select your qualification as a PT (please check a box).	**Required documents to be submitted with your application.**
☑ The successful completion of an ASHP-approved PT school or training program	a. Provide a copy of the certification of completion of the program.
☐ **Active practice in good standing** in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by a **signed affidavit** by the managing pharmacist of the pharmacy.	a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing. b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application).
☐ The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.	a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy **in this state** as a registered PTT (see form provided in this application).
☐ The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United States Department of Health and Human Services or the U.S. Department of Veterans Affairs.	a. Provide a copy of the certification of completion of the program.

Section 9: Fingerprints for a background check. ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371

In addition to the requirements in section 7, submit fingerprints for a background check by following the instructions https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371.pdf

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Amazi Harris
Print Name

Original Signature, no copies or stamps accepted

2/6/2023
Date

Board Use Only	Date Received: _____ Amount: _____

I want to start of by explaining and disclosing information regarding my pass records

Case #: 21-PC-007272

I had a girl's night out with some of my high school friends that I hadn't seen in a long time. This occurred on **2/21/2021**. We went out for dinner, drinks, and had plans to go clubbing in order to enjoy the evening. When we finished dinner, we went to the bar, where we had drinks and conversed with each other and people at the bar. Unfortunately, my friends had different intentions then I was aware of and were making different plans then to go to the club. My friends had got up to leave and I followed them to make sure they were okay. I was always told to stay in groups whenever being out since people are likely not to bother you in group.What ended up happening as soon as we started moving as a group we were then arrested my police officers who were under cover. I had no idea what was going on until everything occurred. My friends started getting arrested, and then they decdied to take me as well since I was just following in the background. I was definitely in the wrong place and the wrong time. They had booked and held me for about 7 hours and eventually let me go. Since then, I have not seen these friends since the incident occured. I would hate to be surrounded by people who did not care to tell me what was going on. I was in the booking area for about 7 hours and let go after that.The appointed lawyer to my case went to court for me and got my case closed. After seeking legal advice I was also told to begin to get my record seal and am in the process of doing that as well.

The friends that I was with did not allow me the chance to decide for myself if I wanted to hang out with them considering what they were involved in. Now I am having to defend myself for a situation that was the repercussions of hanging out and catching up with friends I hadn't seen in a while. I ask that you give me empathy in that I am trying to be of service to my community and myself. Since attending NorthWest Career College, it has become more and more clear to me that I want to pursue my education and continue to develop myself as a pharmacy technician, if given the opportunity. Since then the case had been closed and denied and was put under DA Denial which means they did not have enough information to move forward with the case.

Case #: 21-CR-028933

Following this incident another misunderstanding had occured. I ended up going back to the establishment a few months later to grab dinner with my auntie, when I was approached by security guards who informed me that I was trespassing. This occurred on **06/18/2021**. Since the case was closed, I was not made aware that I was banned from being on the premises still. I assumed nothing ever went through, I thought going to the premises once more to celebrate with my auntie would not be an issue. Since the establishment was not made aware of my case being closed, they ended up arresting me for that misunderstanding. I was booked and kept at jail for about 7 hrs where they official closed the case after I pleaded that I was not made aware that this case was even open anymore or that there was any restraining order that involved me not stepping into the establishment.

Since then, I have learned my lesson and have since gotten legal advice on how to handle the situation so that this doesn't happen again. I got myself caught up in an incident that could potentially mess up my life. I know to make sure I do not surround myself with people who might put me in a bad situation

No matter what I am so excited to jump start my career in Pharmacy and continue my education. My intentions are to create a beautiful life and make my family proud. I enrolled myself into NCC in order to make a future for myself. The school helped me believe in myself and find what it is I want to do in life. I intend on living up to that expectation, because I believe everyone deserves a second chance to become a better person. I have been diligently working as a retail associate to keep up with bills, but will continue to aspire to become a pharmacy technician so that I can better myself

Kind Regards,
Amazi Harris

northwest
CAREER COLLEGE

02/06/2023

To Whom It May Concern ,

I have known Amazi for some time now, she has excelled tremendously since attending school with us here at Northwest Career College in the Pharmacy Technician program. Amazi graduated with us with a 3.54 GPA. She went to class everyday and aspired to become pharmacy technician as this was something she wanted to do better serve her community.

Amazi is an amazing individual who strives to become better every day. Through meeting her I have learned that she has had some difficulties and misunderstands in the pass, which is why she decided to turn over a new leaf with us here at NCC . Amazi has remained in good contact with me as her graduate advisor so that we may seek potential opportunities for job placement as a Pharmacy Technician. One of the more remarkable things she mentioned to me when we had our introductory meeting was the fact that she learned a lot during her time at her externship and is so excited to jump into a new career field. Amazi Harris completed 240 hours of externship hours during her time at Well Care Closed Door Pharmacy .

Since then we found out there were some misunderstandings occurring between getting her license and her dream job. She has remained in good contact with us to make sure she is doing everything on her end to ensure she can be a step closer to her dream to be pharmacy technician. Amazi and I still talk constantly about the future job she will have one day once she sorts all of this out. Even when faced with challenges, Amazi continues to persevere through it all.

Please do not hesitate to contact me with any additional questions regarding Amazi

Allison Arellano
Career Services Graduate Advisor II
Northwest Career College
Allison.Arellano@northwestcareercollege.edu

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION Registration Fee: $50.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Y

Complete Name (**no abbreviations**):

First: Chloe Middle: Florence Last Swanson

Home Address: [redacted] Longely Ln. Apt#: 703

City: Reno State: NV Zip Code: 89502

Telephone: [redacted] SS# or ITIN: [redacted]

Date of Birth: [redacted] Place of Birth: Arcadia Methodist Hospital Sex: ☐ M or ☒ F

E-mail Address: [redacted]@gmail.com

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: CVS Pharmacy Store #: 06626

Address: 1081 Steamboat Pkwy

City: Reno State: NV Zip Code: 89521

Signature of Managing Pharmacist: [signature] Lic #: 20776 Date: 1/15/23

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

	State	Date:	Case #:	County	Court
Board Administrative Action:	NV	/ /			
Criminal Action:	NV	08/26/2018	18CR-12774	Washoe	Reno Municipal

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☒

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

[signature] 01/15/23

Original Signature, no copies or stamps accepted Date

Board Use Only Date Processed: _____ Amount: 50.00CC 1.18.23

Jessette Phaynarikone

From: Chloe Swanson <[redacted]@gmail.com>
Sent: Saturday, January 21, 2023 12:35 PM
To: Jessette Phaynarikone
Subject: Re: Pharmaceutical Technician in Training Application

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

I forgot to add, my only charge is disturbance of peace as shows in the documents I provided.

On Sat, Jan 21, 2023, 12:07 PM Chloe Swanson <[redacted]@gmail.com> wrote:

On that day I was 19 years old and drinking an ungodly amount, my parents were out of town and my boyfriend Tyler and I were partying. At this time in my life, I was grieving the loss of my girlfriend Shannon, who passed away Halloween 2017 and I was abusing alcohol from that day forward. My brother is 15 years older than I am, we have never had the best relationship as he has always struggled with drug and alcohol addiction and has been violent with me since I was 12. He has lived with me and my parents since I was born and I have many memories of him physically hurting me, it does not excuse my actions for my charge because violence is never the answer, but I thought I would provide a little background in our brother sister relationship. He was withdrawing from meth that night and he got in my face while I was heavily intoxicated and that's when I started to lash out. I was blackout drunk and my boyfriend Tyler got inbetween my brother and I, that's when I lashed out at him too. Tyler was also living at my parents place with my brother and I, they were difficult times for everyone... Tyler came to my court case to show that he is not threatened by me and that he just wants to see me get help for my addiction. I am very embarrassed and ashamed of my actions and would hate to see this damper my license from the Board. Years of alcohol abuse, actions and consequences, loss of family and friends have taught me my lesson. That's why I am happy to say, that I am 23 years old now and as of August 19, 2021, I am alcohol free and my relationship with my brother and Tyler has been blossoming and improved a great deal! Quiting drinking has been the best decision I have made so far in my life! Although my brother still struggles with his own addictions I love him very much and he's MY big brother. My friends and family have told me they are proud of the changes I have made for myself and my stability I now possess.

On Thu, Jan 19, 2023, 8:44 AM Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov> wrote:

Good morning,

I am in receipt of your Pharmaceutical Technician in Training Application. Upon review, you did not provide an explanation with your application. Please provide a brief description of the events that occurred. My deputy and executive secretary will have to review your application to proceed.

Please let me know if you have any questions.

Thank you.

RENO MUNICIPAL COURT

CASE SUMMARY

CASE NO. 18CR-12774

CITY OF RENO
vs.
CHLOE SWANSON

§ Location: **Citation**
§ Filed on: **08/27/2018**
§ Booking Number: **18-13830**
§ Process Control Number: **RPD0037717C**
§
§

CASE INFORMATION

Offense	Citation	Statute	Deg	Date
1. 8.12.020(a) Disturbing the Peace - Fighting or Challenging to Fight	18-17760	8.12.020 (a)	M	08/26/2018
Filed As: 200.485.1(a) Domestic Battery (1st)			M	8/27/2018
2. Pending Charge	18-17760	none	M	08/26/2018

Case Type: **Domestic Battery Arrest**

Statistical Closures
10/02/2018 Guilty Plea with Sentence (before trial)

PARTY INFORMATION

		Lead Attorneys
Plaintiff	**CITY OF RENO**	
Defendant	**SWANSON, CHLOE FLORENCE**	**MCGINNIS, PATRICK, Esq** *Court Appointed* 775-527-9368(W)

DATE	EVENTS & ORDERS OF THE COURT
	DISPOSITIONS
08/28/2018	**Plea** (Judicial Officer: ONeill, Shelly) 1. 200.485.1(a) Domestic Battery (1st) Not Guilty
10/02/2018	**Amended Plea** (Judicial Officer: Drakulich, Gene) 1. 8.12.020(a) Disturbing the Peace - Fighting or Challenging to Fight Nolo Contendere
10/02/2018	**Disposition** (Judicial Officer: Drakulich, Gene) 1. 8.12.020(a) Disturbing the Peace - Fighting or Challenging to Fight Found Guilty
10/02/2018	**Imposed** (Judicial Officer: Drakulich, Gene) 1. 8.12.020(a) Disturbing the Peace - Fighting or Challenging to Fight 08/26/2018 (M) 8.12.020(a) (57208)
	Sentence to Confinement Agency: Washoe County Jail Term: 0 Days Comment: TS
	EVENTS
08/26/2018	Awaiting Complaint from City Attorney
08/27/2018	Case File Scanned and Attached
08/28/2018	Formal Complaint Filed With the Court
08/28/2018	Present in Court: *FOR THE CITY OF RENO: DRAKE FOR THE DEFENSE: MCGINNIS*
08/28/2018	Rights Explained *Defendant appeared, explained his/her rights by the Judge and indicated that he/she understood them completely.*

CASE SUMMARY

CASE NO. 18CR-12774

08/28/2018	Pre-Trial No Contact Order Issued *TYLER VENTO*
08/28/2018	Court Pre-trial Supervision *OAL; NADP; NO MJ*
08/28/2018	Legal Defender Appointed: Patrick McGinnis *LEGAL DEFENDER APPOINTED; PATRICK MCGINNIS; 1188 CALIFORNIA AVENUE, RENO, NEVADA 89509 PHONE (775) 527-9368* *PLEASE ALLOW APPROXIMATELY 10 DAYS BEFORE CONTACTING YOUR ATTORNEY SO THAT HE/SHE WILL HAVE ALL OF THE NECESSARY INFORMATION FROM THE COURT TO ASSIST YOU WITH YOUR CASE.* *IT IS HEREBY ORDERED THAT THE ABOVE-NAMED DEFENDANT BE APPOINTED A LEGAL DEFENDER TO REPRESENT HIM/HER IN ANY AND ALL PROCEEDINGS ON THIS MATTER IN THE RENO MUNICIPAL COURT. IT IS FURTHER ORDERED THAT THE DEFENDANT COMPLETE A FINANCIAL INQUIRY APPLICATION AND MAY BE REQUIRED TO PAY FEES FOR REPRESENTATION BY THE LEGAL DEFENDER. THIS ORDER WILL REMAIN IN EFFECT FOR SIX MONTHS FROM TODAY'S DATE. IN THE EVENT THAT THIS ORDER EXPIRES, THE DEFENDANT MUST SUBMIT AN UPDATED FINANCIAL INQUIRY APPLICATION FOR RECONSIDERATION.* *IF THE DEFENDANT HAS WITNESSES THAT HE/SHE WOULD LIKE TO HAVE PRESENT, OR WOULD LIKE TO DISCUSS THE DEFENSE OF HIS/HER CASE, THE DEFENDANT MUST CONTACT HIS/HER ATTORNEY.*
08/28/2018	Judge Ordered Own Recognizance Release
08/28/2018	Notice Setting Hearing Scanned
09/04/2018	Motion Filed: Lift No Contact Order
09/10/2018	Motion Granted *NO CONTACT ORDER IS LIFTED*
09/27/2018	Pre-trial Violation Report *Signed*
10/02/2018	Rights Explained *Defendant appeared, explained his/her rights by the Judge and indicated that he/she understood them completely.*
10/02/2018	Present in Court: *FOR THE CITY OF RENO: ORMAAS FOR THE DEFENSE: MCGINNIS*
10/02/2018	Case Completely Closed

HEARINGS

08/28/2018	**In Custody Video Arraignments** (8:30 AM) (Judicial Officer: ONeill, Shelly ;Location: Courtroom E) *Held*
10/02/2018	**Sentencing Hearing** (1:00 PM) (Judicial Officer: Drakulich, Gene ;Location: Courtroom C, 2nd Floor) *Held*

18

18A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Y

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: Jorge Middle: Ysaac Last: Burgos

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] Real Quiet Dr.

City: Las Vegas State: NV Zip: 89131

Telephone: [redacted] Email: [redacted] @ aol.com

Degree: MD Practitioner License #: 10622 Specialty: Internal Medicine

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Jorge Y. Burgos, MD, PC dba Medicis Primary Care

Practice Address: 750 N. Eastern Ave Suite #: 100

City: Las Vegas State: NV Zip: 89101

Telephone: 702-227-0022 Fax: 702-227-0084 Email: jorgeburgosclinic@gmail.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
Suspension / Probation	Nevada	Dec. 4, 2017	17-26547-1

Criminal Action:	State:	Date:	Case #:	County:	Court:
Misdemeanor	NV	7/27/17	C-16-319451-1	Clark	Eight Judicial District

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jorge Burgos, MD
Print Name (First, Last)

11/14/2022
Date

Jorge Burgos
Original Signature (electronic, copies or stamps not accepted)

11/14/2022
Date

Board Use Only: Date Processed: _____ Amount: 200.00 ck- 2730

11-21-22

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
Washington, DC 20415

Office of the
Inspector General

Reply to:
Debarring Official
OIG/OPM
1900 E St., NW, Rm. 6400
Washington, DC 20415-1110
debar@opm.gov

November 9, 2022

Jorge Ysacc Burgos, M.D.
[redacted] Real Quiet Drive
Las Vegas, NV 89131

Dear Jorge Ysacc Burgos:

On November 15, 2017, the U.S. Office of Personnel Management (OPM) proposed your debarment for a period concurrent with your U.S. Department of Health and Human Services (DHHS) exclusion. OPM's debarment became effective on December 21, 2017.

DHHS has notified us that they have modified your exclusion. Accordingly, I have terminated OPM's debarment effective October 17, 2022, and all Federal Employees Health Benefit Program (FEHBP) carriers will be notified of the change in your status. In addition, your OPM debarment will be removed from the General Services Administration's government wide System for Award Management (SAM), formerly, Excluded Parties List System or EPLS.

Although your eligibility to participate in the FEHBP has been reinstated effective October 17, 2022, your name will remain on SAM until the next monthly update. You should use this letter to demonstrate that you are eligible to participate in the FEHBP until your name is removed from SAM.

If you have any questions or require additional information, please contact the Administrative Sanctions Group by email at debar@opm.gov, or at (202) 606-2436.

Sincerely,

Paul St. Hillaire
Debarring Official

Dr. Jorge Burgos
Internal Medicine

Medicis Primary Care
& Skin Care
750 N. Eastern Avenue, Suite 100
Las Vegas, NV 89101
Tel.: 702.227.0022 Fax: 702.227.0084
nvb@medicisprimarycare.com

November 14, 2022

Nevada State Board of Pharmacy
985 Darmonte Ranch Parkway, Suite 206
Reno, NV 89521

RE: Controlled Substance license application
Jorge Burgos, MD

Dear Sir or Madam,

In accordance to the requirements of the Controlled Substance (CS) license application, I provide in this letter the explanation for the positive responses of questions 2 and 3, of Section 5.

Question 2: YES. I was charged with 3 gross misdemeanor charges and I plead guilty on 07/27/2017. I was sentenced to 7 days detention and three years of probation. I was honorably discharged of this probation period on August 6, 2019. I have enclosed copy of the Judge Order for your reference.

Question 3: YES. My medical license 10622 was suspended on from 12/04/2017 until 04/01/2018, and placed on probation until 03/14/2022. This was the Nevada State Board of Medical Examiners (NSBME) response to the criminal case sentencing of 07/27/2017, mentioned above. Please see attached copy of the NSBME Settlement Agreement imposing these sanctions.

On 03/14/2022 the NSBME lifted the probation status of my medical license. A copy of this Order is enclosed.

Should you need more information, please do not hesitate to contact me at [redacted] or by email at [redacted]@aol.com. You can also contact my Office Manager, Natalia Burgos at 702-227-0022 option 5, or by email at jorgeburgosclinic@gmail.com.

Thank you for your time and consideration.

Respectfully,

Jorge Burgos, MD

Electronically Filed
8/13/2019 2:36 PM
Steven D. Grierson
CLERK OF THE COURT

IN THE EIGHTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

AND FOR THE COUNTY OF CLARK

THE STATE OF NEVADA,

Plaintiff

vs.

BURGOS, Jorge Ysaac

Defendant

Case No. C-16-319451-1

Department No. XXIX

PETITION AND ORDER HONORABLY DISCHARGING PROBATIONER

To the Honorable Judge David Jones, of the Eighth Judicial District Court of the State of Nevada, in and for the County of Clark, the Undersigned Chief Probation Officer for the State of Nevada now reports as follows concerning the above Defendant: Said Defendant was placed on probation by order of the Court for a term not to exceed 3 years, said Order being dated the 27th of July, 2017. Said Probationer has satisfactorily completed all of the Conditions of probation or has demonstrated fitness for honorable discharge but because of economic hardship, verified by the Division, has been unable to make restitution as ordered by the court.

THEREFORE, the undersigned petitions and recommends that said Probationer be honorably discharged and released from further supervision in accordance with NRS 176A.850.

Pursuant to NRS 239B.030, the undersigned hereby affirms this document does not contain the social security number of any person. Attached are documents explaining restoration of Civil Rights and Sealing of records.

Dated this 6th day of August, 2019.

FCR

Anne K. Carpenter, Chief Parole and Probation Officer

ORDER HONORABLY DISCHARGING PROBATIONER
In accordance with NRS 176A.850

In this cause it appearing that the above-named Defendant was heretofore placed on probation under the Chief Parole and Probation Officer of the State of Nevada, and it further appearing from the petition of said Probation Officer that the period of such probation expires upon Judge's signature.

IT IS HEREBY ORDERED that said Probationer be honorably discharged from said probation.

Dated this 9 day of Aug. 2019 at 8 : 00 am/pm.

DAVID JONES, District Judge
53

266375659

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of the License to Practice Medicine of:	**License No. 10622**
JORGE YSACC BURGOS, M.D.,	
Respondent.	

FILED

MAR 14 2022

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

ORDER REMOVING CONDITIONS FROM LICENSE

Jorge Ysacc Burgos, M.D. (Dr. Burgos), License No. 10622, personally appeared in Las Vegas, Nevada, before the Nevada State Board of Medical Examiners (Board) at its regularly scheduled meeting on March 4, 2022, requesting removal of all conditions and restrictions on his medical license.

After considering the request, the Board enters the following order:

IT IS HEREBY ORDERED that all conditions and restrictions be removed from Dr. Burgos's license to practice medicine in the State of Nevada, and, thereby, Dr. Burgos has an unrestricted license.

DATED this 14th day of March, 2022.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: V M Muro MD

VICTOR M. MURO, M.D.
President of the Board

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against JORGE YSACC BURGOS, M.D., Respondent.	**Case No. 17-26547-1**

FILED
DEC - 4 2017
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through its General Counsel, Robert Kilroy, Esq., and Jorge Ysacc Burgos, M.D. (Respondent), a licensed physician in Nevada, represented by Crane Pomerantz, Esq., of the law firm of Sklar Williams PLLC, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. Background

1. Respondent is a physician licensed by the Board, pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act), to practice medicine in Nevada since August 27, 2003 (License No. 10622).

2. On August 11, 2017, in Case No. 17-26547-1, the IC filed a First Amended Complaint (Complaint) charging Respondent with Medical Practice Act violations. Specifically, this Complaint alleges: one (1) count of violating of NRS 630.301(9) (engaging in conduct that brings the medical

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

profession into disrepute); one (1) count of violating of NRS 630.301(11)(d) (conviction of a sexually related crime); and one (1) count of violating of NRS 630.301(11)(g) (conviction of an offense involving moral turpitude). By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

3. Respondent was properly served with a copy of this Complaint, has reviewed and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

4. Respondent is hereby advised of his rights regarding this administrative matter and his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel at his own expense in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's Order, if the decision is adverse to him.

5. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

6. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the

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Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

B. Terms & Conditions

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent understands that he may retain and consult counsel prior to entering into this Agreement at his own expense. Respondent acknowledges he is represented by counsel licensed in the State of Nevada and wishes to resolve the matters addressed herein with such counsel. Respondent agrees that if representation in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel licensed in the State of Nevada.

3. **Waiver of Rights**. In connection with this Agreement and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

//

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1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

4. **Acknowledgement of Reasonable Basis to Proceed**. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The Board acknowledges Respondent is admitting that the Board's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve this Complaint pending against Respondent without incurring any further costs or the expense associated with a hearing, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

A. Respondent admits to the following:

(1) One (1) count of violating NRS 630.301(9) (engaging in conduct that brings the medical profession into disrepute);

(2) One (1) count of violating NRS 630.301(11)(d) (conviction of a sexually related crime); and

(3) One (1) count of violating NRS 630.301(11)(g) (conviction of an offense involving moral turpitude).

B. Respondent agrees to allow his license to practice medicine in the State of Nevada to be suspended (Suspension) for FOUR (4) MONTHS (December 2017, January thru March 2018) following the date of this Agreement's acceptance, adoption and approval by the Board, and Respondent will have his suspended license status lifted on Monday, April 2, 2018, which is approximately four months following his Suspension date.

//

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C. Respondent's license shall be subject to a term of probation (Probationary Period) for an indeterminate period of time and he may petition the Board to lift the probationary condition placed upon his license after forty-eight (48) months from the date of the Board's acceptance, adoption and approval of this Agreement. The following terms and conditions shall apply during Respondent's Probationary Period, if and when Respondent intends to practice medicine in Nevada during this Probationary Period:

(1) Respondent must be supervised at all times during any and all interactions with all female patients, with a formal monitoring agreement with approved and identified monitors, throughout the entire Probationary Period or until further order of the Board.

(2) Respondent shall successfully complete all requirements as established by the Eighth Judicial District Court and the Nevada Division of Parole and Probation.

(3) Respondent agrees to abstain from the personal use or possession of controlled substances and prescription drugs, unless such controlled substance or prescription drug is lawfully prescribed to Respondent for a current bona fide illness or condition by a licensed Practitioner. Respondent shall abstain from the use of any and all other mood-altering substances for any other purpose than the purpose for which the substance is intended. Respondent will no longer be allowed to prescribe medications to himself.

(4) Respondent shall complete all terms and conditions of any criminal sanctions incurred before or during the period of this Agreement, including probation or parole, and if, or when, the Nevada Division of Parole and Probation terminates its probationary period of Respondent, then Respondent can petition the Board for a termination of the Board's Probationary Period.

D. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within one hundred twenty (120) days of the Board's acceptance, adoption and approval of this Agreement, the current amount

being **[$1500.00]**, not including any costs that may be necessary to finalize this Agreement.

E. Respondent shall take six (6) hours of continuing medical education (CME) related to family practice, boundary issues, and professionalism within the work place within twelve (12) months from the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada and shall be approved by the Board prior to their completion.

F. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

G. Respondent shall be issued a Public Letter of Reprimand.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in a Nevada state district court, the parties consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, County of Washoe, State of Nevada.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

13. **Failure to Comply with Terms.** Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

Dated this 22 day of NOV, 2017.

By: _____
Robert Kilroy, Esq.
Attorney for the Investigative Committee

Dated this 21 day of November, 2017.

By: _____
Crane Pomerantz, Esq.
Attorney for the Respondent

UNDERSTOOD AND AGREED:

_____
Jorge Ysaco Burgos, M.D., Respondent

Dated this 21 day of November, 2017.

IT IS HEREBY ORDERED that the foregoing Settlement Agreement is approved and accepted by the Nevada State Board of Medical Examiners on the 1st day of December 2017, with the final total amount of costs due of $1,500.00.

D Prabhu Rachakonda, MD

Rachakonda D. Prabhu, M.D., President
NEVADA STATE BOARD OF MEDICAL EXAMINERS

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

SKLAR WILLIAMS
PLLC
LAW OFFICES
Tivoli Village – Rotunda Building
410 South Rampart Boulevard, Suite 350
Las Vegas, Nevada 89145
(702) 360-6000 • Fax: (702) 360-0000
E-Mail: cpomerantz@sklar-law.com

April 22, 2019

Via Electronic Mail to pedwards@pharmacy.nv.gov

S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy
1050 E. Flamingo Road
Suite E217
Las Vegas, NV 89119

Re: *Dr. Jorge Burgos - Withdrawal Of Application For Controlled Substance License*

Dear Mr. Edwards:

I am writing pursuant to our telephone calls on April 8, 2019 and our brief discussion at the Board of Pharmacy's (the "Board") public meeting on April 11, 2019. As I explained, on or about January 14, 2019, my client, Jorge Burgos, submitted his Controlled Substance Application (the "Application") with the Board. When he submitted the Application, Dr. Burgos was operating under the misapprehension that he required a controlled substance license from the Board to prescribe dangerous drugs. He does not currently have a DEA license to prescribe controlled substances and does not prescribe them as part of his practice. You explained to me that, because of his active medical license, he does not need a separate controlled substance license from the Board to prescribe dangerous drugs.

As a result, Dr. Burgos respectfully seeks to withdraw his Application. He may resubmit an Application once he reapplies for his DEA license and such license is reinstated. Please let me know if this letter suffices to withdraw Dr. Burgos' application or some further action is necessary.

I am very appreciative of your continued courtesy in this matter. Please contact me with any questions or requests for any further information the Board requires.

Very truly yours,

Crane M. Pomerantz

CMP

Enclosure

Cc: Jorge Burgos, MD

Nevada State Board of Pharmacy

985 DAMONTE RANCH PARKWAY • SUITE 206 • RENO, NEVADA 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

March 12, 2019

Jorge Burgos, MD
[redacted] E Lake Mead Blvd #[redacted]
North Las Vegas, NV 89030

Dear Dr. Burgos:

We are in receipt of your application for a controlled substance license.

After review of the application and documentation, it has been determined you will be required to personally appear before the board at a regularly scheduled board meeting for their consideration to approve or deny your controlled substance registration.

Your required appearance has been scheduled for:

Thursday, April 11, 2019
9:00 am or soon thereafter
Hilton Garden Inn
7830 S Las Vegas Blvd
Las Vegas, Nevada

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

You are required to appear at the meeting. If you do not show up to the meeting and have not contacted the board prior to the appearance, the board may take action on the application in your absence.

If you have any questions, please feel free to contact us.

Sincerely,

Candy M Nally

Candy M. Nally
Licensing Specialist

9171 9690 0935 0157 5494 11

18B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE TO PRESCRIBE

Rev (05/19/2021)

What types of drug(s) will you be prescribing?

☐ Dangerous Drugs ONLY (Non-Refundable $80 Fee)

☒ Dangerous Drugs AND Controlled Substances (CS) II, III, IV and/or IV (Non-Refundable $200 Fee). When the Nevada State Board of Pharmacy receives your completed application, you will receive an email with DEA and PMP registration instructions, and a PENDING CS registration number so that you may apply for your DEA registration. DO NOT apply for a DEA registration before receiving your PENDING CS registration number.

Section 1: Personal Information (NAC 639.850)

First: Carrie Middle: Lou Last: Chaney

Date of Birth: [redacted] SSN or ITIN [redacted] Sex: ☐ M ☒ F ☐ X

Home Address: [redacted] Eaglewood Dr. (four)

City: Reno State: NV Zip Code: 89502

Telephone: [redacted] Email: [redacted]@gmail.com

APRN License #: DO 131 NV Specialty: Family Practice

(You must have a current license and active PRESCRIBING status with the Nevada State Board of Nursing to apply for and maintain a prescribe or a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name: Stead Medical Clinic

Practice Address: 5990 Silver Lake Rd. Suite #: 2

City: Reno State: NV Zip: 89502

Telephone: (775) 972-9100 Fax: (775) 972-9101 Email: steadmedical@yahoo.com

Section 3: NRS 632.237 (Complete this section if you are applying to also prescribe SCHEDULED II CS).

An advanced practice registered nurse may apply to prescribe CS listed in schedule II if they meet one of the following qualifications (please mark that apply):

☒ I have at least 2 years or 2,000 hours of clinical experience; OR

☐ The CS will be prescribed pursuant to a protocol approved by a collaborating physician. (If you marked this answer, provide the information as requested below per NAC 639.850.)

Collaborating Physician Name: Wm T. Miyazaki D.O.

Collaborating Physician Practice Address: 5990 Silver Lake Rd. Suite #: 2

City: Reno, State: NV Zip: 89502

Telephone: (775) 972-9100 Fax: (775) 972-9101 Email: (above)

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Carrie Chaney

Applicant Print Name (First, Last)

Carrie J. Chaney APRN — July 11, 2022

Original Signature (electronic, copies or stamps not accepted) — Date

COLLABORATING PHYSICIAN's name and signature per Section 3 of the application (if applicable):

N/A

Collaborating Physician's Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date

Board Use Only: Date Processed: _____ Amount: 200.00 CC

Candy Nally

From: Pharmacy Board
Sent: Thursday, July 14, 2022 5:02 PM
To: Candy Nally
Subject: Fw: my license

Thank you.

Nevada State
Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
Office: 775-850-1440
Fax: 775-850-1444
Web Page: www.bop.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this message or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Carrie Chaney <[redacted]@gmail.com>
Sent: Monday, July 11, 2022 12:12 PM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Re: my license

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

To Whom It May Concern:

I have received a letter sent to a former place of employment, BeXtreme Weight :Loss and Wellness. I've not worked there for several years and am now almost completely retired, practicing only very occasionally. The document requests that I cease and desist prescribing controlled substances, and I have done so. I'm embarrassed to admit this, but I believe what I failed to do is renew my state license to prescribe controlled substances. My only excuse is that my life, along with all my fellow Americans, has been changed with this pandemic and I simply forgot. Please advise me as to how I can get back in your good graces.

Sincerely,

Carrie L.Chaney, APRN

ORIGINAL

BEFORE THE NEVADA STATE BOARD OF NURSING

IN THE MATTER OF CARRIE LOU CHANEY LICENSED PROFESSIONAL NURSE NEVADA LICENSE NO. RN07791 ADVANCED PRACTICE REGISTERED NURSE NEVADA LICENSE NO. APRN00131 RESPONDENT	AGREEMENT FOR REPRIMAND AND CONTINUING EDUCATION CASE NO. 2022070109

This Agreement is hereby entered into between CARRIE LOU CHANEY, (RESPONDENT) and the NEVADA STATE BOARD OF NURSING, (BOARD).

It is hereby stipulated and agreed, by and between the parties to the above-entitled matter, that the following statements are true:

1. Respondent is aware of, understands, and has been advised of the effect of this Agreement, which Respondent herein has carefully read and fully acknowledges. No coercion has been exerted on the Respondent. Respondent acknowledges her right to an attorney at her own expense. The Respondent has had the benefit at all times of obtaining advice from competent counsel of her choice.

2. Respondent understands the nature of the allegations under investigation by the Nevada State Board of Nursing. Respondent freely admits that on November 1, 2020, while working as an APRN in a private medical practice, she continued to prescribe more than 400 controlled substances although her prescriber registration with the Nevada Board of Pharmacy had expired on October 31, 2020. Respondent acknowledges this conduct constitutes a violation of the Nevada Revised Statutes 632.347 (1)(g) unprofessional conduct, and Nevada Administrative Code 632.890 (26) failing to abide by any state or federal statute or regulation

relating to the practice of nursing. Respondent further acknowledges that such acts and admissions subject her to disciplinary action by the Board.

3. Respondent is aware of the Respondent's rights, including the right to a hearing on any charges and allegations, the right to an attorney at her own expense, the right to examine witnesses who would testify against her, the right to present evidence in her favor and call witnesses on her behalf, or to testify herself, the right to contest the charges and allegations, the right to reconsideration, appeal or any other type of formal judicial review of this matter, and any other rights which may be accorded to her pursuant to the Nevada Administrative Procedures Act and the provisions of Chapter 632 of the Nevada Revised Statutes and the Nevada Administrative Code. Respondent agrees to waive the foregoing rights upon acceptance of this Agreement by the Board.

4. Respondent understands that the Board is free to accept or reject this Agreement, and if rejected by the Board, a disciplinary proceeding may be commenced.

5. Should the Agreement be rejected by the Board, it is agreed that presentation to and consideration by the Board of such proposed Agreement, shall not disqualify the Board, or any of its members, from further participation, consideration, adjudication or resolution of these proceedings, and that no Board member shall be disqualified or challenged for bias therefore.

6. This Agreement shall only become effective when both parties have duly executed it and unless so executed, this Agreement will not be construed as an admission.

7. This Agreement shall not be construed as excluding or reducing any criminal or civil penalties or sanction or other remedies that may be applicable under federal, state or local laws.

8. This Agreement shall cover any nursing license and/or certificate issued by the State of Nevada.

9. Based upon the foregoing stipulations and recitals, it is hereby agreed that the Board may issue the following decision and order:

DECISION AND ORDER

Based on the foregoing, and good cause appearing therefore, it is hereby ordered that:

1. Respondent be publicly reprimanded.

2. As a condition of licensure Respondent, within the first thirty (30) days of this Agreement, shall take, and successfully complete the following courses:

a. The Nevada Nurse Practice Act web-based course

The courses must be pre-approved by the Executive Director or the Director of Investigations and Discipline. Documentation of successful course completion must be submitted to the Board within thirty (30) days of the execution of this Agreement or the certificate is automatically suspended without further proceedings until all requirements are completed.

This Agreement will become part of the Respondent's permanent record, will become public information, will be published with the list of disciplinary actions the Board has taken, and may be reported to any national repository which records disciplinary action taken against licensees or holders of certificates; or any agency or another state which regulates the practice of nursing.

///

///

///

The Agreement may be used in any subsequent hearings by the Board. In the event other misconduct is reported to the Board, this Agreement may be used as evidence against the Respondent to establish a pattern of behavior and for the purpose of proving additional acts of misconduct.

Dated this 4 day of Nov, 2022

RESPONDENT
CARRIE LOU CHANEY

Dated this 7th day of November, 2022

LYN BEGGS, ESQ.

Accepted and approved this 17 day of NOV, 2022

NEVADA STATE BOARD OF NURSING

By: _____
Susan VanBeuge, DNP, APRN, FNP-BC, FAANP, FAAN
Board President

Nov 04 2022 02:58PM The Ups Store 1292 7758292457 page 6

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
CHANEY, CARRIE LOU	APRN-CNP	APRN00131	Active - Prescribing - CII - D	10/10/1985	07/25/2023	YES

Primary Source Board of Nursing Discipline/Final Orders
Contact the boards of nursing for any questions

- **Discipline/Final Orders state:** NV
- **Date action was taken:** 11/23/2022

NPDB

Basis for action

- **Violation Code:** A6 - Violation of Federal or State Statutes, Regulation or Rules
- **Violation Code:** D8 - Other Unprofessional Conduct, Specify - **Unprofessional Conduct**

- **Initial Action Code:** 1140 - Reprimand or Censure -

- **Initial action date:** 11/23/2022
- **Effective date(s):** 11/23/2022 - Indefinite/Unspecified
- **Is license automatically reinstated after the effective date(s):** No
- **Official primary source board order(s). Also check with the board of nursing for any subsequent or superseding orders.**
- Agreement for Reprimand and Continuing Education

Advanced Practice license/recognition information

- Population Focus / Specialty:
  - Focus/Specialty: Family Across the Lifespan
  - Has discipline: NO
  - Expiration Date: 07/25/2023
  - Original Issuance Date: 10/10/1985
  - Current Issue Date: 07/22/2021
  - Certification expiration date: 08/31/2023

License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

Nevada State Board of NURSING
Primary Source License Verification

ViewReportHeaderTitle

Primary Source Board of Nursing Report Summary for

CARRIE LOU CHANEY

Thursday, March 16 2023 08:47:08 AM

The legend below provides details related to the statuses for advanced practice registered nurses (APRNs) only

Active– *ascribed to APRNs who meet the requirements for licensure, but do not meet the requirements, or have not applied for, prescribing privileges.*

Active Prescribing– *ascribed to all APRNs who have been granted authority to prescribe all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII *– ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and is not required to protocol with a collaborative physician.*

Active Prescribing-CII-COLL *– ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and have provide his/her current protocol with a collaborative physician.*

Active Prescribing -D– *ascribed to all APRNs who have been granted authority to prescribe and dispense all legend drugs and may include Schedule CIII-*

Active Prescribing – CII – D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and is to obtain a protocol with a collaborative physician.*

Active Prescribing-CII-COLL –D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, an provided a copy of his/her current protocol with a collaborative physician.*

APRNs must also apply with the Nevada State Board of Pharmacy and/or DEA before they can prescribe in Nevada.

If an APRN wishes to remove the protocol requirement they must submit a letter on letterhead from their employer to the Nevada State Board of Nursing ve they have worked a minimum of 2 years or 2,000 hours as an APRN.

Details related to License / Certificate Status can be found at the bottom of this page.

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
CHANEY, CARRIE LOU	RN	RN07791	Active	09/03/1976	07/25/2023	NO

18C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: SELWYN Middle: ANTHONY Last: KIDNEY

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] S. Decatur #[redacted]

City: LV State: NV Zip: 89103

Telephone: [redacted] E: [redacted]

Degree: M.D Practitioner License #: 6085 Specialty: Anaesthesia

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any):

Practice Address: 4001 S. Decatur Suite #: 37

City: LV State: NV Zip: 89103 ~~89103~~

Telephone: 702 871-9080 Fax: Email: selwynkidney@rocketmail.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	X	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SELWYN KIDNEY — Print Name (First, Last)

10/31/2022 — Date

Original Signature (electronic, copies or stamps not accepted)

10/31/2022 — Date

Board Use Only: Date Processed: _____ Amount: 200.00 MO-19-431362552

11-1-22

LAW OFFICE OF
ZACHARY D. WECHSLER, APC

ZACHARY D. WECHSLER
ATTORNEY AT LAW

August 28, 2013

Dr. Selwyn Kidney
3153 E. Warm Springs #300
Las Vegas, NV 89120

Re: Physician's and Surgeon's Certificate No. G 59845

Dear Dr. Kidney,

This letter is one I wish I did not have to write. On December 7, 2012, the Medical Board of California ("MBC") revoked your license to practice in this state. On April 12, 2013, you asked me to help you get that revocation overturned. I regret to report that after considerable effort, I am unable to accomplish that task.

This is all the more unfortunate because the MBC is well-aware the revocation of your license was not the result of any discipline imposed for medically-related reason. Instead, the revocation of your license resulted from application of a series of laws and regulations that generally preserve the rights of licensed physicians within this state. Fortunately, you will be permitted to reapply for licensure in two years. It is my hope this letter will explain the causes of the revocation and explain the steps I took to have your license immediately reinstated. Make no mistake - not even the MBC believes you are guilty of a serious offense. Rather, by waiting until after your license was taken in a default proceeding, the MBC found it lacked the jurisdiction to rectify what even it concedes should have been a minor administrative matter.

Allow me to elaborate. The underlying case upon which the revocation was based concerns your failure to disclose two different privilege suspensions to the Nevada Board of Medical Examiners when you renewed your license to practice medicine in Nevada in 2007 and 2009. The Nevada State Board of Medical Examiners reprimanded you and ordered you to pay a fine of $1,000.00. As far as you were aware, that was the end of the story.

However, that was not the case. Because you maintained an active California license through 2010,[1] California maintained jurisdiction over that license because your ability to practice could be reinstated any time you chose to bring yourself current with the state's requirements. Then, in 2012, California discovered you had been disciplined by the state of Nevada. On or about March 19, 2012, the Board sent you a certified letter offering to settle the

[1] In 2010 you allowed your California license to expire as you were neither living nor practicing in California.

6100 CENTER DRIVE, SUITE 600 • LOS ANGELES, CA 90045
(310) 642-4600 • FAX (310) 642-4646
ZDW@ZDWLAW.COM
WWW.ZDWLAW.COM

matter for a Public Letter of Reprimand. (See enclosed.) Unfortunately, you never received that letter as the original was eventually returned to the Board unopened and unclaimed.[2]

On or about June 20, 2012 the Board served an Accusation by both Certified and First Class Mail to your address of record with the Board, which was P.O. Box 93358, Las Vegas, Nevada. On or about August 17, 2012 the Board also served copies of the Accusation to an address at 2245 N. Green Valley Parkway, Suite 441, Henderson, Nevada, 89074, and to an address at 2300 Prometheus Court., Henderson, Nevada, 89074. You did not receive a copy of that Accusation either.

Although the Board received a signed green certified mail receipt for the Accusation Packet mailed to the Green Valley Parkway address on or about August 22, 2012, the Accusation Packet sent by First Class Mail to that address was returned to the Board by the U.S. Postal Service. The Accusation Packet sent to the Prometheus Court address was returned by the U.S. Postal Service on or about August 27, 2012 with the notation that the addressee had "moved, left no address, return to sender." In any event, the Board knew you never received actual notice of its Accusation.

On or about September 26, 2012, the MBC sent a Courtesy Notice of Default by both First Class and Certified mail apparently advising you that an Accusation had been served, that your failure to respond had resulted in a default and that you had an opportunity to request relief from that default. However, you never received that letter and on or about October 12, 2012, the Notice of Default sent to the Prometheus Court address and the Green Valley Parkway address were returned by the U.S. Postal Service.

On or about November 7, 2012, the Board sent you notice of its decision to revoke your medical license effective December 7, 2012. However, the Notice of Revocation was returned by mail. In fact, you did not learn your license was revoked until mid-March, 2013, when you returned to the U.S. from an extended stay abroad where you had been attending your mother's funeral and wrapping up her affairs.

We sought reconsideration of the Board's action by filing a Motion for Reconsideration *Nunc Pro Tunc*, suggesting that revocation of your license for an administrative oversight was too severe a punishment. We suggested a remedy, that the revocation could be rectified by the Board extending, post hoc, the time it had initially offered you to respond to its offer of a public letter of reprimand. Because the 30-days initially offered by the MBC was not statutorily limited, the Board could best correct the situation by, in effect, turning back the clock, to permit you to accept the plea you would have accepted had you actually been notified of its offer.

[2] Clearly, the Board would not have made the offer in the first place had it believed the underlying discipline was anything other than a de minimis oversight. (See enclosed letter from Medical Board of California.)

6100 CENTER DRIVE, SUITE 600 • LOS ANGELES, CA 90045
(310) 642-4600 • FAX (310) 642-4646
ZDW@ZDWLAW.COM
WWW.ZDWLAW.COM

Unfortunately, the MBC declined to review the Motion, stating simply that it lacked the jurisdiction to reconsider the matter.

We then filed a Petition for Writ of Mandamus with the Superior Court, asking it to direct the MBC to hear your case. That matter was set for a hearing in October 2013. Had your case been heard by a hearing officer, we believed the revocation would not stand. However, in order to speed up the proceedings we started to supplement the Petition with an Ex Parte Application requesting the Court to order the MBC to show cause why it should not stay the revocation of your license until the October 2013 hearing. First, we had hoped to demonstrate to the Court that the MBC's service of the Accusation by Certified Mail did not meet the more stringent requirement that Accusations must be served by "Registered Mail." We argued that your failure to receive any actual notice of the proceedings against you violated your due process because use of Certified Mail, without a Registered Return Receipt did not guarantee that the method of service employed was reasonably certain to reach you. We believed our argument would have required the MBC to retain jurisdiction over your matter. However, subsequent review revealed that accusations served by State Agencies are exempt from the requirement that accusations must be served by Registered Mail.

Next, we argued that there was an excusable reason for your failure to receive actual notice of the actions against you. This argument of "excusable neglect" would have permitted the court to overturn the default within a period of six months. Unfortunately, the excusable neglect argument, although valid in that it is the policy of the law that every case should be heard upon the merits where possible, could not create jurisdiction once it had been lost, even if the jurisdiction in the matter was lost unfairly. And the time for challenging a default in a licensing decision is far shorter that is the time allowed to challenge defaults in other matters.

As a result, we are left to deal with the fallout of an unfair decision. The revocation of your California license resulted from a default, which resulted from your failure to have actual notice that there was a proceeding against you. That proceeding was a derivative matter, arising out of the discipline you received in Nevada. The discipline you received in Nevada was the result of your failure to report two different privilege suspensions, although neither of those privilege suspensions were the result of any medical lapses.

In two years, you will be permitted to reapply for a new California license. I do not anticipate that you will have any difficulty. In the interim, it is important that any agency, board or administrative body reviewing your record fully understand that the only discipline you have ever faced arose out of your failure to report the 2007 and 2009 Nevada privilege suspensions. No other allegations have ever been made or sustained against you.

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The reason your license was revoked in California has nothing to do with your medical skills or ethics. Rather, your license was revoked because the law that permits the state to claim you had constructive notice of the proceeding against you although you had no actual notice of any proceeding.

Sincerely,

LAW OFFICE OF ZACHARY D. WECHSLER, APC

Zachary D. Wechsler

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Addendum

Board Action NV - reprimand 2010
- non reporting - $1000 fine
of 2 wk suspension
at a local hospital

Board Action Ca Aug/2012
- Suspension / Revokation Item
for not reporting above action
in NV to Ca
- See accompanying letter

Thanks
[signature]

Jan 10th 2023'

To Concerned, I am writing this note in response to your request regarding my board of pharmacy (Nevada) registration.

(1) I have included my attorey's letter regarding California license revocation. It clearly outlines the matter

(2) As a result of this revocation, California denied my Ca. Medicaid privileges and this resulted in my loss of privileges in some Nevada Hospitals

Sebuy Kidey

ATTN

Nevada Board of Pharmacy
Registration for Licensed Physician

- bop.nv.gov.
- pharmacy@pharmacy.nv.gov

223690155

LAW OFFICE OF
ZACHARY D. WECHSLER, APC

ZACHARY D. WECHSLER
ATTORNEY AT LAW

August 28, 2013

Dr. Selwyn Kidney
3153 E. Warm Springs #300
Las Vegas, NV 89120

Re: Physician's and Surgeon's Certificate No. G 59845

Dear Dr. Kidney,

This letter is one I wish I did not have to write. On December 7, 2012, the Medical Board of California ("MBC") revoked your license to practice in this state. On April 12, 2013, you asked me to help you get that revocation overturned. I regret to report that after considerable effort, I am unable to accomplish that task.

This is all the more unfortunate because the MBC is well-aware the revocation of your license was not the result of any discipline imposed for medically-related reason. Instead, the revocation of your license resulted from application of a series of laws and regulations that generally preserve the rights of licensed physicians within this state. Fortunately, you will be permitted to reapply for licensure in two years. It is my hope this letter will explain the causes of the revocation and explain the steps I took to have your license immediately reinstated. Make no mistake - not even the MBC believes you are guilty of a serious offense. Rather, by waiting until after your license was taken in a default proceeding, the MBC found it lacked the jurisdiction to rectify what even it concedes should have been a minor administrative matter.

Allow me to elaborate. The underlying case upon which the revocation was based concerns your failure to disclose two different privilege suspensions to the Nevada Board of Medical Examiners when you renewed your license to practice medicine in Nevada in 2007 and 2009. The Nevada State Board of Medical Examiners reprimanded you and ordered you to pay a fine of $1,000.00. As far as you were aware, that was the end of the story.

However, that was not the case. Because you maintained an active California license through 2010,[1] California maintained jurisdiction over that license because your ability to practice could be reinstated any time you chose to bring yourself current with the state's requirements. Then, in 2012, California discovered you had been disciplined by the state of Nevada. On or about March 19, 2012, the Board sent you a certified letter offering to settle the

[1] In 2010 you allowed your California license to expire as you were neither living nor practicing in California.

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matter for a Public Letter of Reprimand. (See enclosed.) Unfortunately, you never received that letter as the original was eventually returned to the Board unopened and unclaimed.[2]

On or about June 20, 2012 the Board served an Accusation by both Certified and First Class Mail to your address of record with the Board, which was P.O. Box 93358, Las Vegas, Nevada. On or about August 17, 2012 the Board also served copies of the Accusation to an address at 2245 N. Green Valley Parkway, Suite 441, Henderson, Nevada, 89074, and to an address at 2300 Prometheus Court., Henderson, Nevada, 89074. You did not receive a copy of that Accusation either.

Although the Board received a signed green certified mail receipt for the Accusation Packet mailed to the Green Valley Parkway address on or about August 22, 2012, the Accusation Packet sent by First Class Mail to that address was returned to the Board by the U.S. Postal Service. The Accusation Packet sent to the Prometheus Court address was returned by the U.S. Postal Service on or about August 27, 2012 with the notation that the addressee had "moved, left no address, return to sender." In any event, the Board knew you never received actual notice of its Accusation.

On or about September 26, 2012, the MBC sent a Courtesy Notice of Default by both First Class and Certified mail apparently advising you that an Accusation had been served, that your failure to respond had resulted in a default and that you had an opportunity to request relief from that default. However, you never received that letter and on or about October 12, 2012, the Notice of Default sent to the Prometheus Court address and the Green Valley Parkway address were returned by the U.S. Postal Service.

On or about November 7, 2012, the Board sent you notice of its decision to revoke your medical license effective December 7, 2012. However, the Notice of Revocation was returned by mail. In fact, you did not learn your license was revoked until mid-March, 2013, when you returned to the U.S. from an extended stay abroad where you had been attending your mother's funeral and wrapping up her affairs.

We sought reconsideration of the Board's action by filing a Motion for Reconsideration *Nunc Pro Tunc*, suggesting that revocation of your license for an administrative oversight was too severe a punishment. We suggested a remedy, that the revocation could be rectified by the Board extending, post hoc, the time it had initially offered you to respond to its offer of a public letter of reprimand. Because the 30-days initially offered by the MBC was not statutorily limited, the Board could best correct the situation by, in effect, turning back the clock, to permit you to accept the plea you would have accepted had you actually been notified of its offer.

[2] Clearly, the Board would not have made the offer in the first place had it believed the underlying discipline was anything other than a de minimis oversight. (See enclosed letter from Medical Board of California.)

Unfortunately, the MBC declined to review the Motion, stating simply that it lacked the jurisdiction to reconsider the matter.

We then filed a Petition for Writ of Mandamus with the Superior Court, asking it to direct the MBC to hear your case. That matter was set for a hearing in October 2013. Had your case been heard by a hearing officer, we believed the revocation would not stand. However, in order to speed up the proceedings we started to supplement the Petition with an Ex Parte Application requesting the Court to order the MBC to show cause why it should not stay the revocation of your license until the October 2013 hearing. First, we had hoped to demonstrate to the Court that the MBC's service of the Accusation by Certified Mail did not meet the more stringent requirement that Accusations must be served by "Registered Mail." We argued that your failure to receive any actual notice of the proceedings against you violated your due process because use of Certified Mail, without a Registered Return Receipt did not guarantee that the method of service employed was reasonably certain to reach you. We believed our argument would have required the MBC to retain jurisdiction over your matter. However, subsequent review revealed that accusations served by State Agencies are exempt from the requirement that accusations must be served by Registered Mail.

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In two years, you will be permitted to reapply for a new California license. I do not anticipate that you will have any difficulty. In the interim, it is important that any agency, board or administrative body reviewing your record fully understand that the only discipline you have ever faced arose out of your failure to report the 2007 and 2009 Nevada privilege suspensions. No other allegations have ever been made or sustained against you.

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Sincerely,

LAW OFFICE OF ZACHARY D. WECHSLER, APC

Zachary D. Wechsler

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MEDICAL BOARD OF CALIFORNIA
Executive Office

March 19, 2012

Selwyn Kidney, M.D.
P.O. Box [redacted]
Las Vegas, NV 89193

RE: Physician's and Surgeon's Certificate No. G 59845
Case Number 16-2011-219814

Dear Dr. Kidney:

Pursuant to California Business and Professions Code (B&P) section 2234, the Medical Board of California (Board) is authorized to investigate and take action against any licensee charged with unprofessional conduct. The Board's investigation revealed that on December 2, 2011, the Nevada Board of Medical Examiners approved a Settlement, Waiver and Consent Agreement. You received a Public Reprimand, and was ordered to pay $1,187.62 for the cost incurred by the Nevada Board to investigate and prosecute this matter, and a fine in the amount of $1,000. The Nevada Board found that you failed to disclose two (2) different privilege suspensions by Sunrise Hospital on successive renewal applications, 2007 and 2009, in Nevada.

These actions are in violation of California B&P Code sections 141(a), 2234 and 2305.

The Board's investigation concludes that cause and evidence exist to file an Accusation against your California license. However, pursuant to the authority granted in B&P Code section 2233, we are offering you the disciplinary alternative of accepting a Public Letter of Reprimand in lieu of formal Accusation and hearing. The Public Letter of Reprimand is considered disciplinary action and is a public document.

You have 30 days from the date of this notification to respond in writing. If you do not respond within 30 days or elect not to accept the Public Letter of Reprimand, the Board will immediately file a formal Accusation to revoke or suspend your license. Please indicate your decision below, sign and return in the self-addressed envelope provided. If you agree to a Public Letter of Reprimand, the Letter will be issued to you upon receipt of the signed copy of this agreement. A draft copy of the Letter is enclosed for your review. If you have any questions concerning this offer, please contact Brenda Allen at (916) 263-2624.

Sincerely,

A. RENEE THREADGILL
Chief of Enforcement

☐ I agree to the Public Letter of Reprimand.

☐ I disagree. By disagreement, I understand formal charges will be filed against me that I may defend at hearing.

x_____ _____
Date Signature

MEDICAL BOARD OF CALIFORNIA
Executive Office

Selwyn Kidney, M.D.
P.O. Box [redacted]
Las Vegas, NV 89193

DRAFT

RE: Physician's and Surgeon's Certificate No. G 59845
Case No. 16-2011-219814

Public Letter of Reprimand

Pursuant to California Business and Professions Code (B&P) section 2234, the Medical Board of California (Board) is authorized to investigate and take action against any licensee charged with unprofessional conduct. The Board's investigation revealed that on December 2, 2011, the Nevada Board of Medical Examiners approved a Settlement, Waiver and Consent Agreement. You received a Public Reprimand, and ordered to pay $1,187.62 for the cost incurred by the Nevada Board to investigate and prosecute this matter, and a fine in the amount of $1,000. The Nevada Board found that you failed to disclose two (2) different privilege suspensions by Sunrise Hospital on successive renewal applications, 2007 and 2009, in Nevada.

These actions constitute a violation of California Business & Professions Code sections 141(a), 2234 and 2305.

Pursuant to the authority of the California Business and Professions Code section 2233, you are hereby issued this Public Letter of Reprimand by the Medical Board of California.

Linda K. Whitney
Executive Director

18D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (01/05/2023)

(This application cannot be used by PA's or APRN's)

Select the Controlled Substance Schedules you are applying to prescribe (optometrists are limited to schedules III, IV, and V.)

☐ Schedule I ☒ Schedule II ☒ Schedule III ☒ Schedule IV ☒ Schedule V

Section 1: Personal Information

First: John Middle: Stephen Last: Tkach

Date of Birth [redacted] SSN or ITIN [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] Rolling Hills Dr

City: Elko State: NV Zip: 89801

Telephone: [redacted] Email [redacted]@frontier.com

Degree: MD Practitioner License #: 14538 Specialty: Internal medicine

(You MUST have a current and active practice license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Guiding Light Hospice/New Horizon Home Health services

Practice Address: 2315 N 5th St Suite #:

City: Elko State: NV Zip: 89801

Telephone: 7757536400 Fax: 775753-3551 Email:

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
4/2012	4/2012	ME	Calais	Washington
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
CR08-256	State of Maine Board of Licensure in Medicine			
Reason/Charge				
Restriction imposed in prescribing controlled medications for chronic, nonmalignant conditions.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below:

I entered into a Consent Agreement with the State of Maine Board of Licensure in 4/2012 which imposed a restriction in the prescribing of controlled substance in the treatment of chronic non-malignant pain conditions. In 4/2015, I appealed the decision and the State Board of Licensure in Maine suspended the restriction.

In 9/2012, I applied for licensure in the State of Nevada, which imposed a restriction for 1 year for the Board of Medicine to review my records of selected patient from my practice at the Elko Medical Clinic in Elko, NV. After completing the review of medical records, the state of Nevada issued a full unrestricted license to continue to practice in NV.

John L Ah

Original Signature (electronic, copies or stamps not accepted)

1/29/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John S. Thach, MD — 1/29/23

Print Name (First, Last) — Date

John S. Thach — 1/29/23

Original Signature (electronic, copies or stamps not accepted) — Date

Board Use Only: Date Processed: _____ Amount: 200.00 CK-2527

2-6-23

John Stephen TKACH

License Number:	14538
License Type:	Medical Doctor
License Status:	Active
Initial License Date:	Sep-07-2012
Expiration Date:	Jun-30-2023
Public Address:	[redacted] N. 5th Street
Public City:	Elko
Public State:	Nevada
Public ZIP Code:	89801
Public Country:	United States
Public Phone Number:	775-753-6400
Credential:	M.D.

Specialties

Specialty
Internal Medicine

Education History

Institution	Degree/Certificate	Date Enrolled	Date To
University of Rome / Rome, Italy	Medical Doctor Degree	Jan-01-1980	Dec-31-1983

Postgraduate Training

Institution	Program Type	Specialty Type	Start Date	End Date
Mountainside Hospital / Montclair, NH	Internship	Internal Medicine	Jul-01-1984	Jun-30-1985
Mountainside Hospital / Montclair, NH	Residency	Internal Medicine	Jul-01-1985	Jun-30-1987

Board Actions

Summary

Attachments

None.

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Summary

Attachments

None.

Malpractice Information

Summary

Attachments

None.

The applicant did not provide this document. This document was obtain by Board Staff from the Maine's Medical Board website.

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

IN RE:	)	
	)	FIRST AMENDMENT TO CONSENT
JOHN S. TKACH, M.D.	)	AGREEMENT DATED APRIL 23, 2012
	)	
Complaint No. CR08-256	)	

This document is the First Amendment to the Consent Agreement entered into between John S. Tkach, M.D. ("Dr. Tkach"), the Board of Licensure in Medicine ("the Board") and the Office of the Attorney General, which Consent Agreement imposed discipline against Dr. Tkach's license to practice as a physician in the State of Maine effective April 23, 2013. A copy of the Consent Agreement is attached hereto as Attachment A. This First Amendment will not become effective unless and until signed by all parties. This First Amendment is entered into pursuant to 10 M.R.S. § 8003(5)(B) and 32 M.R.S. § 3282-A and paragraphs 15(c) and 18 of the Consent Agreement.

FACTS

1. The Board first issued Dr. Tkach a license (MD13903) to practice as a physician in the State of Maine on November 15, 1994. Dr. Tkach specializes in internal medicine.

2. Effective April 23, 2012, Dr. Tkach, the Board, and the Office of the Attorney General entered into the Consent Agreement, which imposed discipline against Dr. Tkach's license to practice as a physician in the State of Maine as a result of Dr. Tkach prescribing controlled medications in an unprofessional manner.

3. Specifically, the Consent Agreement: (1) imposed a reprimand; (2) required Dr. Tkach to reimburse the Board for the cost of its investigation; and (3) imposed restrictions on the manner in which Dr. Tkach could prescribe controlled medications.

4. Paragraph 15(c) of the Consent Agreement reads as follows:

> 15. As discipline for the conduct admitted above, Dr. Tkach agrees to:
>
> . . .
>
> c. Accept the following license restriction, which shall remain in effect unless or until this Consent Agreement is rescinded or amended by all of the parties hereto: Dr. Tkach shall immediately cease prescribing any controlled medications, including all opiates and benzodiazepines, for the treatment of chronic pain except for:
>
> (i) Patients in skilled nursing facilities or long-term care facilities;
>
> (ii) Patients in hospice care; or
>
> (iii) Patients with metastatic cancer.
>
> In complying with this restriction, Dr. Tkach shall ensure that any and all prescriptions that he issues for the three excepted categories of patients identified above are annotated with the words "skilled nursing facility/long-term care" or "hospice care" or "metastatic cancer" as applicable to each patient.

5. Paragraph 16 of the Consent Agreement reads as follows:

> 16. Dr. Tkach may prescribe controlled substances for no more than ten (10) consecutive days to treat acute conditions. In addition, to the extent that Dr. Tkach prescribes any controlled drugs to patients for acute pain, Dr. Tkach agrees that he shall comply with Board Rule, Chapter 21, "Use of Controlled Substances For Treatment of Pain."

6. Following the effective date of the Consent Agreement, Dr. Tkach departed from Maine and relocated to Nevada.

7. On September 7, 2012, the Nevada State Board of Medical Examiners issued Dr. Tkach a license to practice medicine (License No. 14538) which imposed prescribing limitations on that license for a period of one year.

8. On December 9, 2013, Dr. Tkach's Maine license lapsed as a result of his failure to renew the license.

9. Dr. Tkach now holds an unrestricted license to practice medicine in Nevada and practices at Northeastern Nevada Regional Hospital in Elko, Nevada.

10. Pursuant to correspondence dated January 8, 2015, Dr. Tkach requested that the Board modify the Consent Agreement so that it would no longer impose restrictions on his

license.

11. On March 10, 2015, following its review of Dr. Tkach's request to modify the Consent Agreement, the Board instructed its assigned legal counsel to propose to Dr. Tkach this First Amendment to the Consent Agreement.

12. By signing this First Amendment, Dr. Tkach waives any and all objections to, and hereby consents to allow the Board's legal counsel to present this proposed First Amendment to the Board for possible ratification. Dr. Tkach also forever waives any arguments of bias or otherwise against any of the Board members in the event that the Board fails to ratify this proposed First Amendment.

13. Absent Dr. Tkach's acceptance of this First Amendment by signing and dating it before a notary and mailing it to Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before April 17, 2015, the Consent Agreement shall remain in effect in its entirety as effective on April 23, 2012, and without modification.

COVENANTS

Dr. Tkach and the Board agree to the following:

14. Dr. Tkach admits to the facts as stated above.

15. Provided that Dr. Tkach does not apply for licensure or otherwise practice health care in any capacity in the State of Maine, the provisions of paragraphs 15(c) and 16 of the Consent Agreement, which impose restrictions on Dr. Tkach's Maine license, shall be suspended. In the event that Dr. Tkach applies for licensure or otherwise practices health care in any capacity in the State of Maine, which determination shall be at the sole discretion of the Board, the Board shall have the discretion to unilaterally lift the suspension and reactivate these provisions of the Consent Agreement.

16. Violation by Dr. Tkach of any of the terms or conditions of the Consent Agreement as modified by this First Amendment shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of re-licensure.

17. Pursuant to 10 M.R.S. § 8003(5) the Board and Dr. Tkach agree that the Board has the authority to issue an order, following notice and hearing, imposing further discipline, including revocation or suspension of his license, in the event that he fails to comply with any of the terms or conditions of the Consent Agreement as modified by this First Amendment.

18. Dr. Tkach waives his right to a hearing before the Board or any court regarding all findings, terms, and conditions of this First Amendment. This First Amendment is not appealable and is effective until modified or terminated in writing by agreement of all of the parties hereto.

19. The Board and the Office of the Attorney General may communicate and cooperate regarding Dr. Tkach or any other matter relating to this First Amendment or the Consent Agreement.

20. This First Amendment and the Consent Agreement are a public records within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408.

21. Nothing in the Consent Agreement as modified by this First Amendment shall be construed to affect any right or interest of any person not a party hereto.

22. The Board and Dr. Tkach agree that no further agency or legal action will be initiated against him by the Board based upon the facts admitted to or found herein except or unless he fails to comply with the terms and conditions of the Consent Agreement as modified by

this First Amendment. The Board may however consider the conduct described in the Consent Agreement as evidence of a pattern of misconduct in the event that similar allegations are brought against Dr. Tkach in the future. The Board may also consider the fact that discipline was imposed by the Consent Agreement in determining appropriate discipline in any further complaints against Dr. Tkach's Maine physician license.

23. Dr. Tkach acknowledges by his signature hereto that he has read this First Amendment, that he has had an opportunity to consult with an attorney before executing this First Amendment, that he executed this First Amendment of his own free will, and that he agrees to abide by all terms and conditions set forth herein.

24. The effective date of this First Amendment shall be the date on which the final signature is affixed to this First Amendment.

I, JOHN S. TKACH, M.D., HAVE READ AND UNDERSTAND THE FOREGOING FIRST AMENDMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS FIRST AMENDMENT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS FIRST AMENDMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THE CONSENST AGREEMENT AS MODIFIED BY THIS FIRST AMENDMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN, OR OTHERWISE.

DATED: 3/26/15

JOHN S. TKACH, M.D.

TAMARA B. KIEHN
NOTARY PUBLIC • STATE of NEVADA
Elko County • Nevada
CERTIFICATE # 04-89684-6
APPT. EXP. JUN. 21, 2016

STATE OF Nevada
Elko, S.S. (County)

Personally appeared before me the above-named, John S. Tkach, M.D., and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.

DATED: 3/26/15

NOTARY PUBLIC/ATTORNEY
MY COMMISSION ENDS: 6/21/16

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 4/14/15

MAROULLA S. GLEATON, M.D., Chairman

OFFICE OF THE ATTORNEY GENERAL

DATED: 4/14/2015

ANDREW L. BLACK
Assistant Attorney General

Effective Date: 4/14/2015

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

IN RE:	)	CONSENT AGREEMENT
JOHN S. TKACH, M.D.	)	FOR DISCIPLINE AND
Complaint No. CR08-256	)	RESTRICTED/CONDITIONAL
	)	LICENSURE

This document is a Consent Agreement For Discipline and Restricted/Conditional Licensure, effective when signed by all parties, regarding discipline imposed upon and the issuance of an active conditional license to practice medicine in the State of Maine to John S. Tkach, M.D. The parties to this Consent Agreement are: John S. Tkach, M.D. ("Dr. Tkach"), the State of Maine Board of Licensure in Medicine (the "Board") and the Maine Office of the Attorney General.

STATEMENT OF FACTS

1. The Board first issued Dr. Tkach a medical license on November 15, 1994. Dr. Tkach specializes in Internal Medicine.

2. On July 8, 2008, the Board reviewed information received from St. Croix Regional Family Health Center (St. Croix) indicating that it had concerns regarding Dr. Tkach's prescribing of controlled substances. Following its review of this information, the Board voted to initiate a complaint against Dr. Tkach's Maine medical license for alleged unprofessional conduct and incompetence regarding his prescribing of controlled substances. The Board docketed the complaint as CR 08-256, and sent it to Dr. Tkach for a response.

3. On October 8, 2008, the Board received a written response to

complaint CR08-256. In his response, Dr. Tkach stated that he exercised appropriate care when prescribing controlled substances to the patients at St. Croix, including reviewing the prescription monitoring program (PMP), conducting pill counts and ordering urine drug screens. Dr. Tkach then explained the basis for his prescribing of controlled drugs to the patients identified in the complaint information.

4. On December 9, 2008, the Board reviewed complaint CR08-256, and voted to further investigate it by ordering an outside expert review of Dr. Tkach's prescribing of controlled substances to 74 patients identified in the complaint.

5. On November 9, 2009, the Board discussed the outside expert review of Dr. Tkach's prescribing of controlled substances to 74 patients identified in the materials of Complaint No. CR08-256. The opinions of the outside expert included:

a. There was a clear violation of the standard of care in the documentation of the 74 patients due to: "a very substandard evaluation process for the general assessment of a medical patient"(which should include a history, review of systems, review of studies and laboratory findings, physical examinations, assessment of the date, and proposed diagnoses); and "the violation of basic evaluations principles for pain" (which should include a risk of abuse, nature and intensity of the pain, current and past treatment successes/failures, and the effect of pain on current functioning).

b. Dr. Tkach violated the standard of care of prescribing controlled drugs to the patients for the treatment of nonmalignant pain by: failing to document that other treatment modalities/adjuvant therapies had been considered; failing to document the medical explanation for the treatment choices; and failing to document the

progress of medication along the usual continuum prior to prescribing controlled substances. In addition, none of the patient records contained any objectives of the treatment or the patients' responses to any of the medications.

c. Dr. Tkach violated the standard of care for prescribing controlled drugs by not having written pain contracts with the patients.

d. Dr. Tkach violated the standard of care with regard to medical record keeping by: failing to record subjective and objective data to support any of his decision making; and failing to consistently document the discontinuation and/or initiation of medications.

Following its review of the foregoing information, the Board voted to direct that Dr. Tkach undergo a Special Purpose Examination (SPEX), which is designed to evaluate a physician's current general medical knowledge. The minimum passing score for SPEX is 75.

6. On June 8, 2010, the Board reviewed Complaint No. CR08-256, including the test results of Dr. Tkach's SPEX. The minimum passing score for SPEX is 75. Dr. Tkach received a SPEX score of 76. Following its review of this information, the Board voted to invite Dr. Tkach to attend an informal conference to discuss Complaint No. CR08-256, including the following specific issues in addition to the SPEX score:

a. Medical Record Documentation, including but not limited to:
   - lack of subjective or objective data to support decision making
   - lack of consistent documentation about starting/stopping medications
   - lack of review of studies, laboratory findings, physical examination, assessment of all medical problems

b. Prescribing Practices, including but not limited to:
   - rationale for prescribing

- lack of written pain contracts
- lack of monitoring

c. Clinical Competency, including but not limited to:
- diagnosis
- treatment planning/modalities

7. On September 14, 2010, the Board held an informal conference with Dr. Tkach regarding Complaint No. CR08-256. Following the informal conference, the Board requested that Dr. Tkach provide it with an educational plan for the improvement of his medical practice, and subpoenaed an additional ten (10) patients records to review Dr. Tkach's prescribing practices and medical record keeping.

8. On November 23, 2010, the Board received Dr. Tkach's educational plan, which included continuing medical education for primary care physicians and taking the Internal Medicine Board certification examination in August 2011.[1]

9. On December 14, 2010, the Board reviewed Dr. Tkach's educational plan and the additional ten (10) patient records involving Dr. Tkach's prescribing of controlled substances. Following its review of this information, the Board voted to send Dr. Tkach a letter requesting that he voluntarily cease prescribing controlled substances, and that he voluntarily take a course on narcotic prescribing by July 1, 2011. In addition, the Board voted to revisit Complaint No. CR08-256 in six (6) months. Dr. Tkach

[1] As of March 23, 2012, Dr. Tkach has not been certified by the American Board of Internal Medicine.

subsequently voluntarily ceased prescribing controlled drugs and agreed to take a course regarding the prescribing of controlled medications.

10. On July 12, 2011, the Board met with Dr. Tkach in an informal conference to discuss Complaint No. CR08-256, the course he took regarding prescribing controlled medications, and the additional (10) patient records. Following that informal conference, the Board noted that there had been improvement in Dr. Tkach's medical record keeping. However, the Board was still concerned about Dr. Tkach's prescribing of controlled medications. The Board advised Dr. Tkach about its concerns, agreed that he could resume prescribing controlled substances, and that it would review an additional ten (10) medical records in six (6) months time.

11. On January 10, 2012, the Board met with Dr. Tkach in an informal conference to discuss Complaint No. CR08-256, and the additional (10) patient records involving Dr. Tkach's prescribing of controlled medications. During the informal conference, the Board reviewed deficiencies with the ten patient records, including: lack of random urine screens, lack of pill counts, early refills for medications, failure to document violations of pain contracts and the rationale for resuming or continuing to prescribe controlled medications, treating fibromyalgia with escalating dosages of narcotics, and failure to consider alternative treatment modalities. The Board noted that Dr. Tkach's medical records were more complete, that he had tried to work with the Board, but that issues still remained regarding his prescribing of controlled

substances for chronic pain. The Board noted that of the 10 charts reviewed, 60% showed pain contract violations. Therefore, following his informal conference, the Board voted to offer Dr. Tkach this Consent Agreement to resolve Complaint No. CR08-256 without further proceedings.

12. This Consent Agreement has been negotiated by and between legal counsel for Dr. Tkach and the Maine Office of the Attorney General in order to resolve complaint CR08-256 without an adjudicatory hearing. Absent Dr. Tkach's acceptance of this Consent Agreement by signing it, dating it, having it notarized, and returning it to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before April 26, 2012, the Board will resolve this matter by holding a consolidated adjudicatory hearing at a later date.

13. By signing this Consent Agreement, Dr. Tkach waives any and all objections to, and hereby consents to allow the Board's legal counsel to present this proposed Consent Agreement to the Board for possible ratification. Dr. Tkach also forever waives any arguments of bias or otherwise against any of the Board members in the event that the Board fails to ratify this proposed Consent Agreement.

COVENANTS

In lieu of proceeding to an adjudicatory hearing the Board and Dr. Tkach agree to the following disposition.

14. Dr. Tkach concedes that based upon the facts described in

paragraphs 1 to 14 above that the Board has sufficient evidence from which it could conclude that he violated the standard of care of prescribing controlled drugs to the patients for the treatment of nonmalignant chronic pain. Dr. Tkach concedes that such conduct, if proven, could constitute grounds for discipline of and the denial of his application to renew his Maine medical license pursuant to 32 M.R.S.A. § 3282-A(2)(F).

15. As discipline for the conduct admitted above, Dr. Tkach agrees to:

a. Accept a REPRIMAND. As a medical professional, Dr. Tkach was responsible for being aware of and complying with accepted standards of care for the diagnosis and treatment of chronic pain with narcotics and benzodiazepines.

b. Reimburse the Board Two Thousand Seven Hundred Five Dollars and Zero Cents ($2,705.00) as the actual costs of the investigation of this matter. Dr. Tkach shall ensure that he makes full payment of reimbursement to the Board within twenty-four (24) months following the execution of this Consent Agreement. Payment shall be made by certified check or money order made payable to "Maine Board of Licensure in Medicine," and be remitted to Maria MacDonald, Investigator, Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137.

c. Accept the following license restriction, which shall remain in effect unless or until this Consent Agreement is rescinded or amended by all of the parties hereto: Dr. Tkach shall immediately cease prescribing any

controlled medications, including all opiates and benzodiazepines, for the treatment of chronic pain except for:

(i) Patients in skilled nursing facilities or long-term care facilities;

(ii) Patients in hospice care; or

(iii) Patients with metastatic cancer.

In complying with this restriction, Dr. Tkach shall ensure that any and all prescriptions that he issues for the three excepted categories of patients identified above are annotated with the words "skilled nursing facility/long-term care" or "hospice care" or "metastatic cancer" as applicable to each patient.

16. Dr. Tkach may prescribe controlled substances for no more than ten (10) consecutive days to treat acute conditions. In addition, to the extent that Dr. Tkach prescribes any controlled drugs to patients for acute pain, Dr. Tkach agrees that he shall comply with Board Rule, Chapter 21, "Use of Controlled Substances For Treatment of Pain."

17. In order to ensure his compliance with the restriction on his ability to prescribe controlled drugs for the treatment of chronic pain, Dr. Tkach agrees to fully cooperate with the Board and to permit the Board or its agent(s) to inspect his medical practice, including allowing the Board or its agents full access to and copying of the patient medical records of his medical practice without subpoena.

18. Dr. Tkach waives his right to a hearing before the Board or any court regarding all findings, terms, restrictions and conditions of this Consent Agreement. Dr. Tkach agrees that this Consent Agreement is a final order resolving complaints CR08-256. This Consent Agreement is not appealable and is effective until or unless modified or rescinded in writing by the parties hereto. This Consent Agreement cannot be amended orally. It can only be amended by a writing signed by the parties hereto and approved by the Office of Attorney General.

19. The Board and the Maine Office of the Attorney General may communicate and cooperate regarding Dr. Tkach or any other matter relating to this Consent Agreement.

20. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408. This Consent Agreement constitutes disciplinary and adverse licensing action that is reportable to the Federation of State Medical Boards (FSMB), the National Practitioner Date Bank (NPDB), and the Healthcare Integrity and Protection Data Bank (HIPDB).

21. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

22. The Board and Dr. Tkach agree that no further agency or legal action will be initiated against him by the Board based upon complaint CR08-256, except or unless he fails to comply with the terms and conditions of this

Consent Agreement.

23. Dr. Tkach acknowledges that, pursuant to Title 10 M.R.S. § 8003(5)(B), his failure to comply with any of the terms or conditions of this Consent Agreement shall constitute grounds for additional disciplinary action against his Maine medical license, including but not limited to an order, after hearing, imposing additional fines and costs.

24. Dr. Tkach acknowledges and agrees that, pursuant to Title 10 M.R.S. § 8003(5), the Board has the authority to suspend or revoke his medical license in the event that he fails to comply with any terms or conditions of this Consent Agreement.

25. Dr. Tkach has been represented by David C. King, Esq., who has participated in the negotiation of this Consent Agreement.

26. Dr. Tkach acknowledges by his signature hereto that he has read this Consent Agreement, that he has had an opportunity to consult with an attorney before executing this Consent Agreement, that he executed this Consent Agreement of his own free will and that he agrees to abide by all terms and conditions set forth herein.

I, JOHN S. TKACH, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

Dated: April 6, 2012

JOHN S. TKACH, M.D.

STATE OF Maine
_____, S.S.

Personally appeared before me the above-named, John S. Tkach, M.D., and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.

Dated: 4/6/12

NOTARY PUBLIC/ATTORNEY

MY COMMISSION ENDS: 3/19/17

Dated: 4-10-12

DAVID C. KING, ESQ.
Attorney for John S. Tkach, M.D.

STATE OF MAINE BOARD OF LICENSURE IN MEDICINE

Dated: _____

GARY R. HATFIELD, M.D., Chairman

STATE OF MAINE DEPARTMENT
OF ATTORNEY GENERAL

Dated: 4/23/12

DENNIS E. SMITH
Assistant Attorney General

Effective Date: 4/23/12

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

APPLICATION FOR VETERINARIAN AUTHORITY TO DISPENSE DRUGS

Non-Refundable $150 fee

Rev (06/09/2021)

What types of drug(s) will you be dispensing?

☒ Dangerous Drugs AND Controlled Substances

☐ Dangerous Drugs ONLY

Section 1: Personal Information

First: Vincent Middle: P. Last: Alexis

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] Watercreek Dr.

City: N. Las Vegas State: NV Zip: 89032

Telephone: [redacted] Email: [redacted]

Degree: DVM Practitioner License #: NV 1109

(You MUST have a current and active license with your respective BOARD to apply for and maintain a dispensing registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Relief Veterinary Services

Practice Address: 1401 Watercreek Dr Suite #:

City: N. LV State: NV Zip: 89032

Telephone: 725 251-8369 Fax: — Email: Winstrol.41a Yahoo.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 4: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	X	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	X	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
	TX	2013	Unknown

Criminal Action:	State:	Date:	Case #:	County:	Court:
	NY	12-4-13	13CR-00155-FJS	Unknown	USDC N. NY

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Vincent Alexis DVM

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-4-2023

Date

Board Use Only Received: 1-9-23 Amount: 150.00 CK - 142

STATE OF NEVADA
NEVADA BOARD OF PHARMACY
RENO, NEVADA

Vincent P. Alexis, DVM Applicant, v. Nevada Board of Pharmacy Respondent.	Date: January 4, 2023 Nevada Veterinary Lic. No. 1109 Nevada Controlled Substance No. CS32984 DEA No. FA1174856

VINCENT P. ALEXIS, DVM
HEREBY PROVIDES ANSWERS TO APPLICATION
QUESTION #2, IN REGARD TO HIS
DECEMBER 2013 FELONY CONVICTION
DOCKET #13-CR-00155-GTS, N.D. NEW YORK

Affidavit of Applicant: Vincent P. Alexis
Via 28 U.S.C. Section 1746, States as Follows:

[1] On December 4, 2013, Dr. Alexis was convicted of one count of Attempted Travel in Interstate & Foreign Commerce to Engage in Illicit Sexual Conduct, a Class B Felony.

[2] On July 23rd & 24th of 2011, Dr. Alexis was forced to sign a confession under duress by former Syracuse special agent Sean Boutot.

[3] This confession was then immediately used against Dr. Alexis, and quickly events unfolded which made it impossible for him to mount a proper defense.

[4] Dr. Alexis is factually, actually, & legally innocent. Unfortunately, he was unable to appeal his conviction due to Ineffective Assistance of Counsel, multiple Constitutional Rights violations, and due to a prolonged, life-threatening, illness (sepsis & bilateral, multifocal, lung abscesses) which struck shortly after his sentencing.

[5] For more thorough details, please see:

I. USA v. Alexis, #13-CR-00155-GTS (N.D. New York);

II. USA v. Alexis, #18-1622 (Dr. Alexis's attempt to obtain a copy of the Grand Jury Minutes) USCA (2nd Circuit);

III. Dr. Alexis's Petition for Commutation/Pardon/Clemency/Reduction of Prison Sentence, Office of the Pardon Attorney/President Donald Trump, February 9. 2019. Case File # C285151;

IV. Nevada State Board of Veterinary Medical Examiners Board Meeting Minutes, April 22, 2021;

V. Dr. Alexis's Petition for License Reinstatement to the Nevada State Board of Veterinary Medical Examiners, April 18, 2019. Please note that the State Board reinstated Dr. Alexis's license to practice veterinary medicine in the State of Nevada on August 19, 2021.

Signed under 28 U.S.C. §1746,
Under penalties of perjury the above
& the following to be true, correct,
& complete. Pro-se.

Respectfully Submitted by:

Vincent P. Alexis, DVM
1401 Watercreek Dr.
N. Las Vegas, NV 89032

STATE OF NEVADA
NEVADA BOARD OF PHARMACY
RENO, NEVADA

Vincent P. Alexis, DVM Applicant, v. Nevada Board of Pharmacy Respondent.	Date: January 4, 2023 Nevada Veterinary Lic. No. 1109 Nevada Controlled Substance No. CS32984 DEA No. FA1174856

VINCENT P. ALEXIS, DVM HEREBY PROVIDES ANSWERS TO APPLICATION QUESTION #3, IN REGARD TO HIS JANUARY 2013 TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS ACTION AGAINST HIS LICENSE TO PRACTICE VETERINARY MEDICINE IN THE STATE OF TEXAS

Affidavit of Applicant: Vincent P. Alexis, DVM
Via 28 U.S.C. Section 1746,
States as Follows:

[1] In January of 2013, the Texas Board of Veterinary Medical Examiners found Vincent P. Alexis, DVM (hereinafter referred to as Dr. Alexis) guilty of working for a non-DVM owned hospital in the State of Texas.

[2] In a separate action, "Texas Attorney General Opinion #GA-0064 states that under Section 53.021 of the Occupational Code, a license holder's license is revoked by operation of law upon the license holder's imprisonment following a felony conviction..." (Exhibit: 2). Dr. Alexis's Texas license was "Automatically revoked by operation of law on December 4, 2013."

[3] The attached Exhibits (Exhibits: 1-8), and Affidavits, will explain the above circumstances (many of which were unfair and poorly handled by the Texas Board of Veterinary Medical Examiners) more clearly.

Signed under 28 U.S.C. §1746,
Under penalties of perjury the above
& the following to be true, correct,
& complete. Pro-se.

Respectfully Submitted by:

Vincent P. Alexis, DVM
1401 Watercreek Dr.
N. Las Vegas, NV 89032

Exhibits

1) Vincent P. Alexis, DVM v. State of Texas Secretary of State & Texas Board of Veterinary Medical Examiners, Petition, 7 pages, November 1, 2018.
2) Texas Board of Veterinary Medical Examiners, Order, 1 page, February 18, 2014.
3) Vincent P. Alexis, DVM Petition for License Reinstatement to the Nevada State Board of Veterinary Medical Examiners, 12 pages, April 18, 2019.
4) Vincent P. Alexis, DVM Addendum to Petition for License Reinstatement to the Nevada State Board of Veterinary Medical Examiners, 4 pages, September 14, 2020.
5) Vincent P. Alexis License Reinstatement Verification, 1 page, August 19, 2021.
6) Vincent P. Alexis, DVM Proof of active licensure, 1 page, January 4, 2023.
7) Vincent P. Alexis, DVM NV Controlled Substance Registration, 1 page.
8) Vincent P. Alexis, DVM DEA License, 1 page.

State of Texas
Secretary of State
Travis County
Austin, Texas

Exhibit: 1

Vincent P. Alexis, DVM Petitioner, v. State of Texas Secretary of State, Texas Board of Veterinary Medical Examiners Respondants.	Texas DVM Lic. # 11628 November 1, 2018

Affidavit of Petitioner: Alexis, in support of complaint against the Texas Board of Veterinary Medical Examiners, signed under 28 U.S.C. §1746 under penalties of perjury the above & the following to be true, correct, & complete. Pro-se.

PETITIONER: ALEXIS RESPECTFULLY REQUESTS THAT THE TEXAS SECRETARY OF STATE VACATE THE JANUARY 2013 GUILTY VERDICT HANDED DOWN BY THE TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS AGAINST ALEXIS FOR A PRACTICE ACT VIOLATION, BECAUSE OF HIS WORKING FOR A NON-DVM OWNED ANIMAL HOSPITAL.

Background

[1] In January of 2011, Dr. Alexis signed on as a relief veterinarian with Relief Services for the Veterinary Practitioner (RSVP), operating out of Denton, Texas.

[2] Dr. Alexis was routinely called upon by RSVP to work fill-in (relief) shifts at various Texas animal hospitals. His work with/for RSVP lasted through April of 2013.

[3] Dr. Alexis was called upon to work throughout Texas, while residing fifteen minutes East of Austin. His work called upon him to commute as far North as Dallas/Ft. Worth, & as far South as Harlingen.

Exhibit: 1

[4] It was common for Dr. Alexis to receive a work assignment just days before the shift (that's the nature of relief work, as you cannot easily predict when a hospital's staff veterinarian becomes ill, or cannot work their shift).

[5] When RSVP asked Dr. Alexis to cover a shift, he always agreed to do so. He quickly became one of RSVP's "go to" veterinarians, & took pride in his work ethic and availability.

[6] In 2011, RSVP placed Dr. Alexis at two different non-DVM owned animal hospitals - one in Houston, & one in LaMarque. No incidents or concerns arose from his relief work at these hospitals.

[7] Approximately three days after Christmas 2011, Dr. Alexis was asked to work at Furry Friends Animal Hospital (FFAH), located in Harlingen, Texas. This relief work was to last approximately one month, & was scheduled to begin on the first work-day of 2012.

[8] A few days into the first week of work at FFAH, the receptionist (Alina Scovell) mentioned to Dr. Alexis that the Texas State Board of Veterinary Medical Examiners (TXBVME) had visited the hospital, un-announced, in mid-November, 2011. They met with Christine (Chris) Morris, the owner, & with Dr. Hayes, another RSVP veterinarian who was providing coverage.

[9] Ms. Scovell elaborated that at that meeting, the TXBVME informed Ms. Morris & Dr. Hayes that the Board believed that the operation of FFAH was illegal/in violation of TXBVME practice laws, since the hospital was not "owned by a veterinarian." The TXBVME stated that they would issue a decision, within 10 days, by certified mail.

Exhibit: 1

[10] Obviously, Dr. Alexis was concerned to hear about the State Board's visit, & their concerns about the legality of Ms. Morris's venture. He spoke about this with Ms. Morris & she assured Dr. Alexis that her attorney had contacted the TXBVME, & that "Everything was in order." Furthermore, Ms. Morris was quick to point out that the TXBVME never did send the certified mailing instructing her to cease & desist operation of FFAH.

[11] Later that same day, Ms. Morris called her attorney. She wanted to assure Dr. Alexis that he would be able to practice at her hospital without concerns, so she asked him to speak with her attorney. Dr. Alexis did speak to Ms. Morris's attorney at that time. He informed Dr. Alexis that Ms. Morris & FFAH were in full compliance with all TXBVME rules & regulations, & that the TXBVME never did send a certified mailing or issue a cease & desist order.

[12] Ms. Scovell, who as the only receptionist received all the mail, also verified to Dr. Alexis that there was no certified mailing sent to FFAH from the TXBVME, after that mid-November 2011 visit/meeting.

[13] After speaking with Ms. Scovell, Ms. Morris, & her attorney, Dr. Alexis obtained Dr. Hayes' phone number & called him. Dr. Hayes verified that the TXBVME had visited the hospital, unannounced, in mid-November 2011. He also verified to Dr. Alexis that there was no certified mailing sent to FFAH from the TXBVME, after that visit. Dr. Hayes further commented that he hadn't heard from the TXBVME at all since mid-November.

Exhibit: 1

[14] Dr. Alexis also discussed this concern with Monica Hughes at RSVP. She informed Dr. Alexis that they had no knowledge of any TXBVME action or concerns regarding FFAH.

[15] Since RSVP had provided services to FFAH, without concerns, prior to his coverage, & since Ms. Morris, her attorney, Ms. Scovell, & Dr. Hayes all verified that the TXBVME never did issue a cease & desist order, Dr. Alexis continued to provide relief services to FFAH. He had made a commitment to RSVP and to FFAH (a one doctor practice) & its clients, and had no reason to abruptly cancel his coverage.

[16] Ms. Morris had been looking for a full-time staff veterinarian, without success. For this reason, she turned to RSVP for coverage, & in early February 2012 she asked Dr. Alexis to extend his stay. Dr. Alexis agreed to stay for up to one year, so that Ms. Morris would have more time to hire a staff veterinarian.

[17] Approximately eight weeks later, while working at FFAH, Dr. Alexis received a phone call from his brother (& attorney) Drew L. Alexis. Drew informed Dr. Alexis that he had just received a phone call from the TXBVME's attorney. That attorney informed Drew that FFAH was operating illegally, & that Dr. Alexis needed to immediately stop working there. Drew was told by the TXBVME that they wanted to stop Ms. Morris, & that they "Had no interest in pursuing charges against Dr. Alexis, as long as he cooperated & left the practice right away." The TXBVME did not contact Dr. Alexis directly (either by U.S. mail or by phone).

Exhibit: 1

[18] Dr. Alexis agreed to leave the practice. He immediately informed Drew Alexis, RSVP, & Ms. Morris of his intention to comply with the TXBVME order.

[19] Dr. Alexis was now faced with a few acute problems:

[A] Dr. Alexis had just finished up with an OHE (spay) surgery on a dog who was in dystocia & unable to give birth. The queen & her pups needed his care. Dr. Alexis was not willing to depart from Harlingen until these patients were doing well.

[B] Dr. Alexis was not willing to leave behind the controlled drugs which he had ordered under his DEA license (there were no controlled drugs in the hospital upon Dr. Alexis's arrival).

[20] Within 48 hours, Dr. Alexis departed Harlingen & headed North for his home. He took all of the controlled drugs which he had ordered/purchased with him. He did not take any other biologicals or pharmaceuticals which were stocked at FFAH - Dr. Alexis did not purchase/own these items, & therefore had no legal right to remove the items from the premesis (to do so would have been grand theft).

[21] Dr. Alexis is unsure if a cease & desist order was issued to Ms. Morris & FFAH. It does appear, however, that FFAH did not close when the TXBVME ordered Dr. Alexis to leave on/about mid/late April 2012.

Exhibit: 1

[22] Many months later, Dr. Alexis received notice (by U.S. mail) that the TXBVME was pursuing charges against him. The charges included:

[A] Violations of a Practice Act by working for a non-DVM owned hospital.

[B] Violations resulting from Dr. Alexis's decision to leave behind the biologicals/pharmaceuticals which were stocked at FFAH when he departed (see points 19 & 20 above).

[23] On/about January 2013 Dr. Alexis & his San Antonio attorney Keith O'Connell met with the TXBVME in Austin. At that hearing, Dr. Alexis was found **Guilty** of a Practice Act Violation, stemming from his relief work at Furry Friends Animal Hospital from January 3, 2012 through mid/late April 2012.

Conclusion

[24] The TXBVME did not perform their duty in a timely & appropriate manner. The TXBVME was clearly aware of Ms. Morris & her venture, Furry Friends Animal Hospital, in **mid-November 2011.** Nevertheless, the TXBVME failed to act in 2011. The Board waited five full months before taking appropriate action, in **mid/late April 2012.**

Exhibit: 1

[25] Had the TXBVME performed their duty in a timely manner, RSVP would have been aware of their concerns. In turn, Dr. Alexis would also have been aware of the TXBVME's concerns, & never would have agreed to provide relief services at Furry Friends Animal Hospital.

Relief Requested

[26] Dr. Alexis is requesting, for the above stated reasons, that the **Guilty** verdict handed down by the TXBVME in January of 2013, for the above mentioned Practice Act Violation, be **Vacated.** The TXBVME was well aware of Ms. Morris & her illegal venture in mid-November 2011. A five month delay in acting is unconscionable, & is a clear failure by the Texas Board of Veterinary Medical Examiners to protect its veterinarians & the public from unscrupulous business owners like Ms. Morris.

Signed under 28 U.S.C. §1746,
Respectfully Submitted by
Petitioner/Affiant:

Vincent P. Alexis, DVM
3905 Lemon Ave
Long Beach, CA 90807

Exhibit: 2

TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS

DOCKET NO. 2013-123

ORDER PERTAINING TO REVOCATION OF

LICENSE NO. 11628

WHEREAS, the Texas Board of Veterinary Medical Examiners (Board) finds that on December 4, 2013, VINCENT ALEXIS, D.V.M., formerly of Elgin, Texas, License No. 11628, was convicted by the United States District Court for the Northern District of New York, of Attempted Travel in Interstate and Foreign Commerce to Engage in Illicit Sexual Conduct, a Class B felony, and sentenced to confinement in the Institutional Division of the Texas Department of Criminal Justice; and

WHEREAS, under current law, VINCENT ALEXIS, D.V.M., began his imprisonment upon the date of his conviction; and

WHEREAS, Texas Attorney General Opinion No. GA-0064 states that under Section 53.021 of the Occupations Code, a license holder's license is revoked by operation of law upon the license holder's imprisonment following a felony conviction, felony community supervision revocation, revocation of parole, or revocation of mandatory supervision;

THEREFORE, the Board FINDS that:

1. License No. 11628 issued to VINCENT ALEXIS, D.V.M., was automatically revoked by operation of law on December 4, 2013.

2. VINCENT ALEXIS, D.V.M., may apply for re-licensure in the same manner as a person applying for a new license and shall be subject to the requirements of Board Rule 575.22 relating to license reinstatement.

The Board ORDERS that:

A copy of this Order shall be mailed by first class mail to VINCENT ALEXIS' last known mailing address as reflected in the Board's records on this date.

RATIFIED and ADOPTED THIS THE 18th DAY OF FEBRUARY, 2014, BY AN AFFIRMATIVE VOTE OF THE BOARD.

Bud. E. Alldredge, Jr., D.V.M., President

Exhibit: 3

Remit to:

State of Nevada Board of Veterinary Medical Examiners

4600 Kietzke Lane, Bldg. O, #265, Reno, NV 89502

(775) 688-1788 phone / (775) 688-1808 fax

Reinstatement of License to Practice Veterinary Medicine in the State of Nevada $200.00

PERSONAL INFORMATION

Name: Vincent Alexis

Address: [redacted] Lemon Ave

City: Long Beach State: CA Zip: 90807

Telephone: [redacted]

Social Security Number: [redacted]

Date of Birth: [redacted]

Place of Birth: White Plains, New York

Other Name(s) used: N/A

Email: None

Are you a citizen of the U.S. ☒ Yes ☐ No *If not you must provide proof that you are lawfully entitled to remain and work in the U.S.*

CONTINUING EDUCATION HOURS COMPLETED IN THE LAST 12 MONTHS

Name: _____ Date Attended: _____

Continuing Education Hours obtained: _____ Location: _____

** PLEASE PROVIDE A COPY OF THE CE DOCUMENTS

List of State(s) you are licensed in or have been licensed in:

State	License Number	Date Issued
Nevada	1109	1997
Colorado	5835	May, 1994
New York	7242	August 1995
Utah	6959488-2801	March 2008
Texas	11628	

Are you a Board Certified Diplomate? ☐ Yes ☒ No If so, what is your specialty? _____

EMPLOYER IN NEVADA

Employer Name: Dr. Ylarde, East Charleston Animal Hosp Starting Date: Fall 2019

Address: 601 E. Charleston City: Las Vegas State: NV Zip: 89104

EMPLOYMENT HISTORY FOR THE LAST 5 YEARS

Employer Name: _____ Address: _____ City: _____ State: ____ Zip: ____

Employer Name: _____ Address: _____ City: _____ State: ____ Zip: ____

Employer Name: _____ Address: _____ City: _____ State: ____ Zip: ____

Employer Name: _____ Address: _____ City: _____ State: ____ Zip: ____

Exhibit: 3

1. **Have you previously filed an application with the Nevada State Board of Veterinary Medical Examiners?** ..... **Yes:** X **No:** _____
   If yes, when? 1997
2. **Have you ever been charged, arrested or convicted of a felony or gross misdemeanor?** ..... **Yes:** X **No:** _____
3. **Have you ever been found guilty, pleaded guilty, or entered a plea of nolo contendere to any administrative or legal offense in connection with the practice of veterinary medicine?** ..... **Yes:** X **No:** _____
4. **Have you ever surrendered a professional license?** (Revoked). **Yes:** X **No:** _____
5. **Do you have a medical condition which in any way impairs or limits your ability to practice with reasonable skill and safety?** ..... **Yes:** _____ **No:** X
6. **Do you take a chemical substance(s) which in any way impairs or limits your ability to practice with reasonable skill and safety?** ..... **Yes:** _____ **No:** X
   If yes, please answer the following questions.
7. **Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?** ..... **Yes:** _____ **No:** _____
8. **Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice?** ..... **Yes:** _____ **No:** _____

**If your answer is yes to any of the above questions, please attach a signed statement of explanation. Copies of any documents that identify the circumstances or contain a court order, agreement, or other disposition are required.*

Please Attach
Photo Here

**Please include a passport sized photo of yourself. It must have been taken within 60 days preceding the date of this application.
**Failure to provide any of the requested information or falsifying information will result in the application being rejected.

Exhibit 3

WAIVER FORM

I hereby authorize the Nevada State Board of Veterinary Medical Examiners, its agents, servants, and employees, to conduct such investigations of my business, professional, social and moral background, qualifications and reputation as it or its members or any of them deem necessary, proper or desirable.

This authorization is given in connection with my application for a license to practice as a Veterinarian in the State of Nevada and to enable the said Nevada State Board of Veterinary Medical Examiners to give intelligent and proper consideration to such application.

No liability of any sort or kind shall attach to the said Nevada State Board of Veterinary Medical Examiners, its members, agents, servants, employees or anyone furnishing them information about me or my past activities, because or by reason of the use of this authorization.

I Vincent Alexis, being first duly sworn, depose and state that I am the person referred to by said name of Vincent Alexis in the above and annexed questions, answers, and statements. I have read all of said questions, answers and statements, and know the contents thereof. I hereby certify under penalty of perjury that the information furnished in this document is true and correct.

Dated this 18th day of April, 2019

Signature of Applicant

State of New Jersey, County of Burlington

Dated this 18th day of April, A.D., 2019. personally appeared before me, a Notary Public in and for the County of Burlington known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seat at my office in the County of Burlington, the day and year in this Certificate first above written. S. Boyd

SHONDEL A. BOYD
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 8/9/2023

CHILD SUPPORT INFORMATION

Professional or occupational licenses, certified, or permits may be denied or restricted if back child support is owed by the person holding the license. Any license by the State of Nevada Board of Veterinary Medical Examiners is subject to this new requirement mandated by the federal government of all states including Nevada.

Please mark the appropriate response
(failure to mark one of the three will result in denial of the application)

X I am not subject to a court order for the support of a child.

_____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

_____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature

April 18, 2019
Date

Exhibit: 3

STATE OF NEVADA
BOARD OF VETERINARY MEDICAL EXAMINERS
RENO, NEVADA

Vincent P. Alexis, DVM Applicant, v. Nevada State Board of Veterinary Medical Examiners Respondent.	Date April 18, 2019 Nevada License #1109

VINCENT P. ALEXIS, DVM HEREBY PROVIDES ANSWERS TO APPLICATION QUESTION #2, IN REGARDS TO HIS DECEMBER 2013 FELONY CONVICTION DOCKET #13-CR-00155-GTS, N.D.NY/SYRACUSE

Affidavit of Applicant: Vincent P. Alexis
via 28 U.S.C. §1746, States as Follows:

[1] On December 4, 2013 Alexis was convicted of one count of Attempted Travel in Interstate & Foreign Commerce to Engage in Illicit Sexual Conduct, a Class B Felony.

[2] On July 23rd & 24th of 2011, Alexis was forced to sign a confession under duress by Syracuse Special Agent Sean Boutot.

[3] This confession was then immediately used against Alexis, and quickly events unfolded which made it impossible for him to mount a proper defense.

Exhibit: 3

[4] Alexis is factually, actually, & legally innocent. Unfortunately, he was unable to appeal his conviction due to Ineffective Assistance of Counsel, & due to a prolonged, life-threatening, illness (sepsis & bilateral, multifocal, lung abscesses) which struck shortly after his sentencing.

[5] For more thorough details, please see:

A) USA v. Alexis, #13-CR-00155-GTS (N.D.NY/Syracuse).

B) USA v. Alexis, #18-1622 (Alexis's attempt to obtain a copy of the Grand Jury Minutes), USCA (2nd Circuit).

C) Alexis's Petition for Commutation/Pardon/Clemency/or Reduction of Prison Sentence, Office of the Pardon Attorney/President Donald Trump, February 9, 2019. Case File #C285151.

Signed under 28 U.S.C. §1746,
under penalties of perjury the above & the
following to be true, correct, & complete. Pro-se.

Respectfully Submitted By:
Applicant/Affiant

Vincent P. Alexis, DVM
19213-052
FCI Fort Dix
Box 2000
J.B. MDL, NJ 08640

Exhibit 3

STATE OF NEVADA
BOARD OF VETERINARY MEDICAL EXAMINERS
RENO, NEVADA

Vincent P. Alexis, DVM Petitioner, v. Nevada State Board of Veterinary Medical Examiners Respondent.	Date_____ Nevada License #1109

VINCENT P. ALEXIS, DVM REQUESTS THE NEVADA STATE BOARD OF VETERINARY MEDICAL EXAMINERS REINSTATE HIS LICENSE TO PRACTICE VETERINARY MEDICINE IN THE STATE OF NEVADA (#1109) TO ACTIVE STATUS, ON A PROVISIONAL BASIS, FOR THE FOLLOWING CONSIDERATIONS, & WITH THE FOLLOWING STIPULATIONS APPROVED BY THE BOARD

Affidavit of Petitioner: Vincent P. Alexis, hereinafter referred to as Alexis, via 28 U.S.C. §1746, states as follows:

Background

[1] Alexis was issued Nevada license #1109, a license to practice veterinary medicine in the State of Nevada, in 1997.

[2] Alexis practiced veterinary medicine in Nevada, on a full-time basis, from 1997-2011, with no State Board actions against him during those 15 years.

Exhibit:3

[3] Alexis practiced veterinary medicine in New York State from 1994-1997, with no State Board actions against him during those 3 years.

[4] Alexis practiced veterinary medicine in the State of Utah for 5 months during 2008, with no State Board actions against him during that time.

[5] Alexis practiced veterinary medicine in the State of Colorado for 4 months during 1994, with no State Board actions against him during that time.

[6] Alexis practiced veterinary medicine as a relief veterinarian in the State of Texas from 2011-April 2013. Alexis did receive a State Board incident/sanction, resulting in discipline in 2013 (please see Exhibit:1 for a thorough explanation of this issue).

[7] Alexis has been incarcerated since April of 2013, & has been unable to participate in CE conferences/meetings.

[8] Alexis understands the importance of a veterinarian's responsibility to obtain regular CE in order to expand his/her knowledge and to stay updated on current topics & developments.

[9] Alexis has, from 1994 through 2012, religiously attended CE conferences. During this time period, he has amassed twice as many CE credits as required by the states in which he is/was licensed.

Exhibit: 3

[10] Alexis will attend the first available CE conference upon his return to Nevada. He will also immediately complete the maximum amount of online CE, which has been approved by the Board. A second CE conference will be attended within 3-5 months of Alexis's first conference. With this course of action, Alexis should quickly amass enough CE credits to cover 2019 & 2020.

Status of State Licenses

[11] **Colorado**
License #5835

Alexis did not renew his Colorado license. The license expired in/around 2012 (Alexis is unsure of the precise date).

[12] **Utah**
License #6959488-2801

Alexis did not renew his Utah license. Alexis is unsure of the date when the license expired.

[13] **New York**
License #7242

Alexis did not renew his New York license. The license expired in/around 2013 (Alexis is unsure of the precise date).

Exhibit:3

[14] **Texas License #11628**

"Texas Attorney General Opinion #GA-0064 states that under §53.021 of the Occupations Code, a license holder's license is revoked by operation of law upon the license holder's imprisonment following a felony conviction..." (Exhibit:2). Alexis's Texas license was "Automatically revoked by operation of law on December 4, 2013."

[15] Alexis has requested a "Letter of Good Standing" from New York, Colorado, Utah, & Texas be sent to the Nevada Board of Veterinary Medical Examiners.

Discussion

[16] Alexis is asking for help & understanding, as he strives to put his life, and career, back on track.

[17] Alexis will almost certainly be restricted from traveling outside of the Southern Nevada region for an extended period of time, upon his release from Fort Dix. This will clearly limit his CE options to Las Vegas Conferences (such as Western States), and online CE.

[18] Obviously, it's extremely important that Alexis is able to earn a living immediately upon his release from Fort Dix. This, clearly centers around his ability to practice veterinary medicine in Nevada.

Exhibit 3

[19] So, Alexis has an obvious dilemma - there might be a significant delay before Alexis has the required amount of CE credits for the Nevada Board of Veterinary Medical Examiners to reinstate his license to practice veterinary medicine.

Relief Requested

[20] WHEREFORE, for the above stated reasons, Dr. Alexis respectfully requests that the Nevada Board of Veterinary Medical Examiners reinstates his license to practice veterinary medicine in Nevada immediatley upon receipt of his application and the $200 fee.

[21] Dr. Alexis will (at the first opportunity approved by U.S. Probation) immediately complete the maximum amount of online CE, which has been approved by the Board.

[22] Dr. Alexis will attend the first available CE conference upon his return to Nevada.

[23] A second CE conference will be attended within 3-5 months of the first conference (with the approval of U.S. Probation).

[24] With this course of action, Dr. Alexis should quickly amass enough CE credits to cover the Board's requirement for his license reinstatement.

Exhibit:3

Conclusion

[25] Dr. Alexis has a proven history of 15 years of active, full-time, practice in Nevada with no state disciplinary actions. During that time, one client filed a complaint against Dr. Alexis. The Board quickly dismissed that sole complaint (Dr. Alexis had not treated the dog in question, an employee of Paw Prints Animal Hospital/Alexis Veterinary Services, LLC [Dr. Paguyo] had treated the client's pet and apparently missed its splenic neoplasia).

[26] Dr. Alexis is asking for help & understanding, as he strives to put his life, and career, back on track. He has employment waiting for his return to Las Vegas, with Dr. Julie Ylarde at East Charleston Animal Hospital.

[27] Dr. Alexis has been accepted into a Las Vegas release program called Hope for Prisoners (Exhibit:5). This program will provide support, so that he can have the best chance of success in the future.

[28] Other than the one charge that resulted in his incarceration, Dr. Alexis has had no prior criminal history/arrests/convictions. He's a first-time, non-violent, offender, and is no threat to anyone, (Exhibits:3 & 4).

[29] Dr. Alexis would like very much to move forward with life. There's a lot that he has to offer to the pets, people, & wildlife of Southern Nevada.

Exhibit: 3

Signed under 28 U.S.C. §1746,
under penalties of perjury the above
& the following to be true, correct,
& complete. Pro-se.

Respectfully Submitted By
Petitioner:

Vincent P. Alexis, DVM
19213-052
FCI Fort Dix
Box 2000
J.B. MDL, NJ
08640

Certificate of Service

I, Vincent Alexis, hereby certify
that I have sent a copy of this
Petition
via United States Mail/Postage Prepaid
on this ___ day of April, 2019
to the following:

Nevada Board of Veterinary Medical Examiners
4600 Kietzke Lane
Building O-265
Reno, Nevada
89502

Vincent P. Alexis, DVM

Exhibit:4

STATE OF NEVADA
BOARD OF VETERINARY MEDICAL EXAMINERS
RENO, NEVADA

VINCENT P. ALEXIS, DVM Petitioner,	)	ADDENDUM
v.	)	Date: September 14, 2020
NEVADA STATE BOARD OF VETERINARY MEDICAL EXAMINERS Respondent.	)	Nevada License # 1109

PETITIONER, VINCENT P. ALEXIS DVM, HEREBY SUBMITS AN ADDENDUM TO HIS APRIL 18, 2019 PETITION TO THE NEVADA STATE BOARD OF VETERINARY MEDICAL EXAMINERS FOR REINSTATEMENT OF HIS LICENSE TO PRACTICE VETERINARY MEDICINE IN THE STATE OF NEVADA

Affidavit of Applicant Vincent P. Alexis DVM,
Via 28 U.S.C §1746, States as Follows:

General Background

[1] On April 18, 2019, Petitioner: Vincent P. Alexis, DVM submitted a Petition for license reinstatement with the Nevada State Board of veterinary Medical Examiners.

Exhibit: 4

[2] Today, Dr. Alexis submits an addendum to that Petition. The purpose of this addendum is to update the State Board of events which transpired since the initial submission, and to provide additional letters of reference in support of Dr. Alexis's Petition for license reinstatement.

Factual Statement

[3] Dr. Alexis attended the February, 2020 Western States Veterinary Conference, and completed 5 hours of online continuing education. He now has 38 Continuing Education credits.

[4] Dr. Alexis was released from FCI Fort Dix on September 18, 2019 and returned to Las Vegas, Nevada.

[5] Dr. Alexis is now under the authority of U.S. Probation Officer Steven M. Goldner {300 Las Vegas Blvd. South, Suite 1200, Las Vegas, Nevada 89101, (702) 591-0895}.

Exhibit: 4

[6] Dr. Alexis graduated into the Hope for Prisoners program in January of 2020. This program offers an amazing amount of support for people returning to society. The program has a record-low recidivism rate (approximately 7%), which is far below the national average (approximately 90%).

[7] The evidence before The Board shows that Dr. Alexis has taken many positive steps, and has done everything asked and required of him, since July of 2011. Dr. Alexis has served his debt to society. Dr. Alexis has been patient throughout this license reinstatement process (having applied 18 months ago). Dr. Alexis poses no threat to society. In fact, he is an asset to society.

Relief Requested

[8] Dr. Alexis respectfully requests that The Nevada Board of Veterinary Medical Examiners reinstitute his license to practice veterinary medicine (Lic. No. 1109).

Exhibit: 4

CERTIFICATION

Pursuant to the provisions of 28 Section 1746(2),
I hereby declare under the penalty of perjury that the foregoing
Is true and correct.

Respectfully Submitted,

_____

VINCENT P. ALEXIS, DVM
1401 Watercreek Drive
N. Las Vegas, Nevada 89032

VERIFICATION

I have read the foregoing complaint and hereby verify that the matters alleged therein are true, except as to matters alleged on information and belief, and as to those, I believe them to be true. I certify under the penalty of perjury that the foregoing is true and correct.

Executed at North Las Vegas, Nevada, on September 14, 2020.

Exhibit: 5

Active Licensure

From: Jennifer Pedigo (vetbdinfo@vetboard.nv.gov)

To: winstrol.41@yahoo.com

Cc: dalexis@alexislawfirm.com; louisling@me.com

Date: Thursday, August 19, 2021, 02:53 PM PDT

Good afternoon Dr. Alexis,

I went ahead and made your license active per our conversation. Your license number is 1109 and your license information is now searchable on the license verification page at https://nvvetboard.nv.gov

nvvetboard.nv.gov - Nevada Board of Veterinary Medical Examiners

Search This Site Search All Sites Close State Agencies State Jobs ADA Assistance. Home

nvvetboard.nv.gov

We will go ahead and send a new wall certificate out to East Charleston so you have a new copy. You can also log in to the licensee portal using the email address above and print on-demand wallet cards as well.

Please let me know if you have any questions and I will be in touch if I hear anything from Mr. Stark or his office.

Thank you,
Jennifer Pedigo
Executive Director

Nevada State Board of Veterinary Medical Examiners

LICENSE CARD

This is to certify that
Vincent Alexis
holds

status as a
Veterinarian
in the state of Nevada in accordance with Nevada Revised Statutes Chapter 630.

License #
1109

Issue Date:
January 08, 1997

Expiration Date:
June 30, 2023

For the most up-to-date information about this licensee please visit our online licensee lookup at medboard.nv.gov.

PLEASE NOTIFY THE NEVADA STATE BOARD OF VETERINARY MEDICAL EXAMINERS OF ANY CHANGE OF ADDRESS IMMEDIATELY

Exhibit: 6

Nevada State Board Of Pharmacy

Exhibit: 7

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 10/05/2022
Amount: $ 210.00
License #: CS32984

VINCENT P. ALEXIS
1401 Watercreek Dr
North Las Vegas NV 89032

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Controlled Substance
Effective Date:11/01/2022
Expires:10/31/2024

VINCENT P. ALEXIS
1401 Watercreek Dr
North Las Vegas NV 89032

License #
CS32984
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Controlled Substance

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

License Type: Controlled Substance
License #: CS32984
Effective Date:11/01/2022
DEA #: FA1174856/22N33N4&5

Expires: 10/31/2024
STATUS: Active

VINCENT P. ALEXIS
1401 Watercreek Dr
North Las Vegas NV 89032

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Exhibit: 8

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA1174856	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	02-11-2022

ALEXIS, VINCENT PAUL
LOCUM TENENS
1401 WATERCREEK DRIVE
NORTH LAS VEGAS, NV 89032-0000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA1174856	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	02-11-2022

ALEXIS, VINCENT PAUL
LOCUM TENENS
1401 WATERCREEK DRIVE
NORTH LAS VEGAS, NV 89032-0000

CONTROLLED SUBSTANCE/REGULATED CHEMICAL REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

REPORT

CHANGES

PROMPTLY

orm DEA-223/511 (9/2016)

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51

January 4, 2023

Dr. Vincent P. Alexis
1401 Watercreek Dr.
N. Las Vegas, NV 89032
(725) 251-8369
Winstrol.41@Yahoo.com

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy
Suite 206
Reno, NV 89521

To Whom It May Concern:

Enclosed, please find my Application for Veterinary Authority to Dispense Drugs. I am a Southern Nevada Relief Veterinarian. The location of my shifts varies because of the nature of relief work. I will be practicing veterinary medicine at Homestead Animal Hospital (Pahrump, Nevada) and at Paradise Pet Hospital (Las Vegas, Nevada). Other shifts (and shift locations) will inevitably occur as well.

Please contact me if you have any questions or concerns. Thank you so much for your time and help in this matter.

Vincent Alexis, DVM
NV Lic. No. 1109

January 26, 2023

Vincent Alexis, DVM
[redacted]Watercreek Dr.
N. Las Vegas, NV 89032
[redacted]

Nevada State Board of Pharmacy
J. David Wuest
Executive Secretary
985 Damonte Ranch Pkwy, Stuite 206
Reno, NV 89521

Mr. Wuest:

Enclosed, please find a copy of the Court document which lists the final orders/dispensations from the court (N.D. New York). I believe this document supplies you with the needed information. If not, please be certain to contact me and let me know. I have seen hundreds of documents over the past 12 years, and I am not certain as to exactly which document you need.

Thank you for your time and help in this matter.

Sincerely,

Vincent Alexis, DVM
NV Lic. No. 1109
NV CS No. CS32984
DEA Lic. No. FA1174856

UNITED STATES DISTRICT COURT

Northern District of New York

UNITED STATES OF AMERICA
V.

VINCENT ALEXIS

JUDGMENT IN A CRIMINAL CASE

Case Number: DNYN513CR000155-001

USM Number: 19213-052

David M. Hoovler
111 Main Street, P.O. Box 509
Chester, New York 10918
(845)469-7577
Defendant's Attorney

THE DEFENDANT:

X pleaded guilty to count(s) 1 of the Information on April 26, 2013.

☐ pleaded nolo contendere to count(s) _____ which was accepted by the court.

☐ was found guilty on count(s) _____ after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

Title & Section	Nature of Offense	Offense Ended	Count
18 U.S.C. §§ 2423(b) & (e)	Attempted Travel in Interstate and Foreign Commerce to Engage in Illicit Sexual Conduct	07/23/11	1

The defendant is sentenced as provided in pages 2 through 6 of this judgment. The sentence is imposed in accordance with 18 U.S.C. § 3553 and the Sentencing Guidelines.

☐ The defendant has been found not guilty on count(s) _____

X Indictment 5:12-CR-439 X is ☐ are dismissed on the motion of the United States.

It is ordered that the defendant must notify the United States attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the court and United States attorney of material changes in economic circumstances.

December 4, 2013
Date of Imposition of Judgment

Hon. Glenn T. Suddaby
U.S. District Judge

December 9, 2013
Date

JAK

AO 245B NNY(Rev 10/05) Judgment in a Criminal Case
Sheet 2 — Imprisonment

DEFENDANT: Vincent Alexis
CASE NUMBER: DNYN513CR000155-001

IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of:

97 months

X The court makes the following recommendations to the Bureau of Prisons:

The defendant receive mental health and sex offender treatment when and if eligible.

X The defendant is remanded to the custody of the United States Marshal.

☐ The defendant shall surrender to the United States Marshal for this district:

☐ at _____ ☐ a.m. ☐ p.m. on _____.

☐ as notified by the United States Marshal.

☐ The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:

☐ before 2 p.m. on _____.

☐ as notified by the United States Marshal.

☐ as notified by the Probation or Pretrial Services Office.

RETURN

I have executed this judgment as follows:

Defendant delivered on _____ to _____

at _____, with a certified copy of this judgment.

_____
UNITED STATES MARSHAL

By _____
DEPUTY UNITED STATES MARSHAL

David Wuest

From: David Wuest
Sent: Monday, January 23, 2023 3:45 PM
To: [redacted]
Cc: Yenh Long
Subject: Nevada Board of Pharmacy

Dr. Alexis.

Thank you for your time on the phone last week.

In order to proceed with processing your application to dispense drugs in Nevada, we will need the supporting documentation regarding your disclosures listed on page 2 of the application. Under Section 4: Personal and Professional History you answered in the affirmative to questions #2 and #3. You have supplied a detailed summary of your disclosures, but Board staff needs the final orders/dispensations from the courts and/or licensing boards. We need the court order (criminal court) and/or administrative order (regulatory board – i.e., Texas, Nevada...) for each of your disclosures. You have included as "exhibit 2" the December 4, 2013 order from the Texas Board of Veterinary Medical Examiners.

Alternatively, we can place you on the next (April) Board Meeting.

Respectfully,

Dave

J. David Wuest
Executive Secretary
Nevada State Board of Pharmacy

775-850-1440 ext 112

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist Technician IN TRAINING (PTT) Application

Non-Refundable $50 fee

Rev (03/16/2023)

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

DO NOT COMPLETE THIS APPLICATION if you will be working as a "dispensing technician" at a dispensing practitioner's office. Complete the "Dispensing Technician Trainee" application found at www.bop.nv.gov.

Approval of this application is required to request for a Pharmaceutical in Training (PTT) registration. A PTT registration is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

Print and mail the completed application along with a **non-refundable fee of $50.00** paid for by credit or debit card or a check, cashier's check, or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are charged a 5% processing fee.

A PTT registration is required for a person to perform the duties of a pharmaceutical technician (PT), under the supervision of a pharmacist, in a Nevada licensed pharmacy, to acquire the necessary hours of training and experience performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371 to become a pharmaceutical technician (PT).

Please note:

- Access Nevada Revised Statutes and Administrative Codes for pharmacy practice at www.bop.nv.gov.
- Hours of training and experience as a PTT may be accumulated from each Nevada licensed pharmacy in which you are receiving training and experience performing the duties set forth in paragraph (c) of subsection 3 or NRS 639.1371. NAC 639.242.
- Every registered pharmaceutical technician shall, within 10 days after changing his or her residence or place of practice, give written notice of the change to the Board. NAC 639.225
- All PTT registrations expire October 31 of even-numbered years. Fees are not pro-rated.
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician IN TRAINING (PTT) Application

Non-Refundable $50 fee

Rev (03/16/2023)

Section 1: General Information

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN: _____ Sex: ☐ M ☐ F ☐ X

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you are enrolled in a PT school or training program.) NAC 639.258

Program/School Name:_____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Signature of Program Director: _____

Section 3: Employment Information

Pharmacy Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?		
2. Are you a high school graduate or the equivalent?		

High School Name: _____ Graduation Date OR Date GED obtained (mm/yy): _____

Address: _____

City:_____ State: _____ Zip: _____

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 7: Personal and Professional History		
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: **WARNING** **You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.**	**Initials** _____	
	Yes	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?		
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) _____ Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician in training who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

_____

Print Name

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Board Use Only	Date Received: _____ Amount: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit Cards are charged a 5% processing fee		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**Registration Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (03/17/2023)

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

If you will be working as a "dispensing technician" at a dispensing practitioner's office, DO NOT COMPLETE THIS APPLICATION. Complete the "Dispensing Technician" application at www.bop.nv.gov.

Approval of this application is required to request for a Pharmaceutical Technician (PT) registration. A PT registration is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

Print and mail the completed application to the address indicated above with a **non-refundable fee of $50.00** paid for by credit or debit card or a check, cashier's check or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are charged a 5% processing fee.

To register as a PT, you must meet one of the qualifications and provide the required documents as indicated below (NAC 639.240):

1. The successful completion of an ASHP-approved PT school or training program.
    a. Provide a copy of certificate of completion of the program.
2. **Active practice in good standing** in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by a **signed affidavit** by the managing pharmacist of the pharmacy.
    a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing.
    b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy in that state.
3. The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.
    a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy in this state as a registered PTT.
4. The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United States Department of Health and Human Services or the U.S. Department of Veterans Affairs.
    a. Provide a copy of certificate of completion of the program.

In addition to the requirements above, submit fingerprints for a background check by following the instructions at https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371.pdf. **ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371**

Please note:

- Applicants who do not qualify under one of the categories listed in NAC 639.240(2)(d) must apply as a pharmaceutical technician in training pursuant to NAC 639.242.
- Access Nevada Revised Statutes and Administrative Codes for pharmacy practice at www.bop.nv.gov.
- Every registered pharmaceutical technician shall, within 10 days after changing his or her residence or place of practice, give written notice of the change to the Board. NAC 639.225
- All PT registrations expire October 31 of even-numbered years. Fees are not pro-rated.
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (03/17/2023)

Section 1: General Information

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN: _____ Sex: ☐ M ☐ F ☐ X

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)

Program/School Name:_____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Section 3: Employment Information

Pharmacy Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?		
2. Are you a high school graduate or the equivalent?		

High School Name: _____ Graduation Date OR Date GED obtained (mm/yy): _____

Address: _____

City:_____ State: _____ Zip: _____

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 7: Personal and Professional History		
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: **WARNING** **You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.**	**Initials** _____	
	Yes	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?		
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: You MUST submit the documents below with your application base on your qualifications as a PT.	
Select your qualification as a PT (please check a box).	**Required documents to be submitted with your application.**
☐ The successful completion of an ASHP-approved PT school or training program	a. Provide a copy of the certification of completion of the program.
☐ **Active practice in good standing** in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by a **signed affidavit** by the managing pharmacist of the pharmacy.	a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing. b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application).
☐ The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.	a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy **in this state** as a registered PTT (see form provided in this application).
☐ The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United States Department of Health and Human Services or the U.S. Department of Veterans Affairs.	a. Provide a copy of the certification of completion of the program.

Section 9: Fingerprints for a background check. ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371

In addition to the requirements in section 7, submit fingerprints for a background check by following the instructions https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371.pdf

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

_____

Print Name

_____ _____

Original Signature, no copies or stamps accepted Date

Board Use Only	Date Received: _____ Amount: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit Cards are charged a 5% processing fee		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**Registration Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

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22

APPROVED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R013-21

Filed June 13, 2022

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material to be omitted.

AUTHORITY: § 1, NRS 639.070; §§ 2-5, NRS 639.070 and 639.2655.

A REGULATION relating to pharmacy; requiring a license to distribute drugs through certain mechanical means; prescribing fees for such licensure; proscribing requirements governing the use of such mechanical means to distribute drugs; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations: (1) relating to the practice of pharmacy as necessary for the protection of the public; and (2) governing the dispensing, recordkeeping, storage and handling of drugs. Additionally, existing law authorizes the Board to charge and collect fees for any incidental service the Board provides. (NRS 639.070) Existing law further authorizes the use of computerized mechanical equipment to perform work that a pharmacist is authorized to perform by law in accordance with the regulations adopted by the Board. (NRS 639.2655)

Existing regulations authorize pharmacies and medical facilities to use mechanical devices to dispense drugs to a patient. (NAC 639.718, 639.720) **Section 3** of this regulation: (1) requires a pharmacy that uses an automated drug dispensing system to obtain a license from the Board; and (2) establishes certain requirements that a pharmacy must follow when using an automated drug dispensing system. **Section 3** requires an automated drug dispensing system to track who uses the system, what drugs are in the system, the temperature of the system and other information to ensure that the drugs in the system are safely stored and only dispensed to a person authorized to receive the dispensed drug. **Section 2** of this regulation prohibits the sale, offer for sale or dispensing of a controlled substance, medication, chemical or poison through an automated drug dispensing system that is unlicensed or otherwise does not comply with the requirements of **section 3**. **Section 5** of this regulation provides that an automated drug dispensing system is not a computerized system to fill prescriptions, and is thus not subject to requirements governing such a computerized system.

Section 4 of this regulation requires a pharmacy to obtain a license to operate a mechanical device, other than an automated drug dispensing system, to furnish drugs and medications for administration to patients in a medical facility. **Section 4:** (1) authorizes the use of such a mechanical device only for drugs that will be administered to patients at the medical

facility; and (2) removes provisions authorizing the use of such a mechanical device to dispense drugs directly to patients at a medical facility.

Existing regulations prescribe a schedule of fees for certain applications, licenses and registrations issued by the Board. (NAC 639.220) **Section 1** of this regulation prescribes fees for the issuance and renewal of a license to operate: (1) an automated drug dispensing system; and (2) a mechanical device to furnish drugs and medications for administration to patients in a medical facility. **Section 1** also removes a reference to a previously deleted fee.

Section 1. NAC 639.220 is hereby amended to read as follows:

639.220 1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist	Actual cost of the examination
For the investigation or registration of an applicant as a registered pharmacist.....	$200
For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity.....	200
For the investigation or issuance of an original license to conduct a retail pharmacy	500
For the biennial renewal of a license to conduct a retail pharmacy	500
For the investigation or issuance of an original license to conduct an institutional pharmacy	500
For the biennial renewal of a license to conduct an institutional pharmacy	500
For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution	500

For the biennial renewal of a license to conduct a pharmacy in a correctional institution 500

For the investigation or issuance of an original license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed by the State Board of Health pursuant to NRS 449.0303 500

For the biennial renewal of a license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed by the State Board of Health pursuant to NRS 449.0303 500

For the issuance of an original or duplicate certificate of registration as a registered pharmacist 50

For the biennial renewal of registration as a registered pharmacist 200

For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse) 100

For the initial registration of a pharmaceutical technician or pharmaceutical technician in training 50

For the biennial renewal of registration of a pharmaceutical technician or pharmaceutical technician in training 50

For the investigation or registration of an intern pharmacist 40

For the biennial renewal of registration as an intern pharmacist 40

For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances 80

For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances 80

For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, facility for treatment with narcotics, researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances 200

For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, facility for treatment with narcotics, researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances 200

For authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances..... 80

For the biennial renewal of authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances..... 80

For the investigation or issuance of an original license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler 500

For the biennial renewal of a license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler..... 500

For the investigation or issuance of an original license to a manufacturer or wholesaler..... 500

For the biennial renewal of a license for a manufacturer or wholesaler 500

For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon..... 50

For authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption..... 300

For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption..... 300

For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption..... 150

For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption..... 150

For the investigation or issuance of an original license for an automated drug dispensing system..... 500

For the biennial renewal of a license for an automated drug dispensing system 500

For the investigation or issuance of an original license to a pharmacy authorizing the use of a mechanical device to furnish drugs and medications for administration to patients at a medical facility..... 250

For the biennial renewal of a license to a pharmacy authorizing the use of a mechanical device to furnish drugs and medications for administration to patients at a medical facility..... 250

2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of NRS 639.170, is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to NAC 639.870.

5. ~~[A health center:~~

~~(a) Which is a federally-qualified health center that provides health care primarily to medically underserved persons in a community; and~~

~~(b) Which is not a medical facility as defined in NRS 449.0151,~~

~~➥ is not required to pay the fee for the collective certification of advanced practice registered nurses in the employ of a public or nonprofit agency as set forth in subsection 1.~~

~~6.]~~ A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally-qualified health center that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,

➥ is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

~~[7.]~~ ***6.*** A practitioner who is exempt from the payment of a fee pursuant to subsection ~~[6]~~ ***5*** shall notify the Board in writing of each change of address or additional address, or both.

~~[8.]~~ ***7.*** In addition to any other fees paid by an applicant for a certificate, license or permit issued pursuant to chapter 639 of NRS, the Board may require that the applicant pay actual costs of inspection incurred by the Board.

Sec. 2. NAC 639.715 is hereby amended to read as follows:

639.715 No drug, controlled substance, medicine, chemical or poison, as those terms are defined in chapters 453, 454 and 639 of NRS, may be sold or offered for sale or dispensed by means of any ***automated drug dispensing system or other*** mechanical device except as otherwise provided in NAC 639.718 and 639.720.

Sec. 3. NAC 639.718 is hereby amended to read as follows:

639.718 1. Except as otherwise provided in this section, a pharmacy may use ~~[a mechanical device to furnish]~~ ***an automated drug dispensing system to dispense*** a prescription drug to a patient ***if the pharmacy obtains a license from the Board for the automated drug dispensing system pursuant to subsection 2.***

2. The Board will provide to a pharmacy an application for a license for an automated drug dispensing system upon request. The Board will issue a license for an automated drug dispensing system if the Board determines that the system dispenses prescription drugs accurately and other otherwise meets the requirements of this section and the fee prescribed by NAC 639.220 is paid. A license must be:

(a) Issued for each automated drug dispensing system at a designated location; and

(b) Posted on the system so that the license is visible to the public.

3. The ~~[device]~~ ***automated drug dispensing system*** must conform to all of the following provisions:

(a) The ~~[device]~~ ***system*** must contain only prescription drugs:

(1) ~~[For which counseling is not required pursuant to NAC 639.707;]~~ ***Approved for use in the system by a registered pharmacist employed by the pharmacy;*** and

(2) For which the prescriptions have been processed, verified and completed in the same manner as prescriptions for drugs that are delivered manually by the pharmacy, including the provision of printed medication guides and any other information required pursuant to NAC 639.707.

(b) The ~~[device]~~ ***system*** must not contain ~~[controlled]~~ ***:***

(1) Controlled substances included in schedule II ~~[.]~~ ***; or***

(2) Controlled substances included in schedules III, IV and V, unless authorized by the Drug Enforcement Administration of the United States Department of Justice to dispense such substances.

(c) The ~~[device]~~ ***system*** must ***:*** ~~[be designed to ensure that the device:]~~

(1) ~~[Is located such that access to the device:~~

~~(I) For]~~ ***Control and track access to the system for*** stocking, cleaning, maintenance or any other purpose ***to ensure that access to the system*** can be obtained only by a ***registered*** pharmacist ~~[or a member of the staff of the pharmacy from within a secured area of]~~ ***,*** ***pharmaceutical technician, or intern pharmacist employed by*** the pharmacy ~~[; and~~

~~(II) Is]~~ ***using user-based access technology.***

(2) Be secure from unauthorized access to and removal of prescription drugs ***.*** ~~[from the device.~~

~~(2) Records the name of each person at the pharmacy who authorizes access to the device.~~

~~(3) Cannot be used by a patient:~~

~~(I) Outside the physical location of the pharmacy.~~

~~(II) Unless the patient]~~

(3) Be owned or leased by the pharmacy that holds the license for the system and operated under the supervision and control of that pharmacy.

(4) Monitor the temperature of the system or be able to have a device installed to monitor the temperature of the system. Such monitoring must include, without limitation, an alarm that records when the temperature of the system reaches a level outside the range compatible with the proper storage of a prescription drug and a method to notify the pharmacy of the temperature change.

(5) Create and maintain a complete, accurate and readily retrievable record of all transactions. The record must include, without limitation:

(I) The name, strength, quantity and form of dosage of each prescription drug stocked, inventoried, removed or dispensed from the system;

(II) Each day and time the system is accessed;

(III) An inventory of the prescription drugs stored in the system; and

(IV) The identity of each person who accesses the system.

(6) Authorize access only to patients who previously ~~[has]~~ ***have*** indicated to the pharmacy ~~[that the patient desires that his or her]~~ ***their desire to have their*** prescription drugs ~~[be furnished]~~ ***dispensed*** by the ~~[mechanical device.~~

~~(4) Provides]~~ ***system.***

(7) Provide a method to identify the patient and ~~[furnishes]~~ ***dispense*** a prescription drug only to the patient or to an authorized agent of the patient.

~~[(5) Can furnish]~~

(8) Dispense one, any combination or all of the prescription drugs available to a patient at the option of the patient at the time that the patient removes the prescription drugs from the ~~[device.~~

~~(6) Records]~~ ***system.***

(9) Record the date and time that the patient removes the prescription drugs from the ~~[device.~~

~~(7) Informs]~~ ***system.***

(10) Inform a patient:

(I) ~~[That a prescription drug is not available to be furnished by the device if the pharmacist wishes to counsel the patient regarding the prescription drug.~~

~~(II)]~~ If the patient is using the ~~[device]~~ ***system*** at the time that the pharmacy is open, that the patient may discuss questions and concerns regarding the prescription drug with a pharmacist at the pharmacy ~~[.~~

~~(III)]~~ ***or through the user-based access technology described in subparagraph (14).***

(II) If the patient is using the ~~[device]~~ ***system*** at the time that the pharmacy is closed, that the patient may discuss questions and concerns regarding the prescription drug ~~[using a toll-free telephone number at which a pharmacist at a pharmacy licensed by the Board will respond at all hours when the pharmacy at which the device is located is closed. A pharmacist who responds to questions or concerns pursuant to this sub-subparagraph must have access by computer to the same information regarding the patient that a pharmacist would have using the computer system of the pharmacy at which the device is located.~~

~~2. A pharmacy shall not use a mechanical device to furnish a prescription drug to a patient until the pharmacy has notified the Board in writing of:~~

~~(a) The type of device that will be used; and~~

~~(b) The anticipated date that the device will first be used.~~

~~3.]~~ ***through the user-based access technology described in subparagraph (14).***

(III) That the patient may choose not to purchase the prescription drug from the system at any time before the system dispenses the prescription drug.

(11) Dispense all prescription drugs in containers labeled in conformance with NRS 639.2801.

(12) Be installed in such a place and manner that a person is unable to remove the system from its location and any attempts to obtain access to the system without authorization are visible to the pharmacist of the pharmacy, either through the system being in view of the pharmacist or by real-time audio-visual communication technology or audio-visual recording technology.

(13) Be located in a:

(I) Pharmacy;

(II) Medical facility, as defined in NRS 449.0151, other than a mobile unit; or

(III) Practice site of one or more practitioners of medicine.

(14) Be equipped with user-based access technology that includes, without limitation, an audio-visual function that allows the patient to communicate, in real time, with a registered pharmacist who has access to any patient record necessary for counseling the patient in compliance with NAC 639.707 and 639.708.

4. A pharmacy that dispenses prescription drugs by an automated drug dispensing system pursuant to this section shall maintain a written policy that sets forth:

(a) The duties of all persons who are authorized to access the system; and

(b) The procedures for:

(1) Maintaining the security of the prescription drugs stored in the system during the maintenance and repair of the system;

(2) The preparation of an inventory of the prescription drugs stored in the system; and

(3) Stocking the system with prescription drugs.

5. A pharmacy that dispenses prescription drugs through an automated drug dispensing system pursuant to this section shall comply with all applicable federal and state

recordkeeping requirements and shall maintain those records in a readily retrievable manner separate from other pharmacy records.

6. Prescription drugs stored in an automated drug dispensing system pursuant to this section shall be deemed part of the inventory and the responsibility of the pharmacy that holds the license for the system. Prescription drugs dispensed from the system shall be deemed to have been dispensed by that pharmacy.

7. The Board may prohibit a pharmacy from using ~~[a mechanical device]~~ ***an automated drug dispensing system*** to furnish a prescription drug to a patient if the Board determines that the ~~[device]~~ ***system*** or the pharmacy's use of the ~~[device]~~ ***system*** does not comply with this section.

~~[4.]~~ ***8.*** The provisions of this section do not prohibit the use of ~~[a mechanical device]~~ ***an automated drug dispensing system*** to furnish a drug or device that is approved by the Food and Drug Administration for sale over the counter without a prescription if the pharmacy using the ~~[mechanical device]~~ ***system*** is otherwise authorized to use the ~~[mechanical device]~~ ***system*** pursuant to this section.

9. As used in this section:

(a) "Automated drug dispensing system" means a system that performs operations, other than compounding or administration, related to the storage and dispensing of drugs.

(b) "User-based access technology" means software or hardware that restricts access to an automated drug dispensing system to authorized users by requiring two-factor authentication. Authentication factors may include, without limitation, knowledge, hardware tokens or biometric information.

Sec. 4. NAC 639.720 is hereby amended to read as follows:

639.720 1. Except as otherwise provided in ~~[subsections 4 and 6,]~~ ***this section,*** a mechanical device***, other than an automated drug dispensing system licensed pursuant to NAC 639.718,*** may be used to furnish drugs and medicines for administration to registered patients in a medical facility ***if the pharmacy which supplies drugs and medicines to the medical facility has obtained a license from the Board for a mechanical device pursuant to subsection 4. A license is not required for a mechanical device that meets the requirements of this section and is located inside a hospital licensed pursuant to chapter 449 of NRS***.

2. The ***mechanical*** device must conform to all the following provisions:

(a) All drugs and medicines stocked in the device must be approved for use in the device by a registered pharmacist employed by the:

(1) Medical facility in which the drug or medicine is administered; or

(2) Pharmacy that supplies the medical facility in which the drug or medicine is administered.

(b) Access to the device must be:

(1) Limited to pharmaceutical technicians, pharmaceutical technicians in training, intern pharmacists, registered pharmacists, licensed practical nurses, registered nurses or other practitioners who are:

(I) Authorized by law to prescribe or administer controlled substances, poisons, or dangerous drugs and devices; and

(II) Employed by the medical facility or pharmacy that supplies the medical facility.

(2) Monitored and controlled by the pharmacy which supplies the medical facility or the registered pharmacist who is employed by the medical facility.

(c) Each container of a drug or medicine stored in the device must be labeled in a manner which includes the information required pursuant to subsection 2 of NAC 639.476.

(d) The device must be designed in such a manner that:

(1) Each time a person obtains access to the device, the device automatically prepares a record which is readily retrievable and which includes:

(I) The name, strength, quantity and form of dosage of the drug or medicine which is stocked, inventoried or removed for administration to a patient;

(II) The day and time access to the device is obtained;

(III) If a drug or medicine is removed for administration to a patient, the name of the patient;

(IV) An inventory of the drugs and medicines stored in the device; and

(V) The name of the person who obtained access to the device.

(2) Access to the device may be obtained only by a person with the use of a code which identifies that person.

~~[2.]~~ ***3.*** A pharmacy which supplies drugs and medicines to a medical facility which are furnished by a mechanical device pursuant to subsection 1 shall maintain a written policy which sets forth:

(a) The duties of all persons who are authorized to obtain access to the device; and

(b) The procedure for:

(1) Maintaining the security of the drugs and medicines stored in the device during the maintenance and repair of the device;

(2) The preparation of an inventory of the drugs and medicines stored in the device; and

(3) Stocking the device with drugs and medicines.

~~[3. A pharmacy which supplies drugs or medicines to a medical facility which uses a mechanical device to furnish drugs or medicines for administration to patients pursuant to subsection 1 shall provide written notice to the Board. The notice must include:~~

~~(a) A description of each mechanical device used by the medical facility to furnish drugs or medicines for administration to patients, including, without limitation, the name of the manufacturer of the device; and~~

~~(b) The address of the medical facility at which the mechanical device is located.]~~

4. ~~[A pharmacy shall not stock]~~ ***The Board will issue a license for*** a mechanical device ~~[with drugs or medicines and a mechanical device must not be used to furnish drugs or medicines for administration to patients until:~~

~~(a) The pharmacy has notified the Board as required by subsection 3; and~~

~~(b) The Board has issued a certificate to the pharmacy that]~~ ***if the Board determines that the mechanical device meets the requirements of this section and the fee required by NAC 639.220 is paid. A license*** authorizes the use of the mechanical device at the medical facility at which the mechanical device is located.

5. Each medical facility that uses a mechanical device pursuant to subsection 1 must make and maintain a record of any waste of a controlled substance in the manner provided in NAC 639.486. The record of any waste of a controlled substance may be prepared:

(a) By the mechanical device if the mechanical device is capable of making and maintaining such a record and documenting the record of the waste being witnessed by another person as provided in paragraph (g) of subsection 1 of NAC 639.486; or

(b) As a written record.

6. A mechanical device may be used to furnish drugs and medicines for ***administration to*** a patient receiving treatment in the emergency room of a hospital. The device must conform to all the following provisions:

(a) All drugs and medicines stocked in the device must be approved for use in the device by a registered pharmacist employed by or contracted with the:

(1) Hospital in which the drug or medicine is furnished; or

(2) Pharmacy that supplies the hospital in which the drug or medicine is furnished.

(b) Access to the device for the purposes of stocking, inventory and monitoring must be limited to pharmaceutical technicians, pharmaceutical technicians in training, intern pharmacists or registered pharmacists employed by the hospital or the pharmacy that supplies the hospital.

(c) ~~[Use of the device to furnish a drug or medicine to a patient must be:~~

~~(1) By a practitioner who:~~

~~(I) Is authorized by law to prescribe controlled substances or dangerous drugs;~~

~~(II) Is employed by or who has privileges at the hospital;~~

~~(III) Prescribed the drug or medicine that is furnished to the patient;~~

~~(IV) Personally verifies the correctness of the prescription for the drug or medicine before he or she furnishes it to the patient; and~~

~~(V) Has offered to the patient the choice of being provided a prescription that may be filled at a pharmacy, which offer first must be declined by the patient before the prescription is transmitted to the mechanical device to fill and furnish the prescription; or~~

~~(2) By the patient where:~~

~~(I) The device requires from the patient a unique code known only to the patient to allow the patient to access the device; and~~

~~(II) The patient is notified by the device that he or she may choose not to purchase the drug or medicine from the device at any time before the device furnishes the drug or medicine.~~

~~(d) Each container of a drug or medicine dispensed by the device is labeled pursuant to NRS 639.2801.~~

~~(e)~~] The device must be designed in such a manner that:

(1) Each time a person obtains access to the device, the device automatically prepares a record which is readily retrievable and which includes:

(I) The name, strength, quantity and form of dosage of the drug or medicine which is stocked, inventoried or removed for ~~[dispensing]~~ ***administration*** to a patient;

(II) The day and time access to the device is obtained;

(III) If a drug or medicine is removed for ~~[dispensing]~~ ***administration*** to a patient, the name of the patient;

(IV) An inventory of the drugs and medicines stored in the device; and

(V) The name of the person who obtained access to the device.

(2) Access to the device may be obtained only by a person with the use of a unique code which identifies that person.

~~[(f)]~~ ***(d)*** The device must be located in such a place and manner that a person is unable to remove it from the hospital, and that attempts to obtain access to the device without authorization are visible to employees of the hospital.

~~[(g) Before the device is used to furnish a drug or medicine directly to a patient pursuant to paragraph (c), the manufacturer of the device must appear before the Board for its approval of that use of the device and submit evidence satisfactory to the Board that the device:~~

~~(1) Furnishes drugs and medicines accurately; and~~

~~(2) Otherwise satisfies the provisions of this subsection.]~~

7. As used in this section, "medical facility" has the meaning ascribed to it in NRS 449.0151.

Sec. 5. NAC 639.940 is hereby amended to read as follows:

639.940 As used in NAC 639.940 to 639.943, inclusive, "computerized system to fill prescriptions" means an automated device operated by a computer which is used to prepare and package specified dosage units of drugs for dispensing to patients or ultimate users. The term does not include ***an automated drug dispensing system,*** a mechanical device or mechanical counting device governed by NAC 639.718, 639.720 or 639.725.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Mechanical Device License Application

Non-Refundable $250 fee

Rev (03/01/2023)

This application cannot be returned by fax or email.
An original signature and fee are required to process.

Approval of this application is required for a pharmacy to use a mechanical device (Device) to furnish drugs and medicines for ***administration*** to registered patients in a medical facility (NRS 449.0151). A license to use Device is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder. NAC 639.720.

A license is not required for a Device that meets the requirements of NAC 639.720 and is located inside a hospital licensed pursuant to chapter 449 of NRS. "Hospital" means an establishment for the diagnosis, care and treatment of human illness, including care available 24 hours each day from persons licensed to practice professional nursing who are under the direction of a physician, services of a medical laboratory and medical, radiological, dietary and pharmaceutical services. NRS 449.012.

Instructions:

1. Print and mail the completed application to the address indicated above with a **non-refundable fee of $250.00** paid for by credit or debit card or a check, cashier's check or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are charged a 5% processing fee

2. Once the completed application with fee is submitted, the Device MUST be inspected by a Board inspector before a license may be issued. You will receive an email to schedule your inspection.

3. After the Device receives a satisfactory inspection and the application is approved, you will receive your license via email. Please check your spam or junk mail if necessary. The license must be posted on the Device.

Please Note:

- A separate application and fee are required for each Device at a designated location.
- A new application with payment of fee is required for any change in location of a Device. A satisfactory inspection of the new location will be required before a new Mechanical Device license will be issued and before the Device can be used for administration of drugs and medicines.
- A Device license must be renewed in October of each even numbered year regardless of when the original license was issued. Fees ARE NOT prorated.
- Nevada statutes and regulations can be accessed at www.bop.nv.gov
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Mechanical Device Application

Non-Refundable $250 fee

Rev (03/01/2023)

This application cannot be returned by fax or email.
An original signature and fee are required to process.

Section 1: Pharmacy Information

Pharmacy Name: _____ License #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Managing Pharmacist Name: _____

Managing Pharmacist Phone #: _____ Email: _____

Section 2: Mechanical Device (Device) Information

Name of Device: _____

Make: _____ Model/MFG #:_____

Serial #: _____

MFG Name: _____

Section 3: Location for the Device (NRS 449.0151)

Select the type of Medical Facility in which the device will be located and provide a copy of the facility license from the Nevada Department of Health and Human Services with the application.

☐ A surgical center for ambulatory patients;
☐ An obstetric center;
☐ An independent center for emgergency medical care:
☐ An agency to provide nursing in the home;
☐ A facility for intermediate care;
☐ A facility for skilled nursing;
☐ A facility for hospice care;
☐ A facility for the treatment of irreversible renal disease;
☐ A rural clinic;
☐ A nursing pool;
☐ A facility for modified medical detoxification;
☐ A facility for refractive surgery;
☐ Other:

Name of location: _____

Address of location: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Section 4: Laws pertaining to the use of a Mechanical Device by a pharmacy. By signing this application, you attest you have read and understand the components in this section.

1. The mechanical device must conform to all of the following provisions:
    a. All drugs and medicines stocked in the device must be approved for use in the device by a registered pharmacist employed by the:
        i. Medical facility in which the drug or medicine is administered; or
        ii. Pharmacy that supplies the medical facility in which the drug or medicine is administered.

Continuation of Section 4:

b. Access to the device must be:
   i. Limited to pharmaceutical technicians, pharmaceutical technicians in training, intern pharmacists, registered pharmacists, licensed practical nurses, registered nurses or other practitioners who are:
      1. Authorized by law to prescribe or administer controlled substances, poisons, or dangerous drugs and devices; and
      2. Employed by the medical facility or pharmacy that supplies the medical facility.
   ii. Monitored and controlled by the pharmacy which supplies the medical facility or the registered pharmacist who is employed by the medical facility.

c. Each container of a drug or medicine stored in the device must be labeled in a manner which includes the information required pursuant to subsection 2 of NAC 639.476.

d. The device must be designed in such a manner that:
   i. Each time a person obtains access to the device, the device automatically prepares a record which is readily retrievable and which includes:
      1. The name, strength, quantity and form of dosage of the drug or medicine which is stocked, inventoried or removed from administration to a patient;
      2. The day and time access to the device is obtained;
      3. If a drug or medicine is removed for administration to a patient, the name of the patient;
      4. An inventory of the drugs and medicines stored in the device; and
      5. The name of the person who obtained access to the device.
   ii. Access to the device may be obtained only by a person with the use of a code which identifies that person.
   iii. A pharmacy which supplies drugs and medicines to a medical facility which are furnished by a mechanical device pursuant to NAC 639.720(1) shall maintain a written policy which sets forth:
      1. The duties of all persons who are authorized to obtain access to the device; and
      2. The procedure for:
         a. Maintaining the security of the drugs and medicines stored in the device during the maintenance and repair of the device;
         b. The preparation of an inventory of the drugs and medicines stored in the device; and
         c. Stocking the device with drugs and medicines.
   iv. A license authorizes the use of the mechanical device at the medical facility at which the mechanical device is located.
   v. Each medical facility that uses a mechanical device pursuant to NAC 639.720(1) must make and maintain a record of any waste of a controlled substance in the manner provided in NAC 639.486. The record of any waste of a controlled substance may be prepared:
      1. By the mechanical device if the mechanical device is capable of making and maintaining such a record and documenting the record of the waste being witnessed by another person as provided in paragraph (g) of subsection 1 of NAC 639.486; or
      2. As a written record.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____

Managing Pharmacist Print Name (First, Last)

_____ _____

Managing Pharmacist Original Signature (electronic, copies or stamps not accepted) Date

Board Use Only	Date Received: _____ Amount: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**.

Credit Cards are charged a 5% processing fee

Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** — — — — — — — — — — — — — — — —	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**License Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

23

24

Kristopher Mangosing

To: David Wuest
Subject: RE: Transfer Rx Out by Facsimile Authorization

From: Boman, Richard B <richard.boman@sfdc.com>
Sent: Tuesday, January 24, 2023 12:47 PM
To: pharmacy@pharmacy.nv.gov
Subject: Transfer Rx Out by Facsimile Authorization

Nevada Board of Pharmacy,

I would like to apply to the Nevada Board of Pharmacy on behalf of Smith's Food and Drug, to authorize our pharmacies to transfer out prescriptions by facsimile machine to another pharmacy without having to comply with provisions set forth in **NAC 639.7145 Section (1)(a)(2) (I, II)** which would require the pharmacist license number or copy of the original prescription be included.

We feel that our system would meet the requirements of **639.7145 (2) (a &b)**,

(a) The pharmacy's computer system will accurately represent the identity of the pharmacist responsible for the transfer; and
(b) The identity of the pharmacist responsible for the transfer cannot be falsified, modified, added or otherwise provided without the knowledge and assent of that pharmacist.

I have attached a copy of our Transfer Rx Out Best Practice for your review.

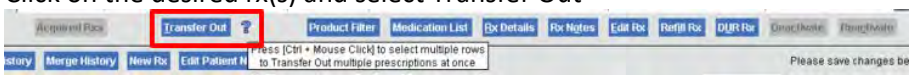
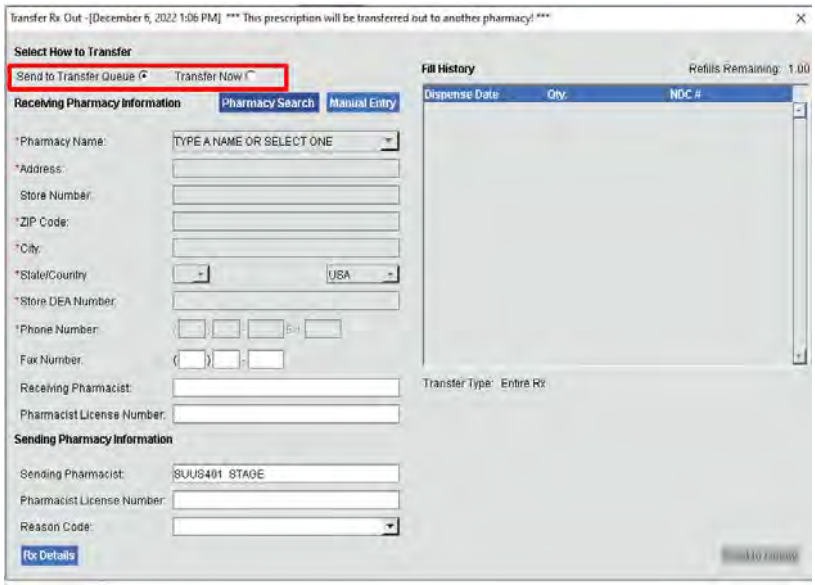
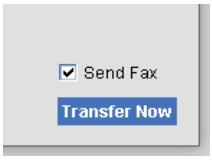
Thanks,
Rich

Richard Boman, RPh
Pharmacy Practice Coordinator
Smith's Food & Drug
Richard.Boman@sfdc.com
Cell: 435-512-9506

This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain information that is confidential and protected by law from unauthorized disclosure. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

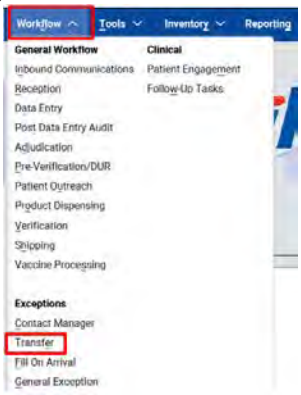
Job Aid

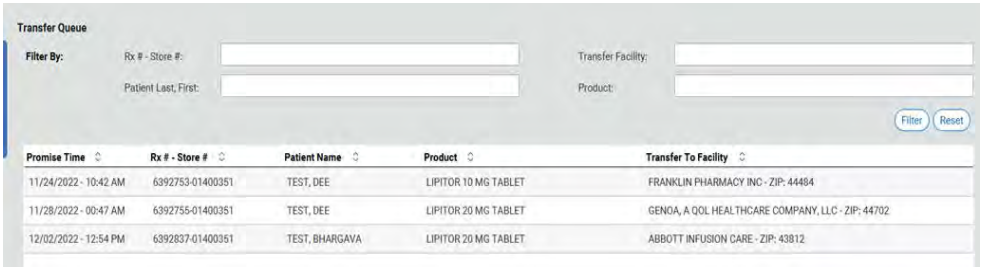
Job Aid - Transfer Rx Out Best Practice

Purpose	Recent EPRN updates have been developed to simplify the transfer process and help manage workflow of transfer requests.
Regulatory Requirements	Transfers must be completed and documented in accordance with all state and federal laws.
Transfer Out Prescription(s)	1. Open the Patient Profile, Select Tab 4. RX Profile 2. Click on the desired rx(s) and select Transfer Out  a. Multiple prescriptions can be selected to transfer at once by holding CTRL + clicking on the desired prescriptions 3. The Transfer Rx Out Screen will appear. Select one of the following: a. **Send to Transfer Queue** – this can be done by any store user and will send the rx(s) to the Transfer Queue to be completed at a later time. b. **Transfer Now** – this option will complete the transfer for the rx(s) immediately and requires a pharmacist RDAC to complete in EPRN. 
	Transfer Now
	1. Click Pharmacy Search button to find the receiving pharmacy information a. If receiving pharmacy information not found with Pharmacy Search, select Manual Entry to enter information 2. Enter Receiving Pharmacist and Reason Code 3. Check the box next to "Send Fax" to automatically fax the transferred rx(s) to the receiving pharmacy a. ***NOTE: Prescriptions can only be transferred via fax if permitted by state law. If prohibited, do not check this button. See FAQ below for more information.*** b. Fax number is required if using "Send Fax" functionality 4. Select Transfer Now button to complete transfer 

Job Aid - Transfer Rx Out Best Practice

<table>
<tr><td></td><td>
5. Transfer form will display
a. If you selected “Send Fax”, close the form
b. If you did not select “Send Fax” but still want to fax the form, you will need to do so manually. Print form and fax to receiving pharmacy
</td></tr>
<tr><td></td><td>
Send To Transfer Queue
1. Click Pharmacy Search button to find receiving pharmacy information
a. If receiving pharmacy information not found with Pharmacy Search, select Manual Entry to enter information
2. Select Send to Queue button. Transfer box will close and prescription will now appear in the Transfer Queue

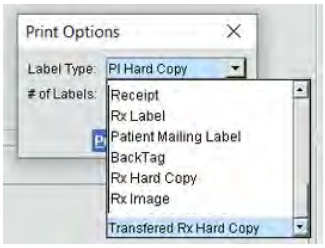
</td></tr>
<tr><td>Transfer Queue</td><td>
The Transfer Queue, like all other Workflow Queues, should be managed consistently throughout the day.
1. To open the Transfer Queue go to: Workflow > Transfer


2. The Transfer Queue will display prescriptions in the order they were sent to the queue. The queue can also be sorted by clicking on the column headers or using the search filters to locate certain items.


3. Click on the desired prescription in the queue to complete the transfer process
a. Follow same steps as above to complete Transfer Rx Out screen
4. Once complete, the item will be removed from queue. This may take several seconds or a refresh of the screen.
a. An item can also be removed from the queue manually by opening the rx and selecting the “Cancel Transfer Request” button
</td></tr>
</table>

Job Aid

Job Aid - Transfer Rx Out Best Practice

ICQ- Transfer Out Requests	Patients may request a transfer of a prescription to another pharmacy through an online portal. These requests will enter EPRN via the Inbound Communication Queue (ICQ). Once in the queue, these requests will need to be processed by either entering them into the Transfer Queue or completing the transfer. 1. Open the Inbound Communication Queue (ICQ). 2. Select the Transfer Request item from the Queue. 3. The Transfer Out Request Document will present on the screen. a. Select "Print" to print the transfer request details. b. After form has printed, select "Remove" and this will remove the item from ICQ. 4. With the information provided on the form, follow the steps above for transferring a prescription.
FAQ	**How can I reprint the transfer fax form?** 1. Open the Patient Profile, Select Tab 4. RX Profile 2. Open the desired rx 3. Select the Print Options button 4. Select Transferred Rx Hard Copy from the drop down menu  **What if a transfer is completed from a patient's profile and it was already in the transfer queue?** The prescription will automatically be removed from the Transfer Queue when the transfer is completed, even if initiated from the Patient Profile. **In what states may transfers via fax be problematic or prohibited?** As of 1/8/20 faxing with the form in EPRN is valid in AL, AK, AR, AZ, CO, ID, KY, MI, MO, OH, OR, SC, VA, WA, WI, WY. • Other states may use the form as a reference to verbally transfer Rx information between two licensed pharmacists (interns/technicians, where permitted). • Refer to your state law to clarify any requirements • In all states, the transfer of a controlled substance prescription must be initially communicated between two licensed pharmacists. ○ Transfers for controlled substances CANNOT be automatically faxed without verbal communication between two licensed pharmacists

NAC 639.7145 Transfer of information between pharmacies: Requirements for transfer by facsimile machine. (NRS 639.070, 639.0745)

1. Information relating to a prescription may be transferred from a pharmacy to another pharmacy by a facsimile machine pursuant to NAC 639.713 if:

(a) The transmission from the transferring pharmacy:

(1) Includes the information required by subsection 2 of NRS 639.2353, which may be provided in the form of an accurate printout of the pharmacy's computerized record of the prescription; and

(2) Except as otherwise provided in subsection 2, includes:

(I) A copy of the original prescription maintained in the records of the transferring pharmacy on which the pharmacist at the transferring pharmacy has signed the copy and written his or her license number; or

(II) The signature and handwritten license number of the pharmacist at the transferring pharmacy and a notation that specifically indicates that the pharmacist intends to transfer the prescription.

(b) The transmission is prepared and transmitted by a pharmaceutical technician or pharmacist at the transferring pharmacy.

(c) Except as otherwise provided in subsection 3, the pharmacist at the transferring pharmacy processes the original prescription in the manner prescribed in paragraph (a) and subparagraphs (1), (2) and (3) of paragraph (b) of subsection 1 of NAC 639.714.

2. A pharmacy may transfer prescriptions by facsimile machine to another pharmacy without complying with the provisions of subparagraph (2) of paragraph (a) of subsection 1 only upon application to and authorization by the Board. The Board may grant that authority to a pharmacy if the Board is satisfied that:

(a) The pharmacy's computer system will accurately represent the identity of the pharmacist responsible for the transfer; and

(b) The identity of the pharmacist responsible for the transfer cannot be falsified, modified, added or otherwise provided without the knowledge and assent of that pharmacist.

3. A pharmacy which maintains its records of prescriptions in a computer system shall invalidate in its system a prescription transferred by a facsimile machine to another pharmacy. A pharmacy which transfers a prescription by a facsimile machine is not required to process the original prescription in the manner prescribed in paragraph (c) of subsection 1 if the pharmacy cancels the prescription stored in its computer system in a manner which ensures that the prescription cannot be refilled by that pharmacy.

(Added to NAC by Bd. of Pharmacy by R155-04, eff. 12-20-2004)

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EXECUTIVE SECRETARY REPORT
April 12-13, 2023

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **CHANGE OF ADDRESS BUSINESS LIST**
- **Citations & Fines issued pursuant to NRS 639.2895**
- **STAFF ACTIVITIES**
  - Meetings with Other Health Care Boards
- **REPORT TO BOARD**
  - Legislative Update
- **BOARD RELATED NEWS**
- **ACTIVITIES REPORT**
  - DEA Registration Update
  - Law CE update

April 2023 Temporary Licenses since the last Board Meeting

Name	License Type
Pinali Rawat	Pharmacist
Thu-Van Le	Pharmacist
Valeree Jensen	Pharmacist
John Romero	Pharmacist
Brett Ethier	Pharmacist
Sarah Elerick	Pharmacist
Paula Hooper	Pharmacist
Adam Soloway	Pharmacist
Jodi Rintelman Lawhorn	Pharmacist
Laporshia Boother	Pharmacist
Shabria Lanier	Pharmacist
Todd Troxell	Pharmacist
Shantana Fadeyi	Pharmacist
Randy Van	Pharmacist
Alan Theriault	Pharmacist
Tia Anderson	Pharmacist
Markia Mobley	Pharmacist
Ifeanyi Chakwu Ubochi	Pharmacist
Jamin Kim	Pharmacist
Emile Younes	Pharmacist
Anne Moorman	Pharmacist
Cindy Shau	Pharmacist
Barrett Buky	Pharmacist
Shamiki Clark	Pharmacist
Elise Castro	Pharmacist
Evelyn South	Pharmacist
Nicole Haywood	Pharmacist
Baotien Nguyen	Pharmacist
Ernest Hacka	Pharmacist
Julie Wang	Pharmacist
DeBreah Lacey	Pharmacist
Latrevia Spencer Igbokwe	Pharmacist
Katherine Tran	Pharmacist
Aimee Hardaway	Pharmacist
Amisha Tailor	Pharmacist
Sharah Avila	Pharmacist
Shady Eskander	Pharmacist
Sophia Chu	Pharmacist
Melissa Frizzell	Pharmacist
John Reyenga	Pharmacist
Joseph Ojar	Pharmacist
Margo Deveaux	Pharmacist
Dara Vilar	Pharmacist

2023 - NVBOP Business Address Change Only

Date of Request	Business Name	License Number	New Location Address
3/1/2023	Zynex Medical Inc	MP00680	9655 Maroon Circle, Englewood CO 80112
3/21/2023	US Med, LLC	MP00897	8491 NW 17th St Ste #102, Miami, FL 33126

Citations & Fines issued pursuant to NRS 639.2895

(Since the last Board Meeting)

- Cease & Desist/Cite & Fine
    - Unlicensed Practice: 5
- Cite & Fine
    - Misfill: 2

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
639.NEW – Criminal Conviction/ Administrative Action Reporting (Licensee)	10/10/19	10/18/19	R094-19	11/29/19	01/29/20	03/19/20 Postponed per Brett 4/22/21 Brett to review with Dave.		
639.220 - licensing and regulation of a facility to dispense controlled substances and dangerous drugs if the facility is licensed by the State Board of Health (recovery centers)	03/19/20 – postponed to 06/03/20	6/16/20	R085-20	09/17/20	10/22/20 12/03/20	01/13/21	01/29/21	04/14/21
639.NEW - licensing and regulating the practice of pharmacy (appearance requirements)	03/19/20	3/24/20	R041-20	05/14/20	06/09/20	07/16/20	07/22/20	08/26/20
453.550 – Deschedule Epidiolex	06/03/20	6/16/20	R090-20 R073-19	07/30/20	09/11/20	10/15/20	10/28/20	12/29/20
639.NEW – CS Electronic Transmission Exemption	06/03/20	6/16/20	R083-20	10/15/20	10/07/20	11/10/20	12/12/20	12/29/20
639.464 & 639.468 – P&T Committee vs CPA	06/03/20				Dave revising			

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					(Dave has file)			
639.NEW – PT Administer Immunizations	07/16/20	07/21/20	R142-20	08/20/20	08/03/20	09/03/20	09/15/20	09/21/20
453.510 – Schedule I - Designer Benzos	07/16/20	07/21/20	R143-20	12/14/20	01/26/21	03/03/21	03/24/21	04/14/21
453.510 – Schedule II - Kratom	07/16/20	07/21/20	R144-20	12/14/20 Hold per Dave	03/15/22	04/14/22 04/06/22: Removed from agenda.		
NAC 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners: shared inventory and centralized activities.	09/03/20 01/13/21	03/12/21	R007-21	02/17/22 To Dave for review	03/11/22	04/14/22: Failed 06/02/22:PH	03/21/22	06/13/22
NAC 639.501 – Workplace Assessment Tool	10/15/20	10/21/20	R165-20	11/17/21	12/09/21	01/13/22	01/20/22	02/28/22
NAC 639 Pharmacist Practice Location	10/15/20	10/21/20	R164-20	4/28/22 – under review by Dave/ Brett	11/08/22	12/08/22	*12/28/22 Leg Comm*	12/29/22
NAC 639 – Cite and Fine for Misfilled Prescriptions	10/15/20	10/21/20	R166-20	08/27/21	1/25/22 – Close per Brett/Karly O'Krent			

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NAC 639.220 - Schedule of fees; medical interns and residents reduced fees	01/13/21	02/02/21	R003-21	08/17/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639.NEW Compounded Drugs (dispensing, supplying, furnishing)	01/13/21	01/20/21	R002-21	09/01/21	10/22/21	12/02/21 tabled		
NAC 639.715, 639.718, 639.720: Use of mechanical devices to dispense drugs	03/03/21 06/03/21	06/10/21	R013-21	10/28/21 (under review) by Dave/Yenh	01/19/22	03/03/22	03/10/22	06/13/22
NAC 453: PMP Integration with electronic health records of practitioners	03/03/21	03/12/21	R008-21	07/13/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639: Reference Standards for Compounding	06/03/21	06/10/21	R012-21					
NAV 639: Hormonal Contraceptive Protocol	07/15/21	09/07/21	R036-21	10/27/21 (returned to LCB 11/3/21 for revision)	12/09/21	01/13/22	01/14/22	02/28/22
NAC 639: Background Check RPH, PT, PTT; increase fees for investigation or issuance or renewal of a license as a manufacturer or wholesaler; application valid for one year; clarify licensing requirements for an outsourcing facility or	07/15/21	07/20/21	R025-21	09/30/21 (under review) by Dave/Yenh	01/19/22	03/03/22	03/10/22	04/11/22

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euthanasia technician. (Senate Bill 408)								
NAC 453.510: Schedule I – Eutylone and fentanyl related substances.	07/15/21	07/20/21	R023-21	09/28/21	10/22/21	12/02/21	12/10/21	12/22/21
NAC 453.540: Schedule IV – lemborexant and Remimazolam.	07/15/21	07/20/21	R024-21	08/17/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639: Allow pharmacists to dispense drugs approved the FDA for human immunodeficiency virus. (Senate Bill 325)	07/15/21 09/02/21	09/08/21	R039-21	11/04/21	11/05/21 Under review by Yenh 12/12/21 Under review by Dave	03/03/22	03/10/22	04/11/22
NAC 639: Prescription information in English and another language (AB 177).	09/02/21 Continued 12/02/21	12/08/21	R119-21	2/25/22 to Dave/ Yenh for review	03/11/22	04/14/22 07/14/22	04/27/22 06/10/22- Pulled by Leg Com Scheduled for 07/14/22 Public Hearing To LCB 07/20/22	9/27/22 Leg Comm – Failed

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NAC 639.010, 639.240, 639.242, 639.256: PT/PTT registration requirements.	09/02/21	09/08/21	R041-21	4/20/22 – Under review by Dave/Yenh	04/27/22	06/02/22	08/17/22 *9/27/22 Leg Comm*	09/28/22
NAC 639.208: Requirements to obtain a registration as a pharmacist by reciprocity.	09/02/21	09/08/21	R040-21	12/29/21 Under review by Dave/Yenh	01/19/22	03/03/22	03/10/22	04/11/22
NAC 639.360: Accreditation of material, course or program (CE)	12/02/21	12/08/21	R120-21	01/10/22 01/26/22: Returned to LCB for changes. 2/20/22 – To Dave/ Yenh for review. 2/18/22 – Returned to LCB for changes. 3/11/22 – returned to LCB for revisions. 4/7/22 – Under review by Dave/Yenh	04/27/22	06/02/22	07/05/22 *9/27/22 Leg Comm*	09/28/22

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Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 453.510: Schedule I – Isotonitazene	01/13/22	01/14/22	R006-22	02/23/22 02/24/22 – Under review by Dave/Yenh	03/11/22	04/14/22	04/27/22	06/13/22
NAC 453B: Prescription Drug Donation Program	01/13/22	01/14/22	R007-22	03/21/22 – Under review by Dave/Yenh	10/20/22	12/01/22	*12/28/22 Leg Comm*	12/29/22
NAC 453: Registration of a law enforcement officer engaged in training a canine in drug detection, and add methoxetamine.	04/14/22	04/21/22	R050-22	04/27/22 Under review by Dave/Yenh	08/05/22	09/08/22	*9/27/22 Leg Comm*	09/28/22
NAC 639: Requires the holder of any certificate, license or permit issued by the BOP to report certain convictions and administrative actions to the Board.	04/14/22	04/21/22	R051-22	05/05/22	06/09/22	07/14/22	07/20/22 *9/27/22 Leg Comm*	09/28/22
NAC 639: Medical Products Wholesaler	06/02/22	06/09/22	R085-22	07/19/22	08/05/22	09/08/22	09/15/22 *9/27/22 Leg Comm*	09/28/22
NAC 639: Medication Assisted Treatment	06/02/22	06/09/22	R087-22	08/08/22	08/31/22	10/13/22	10/19/22	12/29/22

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							12/28/22 Leg Comm	
NAC 639.870: APRN Dispensing License/pharmacy applicant appearance	06/02/22	06/02/22 – Dave revising language.	R086-22	06/29/22 07/05/22: under Dave review				
NAC 639: Dispensing Technicians	07/14/22	08/03/22	R178-22	9/29/22 Under review by Dave	10/20/22	12/01/22	*12/28/22 Leg Comm*	12/29/22
NAC 639: Automated Dispensing Device	07/14/22	08/03/22	R179-22	8/24/22: Under review by Dave	10/20/22	12/01/22	*12/28/22 Leg Comm*	12/29/22
NAC 639: Reproductive Health Care Center	07/14/22	08/03/22	R180-22	8/12/22: Under review by Dave LCB returned 9/6/22. 9/13/22: Under review by Dave and Yenh.	10/20/22	12/01/22	*12/28/22 Leg Comm*	12/29/22

Regulation Tracking Log

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NAC 639: Dispensing Practitioners in Reproductive Healthcare Center: single inventory of dangerous drugs.	07/14/22	07/14/22 – Dave revising language. To LCB 08/03/22	R181-22	8/29/22: Under review by Dave	08/31/22	10/13/22	10/19/22 *12/28/22 Leg Comm*	12/29/22
NAC 453.540: Schedule IV – Daridorexant.	07/14/22	07/19/22	R170-22	08/02/22	08/05/22	09/08/22	09/15/22 *9/27/22 Leg Comm*	09/28/22
NAC 639: Narcotic Treatment Program	10/13/22	10/19/22	R196-22					
NAC 453.310: DEA Registration	10/13/22	10/19/22	R197-22					
NAC 639.2973 & NAC 639.2974: Basic Life Support Certification	10/13/22	10/19/22	R198-22					

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